

Procedures for Filing a Trade Cancellation / Adjustment Claim Form

The attached Trade Cancellation / Adjustment Claim Form ("Form") **may be used only for actual losses incurred pursuant to CME and CBOT Rule 588** ("Trade Cancellation and Price Adjustments") and will be subject to the following criteria:

- The Globex® Control Center ("GCC") busts a trade or adjusts a trade price in an options contract or an implied-eligible futures contract as a result of action taken by a Globex user;
- The subsequent GCC bust or adjustment of a trade price results in an actual loss by another Globex user(s) that had: 1) a stop order elected; or 2) a spread or one leg of a spread order executed; or 3) to cover a cover of a busted trade(s)
- The liability for actual losses incurred as a result of action taken by a Globex user shall be calculated pursuant to the provisions of Rule 588;
- A Form must be submitted to CME Group within five (5) business days of the trade bust or price adjustment; and
- The total liability for a single incident is capped at \$500,000, which will be prorated if necessary.

Claims for losses under Rule 588 shall be detailed on a Form and sent to CME Group at the following address:

CME Group Inc.
Legal Department 7N
Attn: Steve Szarmack
20 South Wacker Drive
Chicago, IL 60606
Facsimile (312) 930-3323
stephen.szarmack@cmegroup.com

Each Form will be reviewed by CME Group and if it satisfies the requirements in Rule 588, it will be sent to the party allegedly responsible for the loss and the clearing firm through which the trade(s) in question was placed. The party, or the clearing firm on behalf of the party, shall, within ten (10) business days after receipt of the claim, admit or deny responsibility. Claims that are contested shall be submitted to arbitration pursuant to Rule 622 ("Trades Relating to Trade Cancellations and Price Adjustments").

If you have any questions regarding the trade cancellations rule, please contact Mr. Paul Millhuff, Associate Director, Globex Control Center at (312) 715-6029, Mr. Kevin Bulman, Supervisor, Globex Control Center at (312) 456-2391 or Mr. James Moran, Director, Market Regulation Department at (312) 930-8520. If you have any questions regarding the arbitration procedure, please contact Mr. Michael Conti, Market Regulation Attorney, Market Regulation Department at (312) 930-4553. If you have questions regarding the claims process, please contact Mr. Stephen Szarmack, Associate General Counsel, at (312) 648-5422.

Trade Cancellation / Adjustment Claim Form

Claimant Name: _____

Contact Person(if claimant is a firm): _____

What is the amount of your claim? _____

Claimant's Clearing Member: _____

Date Claim Filed: _____ Date Received (to be completed by CME): _____

Claimant Address: _____

City: _____ State: _____ Zip Code: _____

Country (if not US): _____

E-Mail Address: _____ Phone Number: _____

Date of Incident: _____ Time of Incident: _____

When did you discover a problem existed? _____ Commodity/Contract: _____

Did you contact the Globex Control Center? YES NO

If yes, to whom did you speak? _____

What was the result? _____

Did you speak to anyone else at CME? YES NO

If yes, to whom did you speak? _____

What was the result? _____

Please describe your claim in detail including, but not limited to, how you determined the amount of your loss, how many of your contracts were affected by the trade cancellation or adjustment, the number and prices of your contracts prior to the trade cancellation or adjustment and the price that your contracts were adjusted to. (Attach additional sheets if necessary)

Please attach all documentation to support your claim.

This Claim Form Must Be Submitted Within 5 Business Days of the Trade Cancellation/Adjustment