



**CONSENT TO ARBITRATION
UNDER THE RULES OF THE CBOT**

When you (the "Claimant") complete and submit this consent form you have agreed to have your dispute with a CBOT member, an introducing broker guaranteed by a CBOT member, or an employee thereof (the "Respondent") resolved through arbitration at CBOT. A claimant must have an ownership interest in the account involved in the dispute. You understand and agree that you are bound by the decision of the arbitrators. Therefore, before you complete the form you should carefully read the rules in Chapter 6 of CBOT Rulebook governing such arbitration proceedings. Among other things, this form will ask you to identify yourself and the person(s) or firm(s) against which you are claiming, to clearly describe the cause and the amount of the damages claimed, and to choose an arbitration panel. Entries on the form must be typed or printed legibly; you should attach supplemental sheets if the space provided is not sufficient. The completed form, along with the appropriate filing and hearing fees must be submitted to CME Group's Market Regulation Department. Failure to provide either the requested information or the appropriate fees may delay the processing or may result in dismissal of the claim.

Section I: The Claimant(s)

Your Name(s): _____

Mailing Address: _____

Daytime Phone: _____

Email Account: _____ Fax: _____

Your Trading Account:

Firm Name: _____ Account No. _____

If you will be represented by an attorney or other representative, please complete the following:

Representative's Name: _____

Firm: _____

Business Address: _____

Business Telephone: _____ Fax No.: _____

Which of the following describes the attorney or representative? (Check only one)

____ Attorney: Bar No. _____

____ Non-Attorney

State(s) Admitted to Practice:

Relationship:

____ Officer or Partner
____ Family Member, or
____ Other (specify)

Section II: The Respondent(s)

Please list the full name(s) of the individual member, member firm, introducing broker guaranteed by a member firm, or employee thereof, with whom you have the dispute. If you cannot determine the name of a respondent - for example, the floor broker who made the disputed trade for your order - that respondent should be identified at least by title or function, e.g. "unknown floor broker who executed the order in dispute." If you wish to claim against a firm as well as its employee or floor broker, you must list the firm as a separate respondent.

1. _____
(Respondent)

1. _____
(Respondent's Employer, if known)

2. _____
(Respondent)

2. _____
(Respondent's Employer, if known)

3. _____
(Respondent)

3. _____
(Respondent's Employer, if known)

Section III: The Dispute

1. Describe the disputed act(s) or transaction(s) as completely as you can. Explain what happened, when, and why you believe the respondent(s) to be responsible for your loss.

Section V: Procedures

The Respondent may file against you a counterclaim arising out of the act or transaction that is the basis of your claim. In deciding your claim and any such related counterclaim, the arbitrators may order you to pay an award to the Respondent.

Customer arbitration proceedings are conducted in accordance with the rules in Chapter 6 of CBOT's Rulebook. Those rules provide, in general, that disputes involving \$5,000 or less may be decided, without a hearing, from the written submissions of the parties and other relevant information. Disputes involving larger amounts are decided after a hearing conducted at CBOT in Chicago. Each party has the right to be represented by an attorney or other representative in any aspect of the proceeding, and each party is responsible for the presentation of relevant facts in support of his/her claim, counterclaim, defense, or rebuttal. The arbitrators' decision is final, the only right of appeal being as provided under applicable law.

Section VI: Costs

CBOT charges a filing fee and a hearing fee, both based on the amount being claimed, exclusive of interest and costs. Filing fees are non-refundable. Hearing fees apply regardless of whether the claim results in an oral hearing before a panel of the Arbitration Committee, or, on claims of \$5,000 or less, are decided by a panel based on consideration of the written pleadings and other relevant information regarding the matter. Hearing fees will be refunded if the case is settled or withdrawn at least ten days before either the first oral hearing date or the date scheduled for consideration of the pleadings and other information.

There may also be other costs associated with the proceeding such as travel, attorneys' fees, transcription service, copying, and witness transportation, which are the responsibility of the party (that is, the Claimant or Respondent) who incurs them. However, if the arbitrators find that a party has engaged in bad faith conduct, or where a statutory or contractual basis exists for awarding such fees, the arbitrators may order a party to pay some or all of the costs incurred by the other party(ies). Requests for attorneys' fees and costs incurred in the arbitration proceeding must be raised in the proceeding or they are waived. The filing and hearing fees are set forth below:

<u>Amount of claim</u>	<u>Filing fee</u>	<u>Hearing fee</u>	<u>Total due</u>
\$0.00 - \$5,000.00	\$ 75.00	\$ 50.00	\$ 125.00
\$5,000.01 - \$10,000.00	\$ 150.00	\$ 150.00	\$ 300.00
\$10,000.01 - \$25,000.00	\$ 200.00	\$ 250.00	\$ 450.00
\$25,000.01 - \$100,000.00	\$ 250.00	\$ 500.00	\$ 750.00
More than \$100,000.00	\$ 500.00	\$1,000.00	\$1,500.00

Both fees are due at the time a claim is submitted, made payable to CME GROUP, payable by personal check, money order, or cashier's check. International claimants should note that payments must be in U.S. Dollars.

Section VII: Claimant's Acknowledgment and Consent

I, the undersigned Claimant, state that I have read the rules of CBOT relating to customer arbitration and hereby submit for arbitration in accordance with those rules my dispute with the Respondent(s) named in Section II herein.

I state that I have an ownership interest in the account involved in the dispute, or am an authorized representative of the account of the individual(s) or entity involved in the dispute.

I understand that the Respondent(s) may file a counterclaim against me arising from the same transaction or occurrence that is the subject of my claim. I acknowledge that any decision rendered by the Panel as to my claim and any such counterclaim shall be final and not appealable at CBOT. I further understand that a judgment and any interest due thereon may be entered upon such award(s), and for these purposes, I voluntarily consent to submit to the jurisdiction of any court that may properly enter such judgment.

Signature

Date

Print Name

Signature

Date

Print Name

Signature of Claimant(s) or, if Claimant is a partnership or corporation, signature and title of authorized representative.



The completed Consent to Arbitration form, all supporting documents, and the appropriate fees should be forwarded to:

Market Regulation Dept.
CME Group
20 South Wacker Drive
Chicago, IL 60606
Fax: 312-338.2841