



**MEMBER-TO-MEMBER ARBITRATION
UNDER THE RULES OF THE CBOT**

When you (the "Claimant") complete and submit this form you have agreed to have your dispute with a CBOT Member, as defined by CBOT Rule 400, including an introducing broker guaranteed by a CBOT member, or an employee thereof (the "Respondent") resolved through arbitration at CBOT. Under CBOT Rules, as a Member, you are bound by the arbitration provisions in Chapter 6 of the CBOT Rulebook. 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. Entries on the form must be typed or printed legibly; you should attach supplemental sheets, particularly with regard to descriptions of the claim and any supporting exhibits you wish to attach to your claim, 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 (if applicable):

Firm Name: _____ Account No. _____

Your Affiliations (if applicable):

Clearing Firm: _____ Broker Association _____

Employer: _____

Your Membership (note membership type, and whether owned, leased, or held pursuant to CBOT Rules): _____

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 below)

Preferred Delivery Method:

Original Documents / Correspondence sent via:

With copies sent via:

U.S. Mail

Electronic Mail

Hand Delivery on Trading Floor

Fax

Electronic Mail Only

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 or Counsel)

2. _____
(Respondent)

2. _____
(Respondent's Employer or Counsel)

3. _____
(Respondent)

3. _____
(Respondent's Employer or Counsel)

2. What is the dollar amount of your claim against each respondent?

3. Explain below, in detail, how you calculated the dollar amount of your claim (your claim will not be processed without an explanation):

Section IV: The Arbitrators

Pursuant to Chapter 6 of CBOT's Rulebook, an arbitration between members shall be heard by a Panel of the Exchange's Arbitration Committee, consisting of 5 individuals who are members of a Division of the Exchange and one chairman.

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.

Arbitration proceedings are conducted in accordance with the rules in Chapter 6 of CBOT's Rulebook. 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 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 - \$10,000.00	\$ 250.00	\$ 50.00	\$ 300.00
\$10,000.01 - \$25,000.00	\$ 500.00	\$ 150.00	\$ 650.00
\$25,000.01 - \$75,000.00	\$ 750.00	\$ 500.00	\$1,250.00
More than \$75,000.00	\$ 1,000.00	\$1,000.00	\$2,000.00

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.

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

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