

Power of Attorney

The undersigned hereby consents and appoints _____ as true and lawful attorney for the undersigned and in the name, place and stead of the undersigned to make, execute, sign, acknowledge, swear to, deliver, record and file any documents authorizing the transfer or sale of _____ membership and to

(Division)

execute any membership application form for CME Group, and any ancillary documents deemed necessary by the CME Group Membership Services Department to give effect to such authorization to transfer or sell, or ancillary documents.

The power of attorney hereby granted shall remain in effect until such time as the Membership Services Department shall receive an instrument signed by the undersigned revoking such power of attorney.

Signature

Address

Print Name

City, State, Zip

Date

NOTARY PUBLIC

Subscribed and sworn before me this

_____ day of _____ 20____

Notary Signature _____

Notary stamp or seal