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| Claim # (For Office Use Only) <hr/> |
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Rule 110/913.B Claim Form

(Please print all information legibly.)

Full Name of Claimant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

Contact person for Claimant: _____

Contact person's telephone #: _____

Contact person's e-mail: _____

Name of firm or individual against which claim is being made: _____

Please indicate each Exchange of which Claimant is a Member: CBOT ___ CME ___ COMEX ___ NYMEX ___

If the claim is against a firm, is Claimant a customer of the firm? Yes ___ No ___

Date of claim submission: _____

Amount of Claim: \$ _____

Description of Claim:

All claims must be submitted with supporting documentation, i.e.: brokerage statements, BPS statements, Give-Up statements, account statements or other documentation that supports the claim. In your description, please include all pertinent information including dates of activity. If you need additional space to describe your claim, please number and attach additional pages. Please note that submitting this claim form is not a substitute for filing a proof of claim in any bankruptcy, insolvency or receivership proceeding.

Claim forms can be mailed to:

Or you may hand deliver to:

Or you may hand deliver to:

*CME Group
Membership Services Claims
20 South Wacker Drive
Chicago, Illinois 60606*

*CME Group
Membership Services
141 W. Jackson Room 104E
Chicago, Illinois*

*CME Group
Membership Services
1 North End Avenue 4th Floor
New York, New York*

If you have any questions regarding submitting a claim, please send them to rule110rule913@cmegroup.com, together with the name of the Claimant.