



**SCHEDULE C**  
**TO DATA CENTER CONNECTION AGREEMENT**

This Schedule C is being executed pursuant to the Data Center Connection Agreement (the “Agreement”) between CHICAGO MERCANTILE EXCHANGE INC., a Delaware corporation with its principal place of business at 20 South Wacker Drive, Chicago, Illinois 60606, U.S.A. (“CME”) and \_\_\_\_\_ (“Data Center”).

This Schedule contains the following Exhibits:

Exhibit A: Deletions and Changes – Exhibit should be completed by existing Data Centers.

Exhibit B: Assignment and Transfers – Exhibit should be completed by Data Centers who are assigning the Agreement or transferring ownership of existing CME connections, to a new entity.

**Data Center has caused this Schedule C to be executed by its authorized representative, to be effective as of the date received by CME.**

**Data Center**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(Must be an authorized Officer)

Date: \_\_\_\_\_

**Please return completed documentation to:**

**CME Global Account Management**

[gam@cmegroup.com](mailto:gam@cmegroup.com)

*All personal information provided under this form will be used, distributed, and maintained in accordance with [CME Group's Privacy Policy](#). If completing this form on behalf of another individual, you will ensure that you have the required consent from those individuals to whom the personal information relates, or you satisfy an applicable legal basis for doing so, in compliance with all applicable laws, to enable CME Group to process such personal information.*

## EXHIBIT A

### DELETIONS AND CHANGES

This Exhibit A is being executed pursuant to Schedule C of the Data Center Connection Agreement (the “Agreement”) between Chicago Mercantile Exchange Inc. a Delaware corporation with its principal place of business at 20 South Wacker Drive, Chicago, Illinois 60606, U.S.A. and the Data Center listed below in Section I.

Notwithstanding anything to the contrary in the Data Center Connection Agreement, billing for connectivity will begin on the date that successful testing of the connection is completed.

#### **Section I: DATA CENTER INFORMATION**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Floor/Suite: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Primary Contact**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

#### **Technical Contact**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Section II: DELETE CONNECTION REQUEST

### Date to delete

- ☐ Immediately (upon receipt by CME)
- ☐ Future date (must be within 30 days of signature date) \_\_\_\_\_

Site ID(s): \_\_\_\_\_

### Current Connectivity Method

- ☐ Client InternetLink
- ☐ CME EConnect
- ☐ CME EConnect Secaucus
- ☐ CME GLink (Cab. #: \_\_\_\_\_ Patch Panel: \_\_\_\_\_)
- ☐ CME Globex Hub
- ☐ CME LNet (Data Center Decommission Order #: \_\_\_\_\_)
- ☐ CME NYDR VPN

### Reason for Delete – Required

Migration to:

- ☐ CME GLink      ☐ CME LNet
- ☐ CME EConnect      ☐ CME EConnect Secaucus
- ☐ Other (please indicate) \_\_\_\_\_
- ☐ Consolidation
- ☐ No longer cost effective
- ☐ No longer using the connection
- ☐ Company no longer in business
- ☐ Other \_\_\_\_\_

### Section III: RELOCATION / MOVE REQUEST

#### A. Connection Relocation Request

Site ID(s): \_\_\_\_\_

**Existing Location/Data Center:** \_\_\_\_\_

**New Location/Data Center:** \_\_\_\_\_  
(Requires new LOA but no new CME Network IPs)

Floor & Suite: \_\_\_\_\_ Cabinet & Rack: \_\_\_\_\_

*Handoff type is Single mode Fiber only.*

#### B. Move CME LNet

Site ID(s): \_\_\_\_\_

##### Existing Location Service Provider

\_\_\_ Equinix      \_\_\_ Other: \_\_\_\_\_

Floor & Suite: \_\_\_\_\_ Cabinet & Rack: \_\_\_\_\_

##### New Location Service Provider

\_\_\_ Equinix

Floor & Suite: \_\_\_\_\_ Cabinet & Rack: \_\_\_\_\_

#### Section IV: UPGRADE / DOWNGRADE BANDWIDTH / HANDOFF REQUEST

Site ID(s): \_\_\_\_\_

Current Bandwidth: \_\_\_\_\_ New Bandwidth: \_\_\_\_\_

Current Handoff:    ☐ 1 G        ☐ 10 G        New Handoff:    ☐ 1 G        ☐ 10 G

If bandwidth upgrade or downgrade, please check which type of change this will be:

☐ **Logical bandwidth change**

(Customer's Carrier performs bandwidth change on existing circuit. No new LOA or change in CME Network IPs.)

☐ **Physical bandwidth change**

(Customer's Carrier delivers new circuit with new bandwidth. Requires new LOA but no new CME Network IPs.)

New Carrier: \_\_\_\_\_

*Handoff type is Single mode Fiber only.*

#### Section V: REPLACEMENT CIRCUIT REQUEST

Site ID(s): \_\_\_\_\_

☐ **Replacement Circuit**

(Customer's Carrier delivers new circuit. Requires new LOA but no new CME Network IPs)

Replacement circuit Carrier: \_\_\_\_\_

*Handoff type is Single mode Fiber only.*

#### Section VI: NAME CHANGE (To assign your Data Center Connection Agreement or to transfer a circuit to a different firm, please complete Exhibit B.)

New Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Reason for Name Change: \_\_\_\_\_

## EXHIBIT B

### ASSIGNMENT AND TRANSFERS

This Exhibit B is being executed pursuant to Schedule C of the Data Center Connection Agreement (the “Agreement”) between Chicago Mercantile Exchange Inc., a Delaware corporation with its principal place of business at 20 South Wacker Drive, Chicago, Illinois 60606 (“CME”) and the Data Center listed below in Section II. This Exhibit should be completed by Data Centers who are assigning their existing CME connections to a new entity.

#### Section I: ASSIGNMENT OR TRANSFER

Check the appropriate box below:

☐ This is a request for an assignment of the Agreement.

☐ This is a request for a transfer of ownership for an existing connection.

#### Section II: EXISTING DATA CENTER INFORMATION

##### A. Name and Location

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Floor/Suite: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

##### B. Contact Information

Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

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### Section III: NEW DATA CENTER INFORMATION

#### A. Data Center Name and Location Information

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Floor/Suite: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### B. Contact Information

Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### C. Billing Address

Customer Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Floor/Suite: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### D. Clearing Information for New Customer

Class A Clearing Firm Name: \_\_\_\_\_ Class A Clearing Firm # \_\_\_\_\_

Sub/Affiliate Name: \_\_\_\_\_ Sub/Affiliate # \_\_\_\_\_

Main Phone: \_\_\_\_\_

### **E. Bank and Account Information of new Firm**

**1. If Data Center will be billed directly, provide the following account auto-debit information:**

Company billing Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Bank used by Company: \_\_\_\_\_

Name on Bank Account: *(a voided check from the account must be attached for verification purposes):*

\_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**2. If a person or entity other than Data Center will be billed, provide the following information:**

Name of CME Account to be billed\* \_\_\_\_\_

CME Account Number: \_\_\_\_\_

\* The person/entity that holds the CME Account must provide separate written authorization confirming this billing arrangement.

### **Section IV: Connectivity Information**

Site ID(s): \_\_\_\_\_

\_\_\_ Client InternetLink    \_\_\_ CME EConnect    \_\_\_ CME EConnect Secaucus

\_\_\_ CME GLink    \_\_\_ CME Globex Hub    \_\_\_ CME LNet



Existing Customer (assignor) and New Customer (assignee) have caused this Exhibit B to be executed by their authorized representatives, to be effective as of the date received by CME.

**Existing Customer** (assignor)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(Must be an authorized Officer)

Date: \_\_\_\_\_

**New Customer** (assignee)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(Must be an authorized Officer)

Date: \_\_\_\_\_

**Please return completed documentation to:**

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