

**SCHEDULE 11****CME CANCEL ON DISCONNECT REQUEST**

This Schedule 11 is being executed pursuant to the Customer 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 \_\_\_\_\_ (“Customer”). Any capitalized terms not defined herein shall have the meaning set forth in Schedule 1 to the Agreement.

**Limitation of Liability for COD Service**

NOTWITHSTANDING SECTION 9 OF THE AGREEMENT, CME SHALL NOT BE LIABLE TO ANY PERSON FOR ANY LOSSES, DAMAGES, COSTS OR EXPENSES, INCLUDING, BUT NOT LIMITED TO, LOSS OF PROFITS, LOSS OF USE, AND DIRECT, INDIRECT, INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES, ARISING FROM CUSTOMER’S USE OF CANCEL ON DISCONNECT SERVICE.

Customers who wish to order COD Service must review this entire Schedule and provide all applicable information where requested. Please note that Clearing Firm must also sign this Schedule. Any changes to this Schedule after execution by CME, Customer and Clearing Firm must be completed on a new Schedule, to be executed by CME, Customer and Clearing Firm.

**Please return completed documentation to:****CME Global Account Management – Americas**

+1 312 634 8700

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

**CME Global Account Management – EMEA**

+44 20 3379 3754

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

**CME Global Account Management – Asia**

+65 6593 5505

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

**Section I: Cancel on Disconnect Request**

Please denote the iLink session ID(s) and trader ID(s) that you would like enabled or disabled for cancel on disconnect functionality. Example: Session ID = ABC. Trader ID= 0J0L

Enable	Disable	Session ID	Trader ID
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>		

**Section II: Cancel on Disconnect Contacts**

Please denote any individuals you want contacted for COD service updates/interruptions.

FIRM	NAME	EMAIL

Customer, Clearing Firm and CME have caused this Schedule 11 to be executed by their authorized representatives, to be effective as of the date executed by CME.

**Customer**

**Clearing Firm**

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

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

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

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

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

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

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

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

*“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.”*