

SCHEDULE 2

ACCESS REQUEST AND INFORMATION FORM

This Schedule 2 is being executed pursuant to the Customer Connection Agreement (or, if applicable, the CME Globex Customer 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 of the Agreement.

Customer acknowledges and agrees that it has executed and delivered to CME, concurrently with its signature below, an "Access Request and Information Form", attached to this Schedule 2 as Exhibit A ("Access Request Form"). Access requests for additional locations or more than one CME Globex Access Method must be made on additional Access Request Forms, which can be obtained at www.cmegroup.com/connectionagreement, or by contacting Exchange Connectivity and Hosting Operations at ECHO@cmegroup.com. Access Request Forms are effective only upon receipt by CME. Any changes to an Access Request Form may be made only by completing and delivering a Deletions, Changes, Assignment and Transfers form (Schedule 5 to the Agreement), which also can be obtained at www.cmegroup.com/connectionagreement, or by contacting ECHO@cmegroup.com.

Customer has caused this Schedule 2 to be executed by its authorized representative, to be effective as of the date received by CME.

Customer

Signature: _____

Print Name: _____

Title: _____
(Must be an authorized Officer)

Date: _____

Please return completed documentation to:

CME Global Account Management

globalaccountmanagement@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

ACCESS REQUEST AND INFORMATION FORM

This Access Request and Information Form (“Access Request Form”) is being executed pursuant to the Customer Connection Agreement (or, if applicable, the CME Globex Customer 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 Schedules 1 and 2 of the Agreement.

Customer must review this entire Access Request Form and complete those sections that relate to the CME Globex Access Method Customer has selected. Customer must sign this Access Request Form in the space provided under “Customer.”

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

Section I: CUSTOMER INFORMATION
A. General Information <i>(All Customers)</i>
Company Name: _____
Company Address: _____
Floor/Suite: _____ City: _____ State/Province: _____
Country: _____ Postal Code: _____ Phone Number: _____
Billing Address (if different from address above): _____
Floor/Suite: _____ City: _____ State/Province: _____
Country: _____ Postal Code: _____ Phone Number: _____

B. Connectivity Information – Customer Site Details *(All Customers)*

Site Address: _____ (the “Premises”)

Floor/Suite: _____ Cage/Closet: _____ City: _____

State/Province: _____ Postal Code: _____

Country: _____ On-Site Phone Number: _____

Primary Contact: _____

Phone: _____ Mobile: _____ E-mail: _____

Secondary Contact: _____

Phone: _____ Mobile: _____ E-mail: _____

24 Hr. Contact: _____

Phone: _____ Mobile: _____ E-mail: _____

C. Detailed Installation Instructions (e.g., closet location, inside wiring instructions, building access, etc.)

Section II: BANK AND ACCOUNT INFORMATION

Please provide the following account auto-debit information:

Customer Billing Contact: _____

Phone: _____ Mobile: _____ E-mail: _____

Name of Bank used by Customer: _____

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

Bank address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Transit/ABA Number: _____ Account Number: _____

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Section III: NETWORK ACCESS OPTIONS

A. Client INTERNETLink:

With this Client-managed option, Customer connects to CME via a secure tunnel over the internet.

__ Bandwidth subscription in 0.5 Mbps increments: _____ Mbps

Please select the CME interfaces you are requesting access to:

_ Clearing _ Drop Copy _ iLink _ MDP _ ClearPort, CME Direct, SFTP

VPN Device Profile

Source Public IP Address assigned to VPN device: _____

Technical Requirements (all items must be met)

- 1. Policy-Based VPN
- 2. IKEv2
- 3. Authentication via pre-shared-key (PSK)
- 4. Phase 1 and 2:
 - a. Encryption: AES256
 - b. Hash/PRF: SHA256
 - c. Key Exchange: DH Group 14
- 5. PFS: Enabled, DH Group 14
- 6. Customer VPN device IKEv2 identity must match IP address used for peering
- 7. GRE tunnel for the transport of CME Market Data Platform (MDP) multicast packets
- 8. PIM: PIM sparse-mode
- 9. All customer VPN traffic must be sourced from an RFC1918 IP subnet assigned by CME

Physical address of VPN Site: _____

Primary Network Engineer

Network Engineer Name: _____

Phone Number: _____ Mobile Phone Number: _____

E-mail address: _____

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B. CME GLink – 10 Gbps:

Available only if Customer is a CME co-location licensed space holder with required Agreements on file (Connection Agreement, Master Co-Location Services Agreement and Market Data License Agreement).

GLink

Please provide the following (if available):

Cabinet number: _____ Rack Unit: _____

Equipment Label: _____ Ports: _____

C. CME LNet:

Customer or Customer's service provider is required to have fiber directly to the respective Meet-Me-Room for the respective offering. This option is not available to exchanges other than Participating Exchanges.

Interface/Handoff: 10G-LR (SMF) 1G-LR (SMF)

Select facility:

CenturyLink/Cyxtera Digital Realty/DRT Equinix Telx

Floor / Suite / Location, where equipment will be installed: _____

Cabinet / rack information: _____

If space is leased through a third party, please name: _____

Customers are required to have space pre-arranged at the specific co-location facility before submitting this form. Please note that floor and suite location must be within the predefined and CME Group approved space in the facility. Any and all charges required from the fiber provider/data center are the sole responsibility of the Customer.

D. CME EConnect:

To ensure proper end-to-end circuit delivery, when Customers request price quotes from their Carriers, they should state that the Carrier needs to include any cross connect/extension that may be required to get the Carrier’s circuit to the CME-provided demarcation point.
This option is not available to exchanges other than Participating Exchanges.

Each data center connection must be a single mode fiber handoff with either a 10 Gbps interface or a 1 Gbps interface. CME will provide Letter of Authorization (LOA) as needed.

Bandwidth: _____ Interface/Handoff: ___ 10G (SMF) ___ 1G (SMF)

___ **165 Halsey Street, NJ - Lightower DataCenter**

Co-location status:

Co-located within this data center and will cross connect to CME within the facility

Not co-located here. Carrier to drop circuit at Meet-Me-Room demarc*

**The cross connect is the sole responsibility of the Customer. In the case where the Customer is not co-located, the Carrier must order the cross connect for the Customer.*

___ **111 8th Avenue, NY - Lightower Data Center**

Co-location status:

___ Co-located within this data center and will cross connect to CME within the facility

___ Not co-located here. Carrier to drop at Meet-Me-Room demarc**

*** The cross connect is the sole responsibility of the Customer. In the case where the Customer is not co-located, the Carrier must order the cross connect for the Customer.*

E. CME EConnect Secaucus:

Fiber handoff provides access to CME Group A and B Feeds via cross connects to NY4 and NY5. Customers will receive two LOAs with CME-provided demarcation points – one for NY4 and another for NY5.

___ **Secaucus, NJ - Equinix Data Center**

Interface/Handoff: ___ 10G (SMF) ___ 1G (SMF)

Floor / suite location: _____

Cabinet / rack: _____

If space is leased through a third party, please name: _____

All charges required from the fiber provider/data center are the sole responsibility of the Customer.

F. CME NYDR VPN:

Available for customers that do not have redundancy outside the Chicago area.

Existing Site IDs: _____

Justification: _____

Customer VPN Device Profile

Source Public IP Address assigned to VPN device: _____

Technical Requirements (all items must be met)

- 1. Policy-Based VPN
- 2. IKEv2
- 3. Authentication via pre-shared-key (PSK)
- 4. Phase 1 and 2:
 - a. Encryption: AES256
 - b. Hash/PRF: SHA256
 - c. Key Exchange: DH Group 14
- 5. PFS: Enabled, DH Group 14
- 6. Customer VPN device IKEv2 identity must match IP address used for peering
- 7. GRE tunnel for the transport of CME Market Data Platform (MDP) multicast packets
- 8. PIM: PIM sparse-mode
- 9. All customer VPN traffic must be sourced from an RFC1918 IP subnet assigned by CME

Physical address of VPN Site: _____

Primary Network Engineer

Network Engineer Name: _____

Phone Number: _____ Mobile Phone Number: _____

E-mail address: _____

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G. CME Globex Hub Access:

Available with a copper or fiber handoff on a 1Gbps interface or a fiber-only handoff on a 10 Gbps interface.

- *Each cross connect is the sole responsibility of the Customer. In the case where the Customer is not co-located, the Carrier must order the cross connect for the Customer.*

Select the appropriate CME Globex Hub and data center and provide related information:

- a. **London** CME Globex Hub – Choose the option that applies:

Customers who lease space in Equinix: Customer will order 2 cross connects to obtain both the A and B feeds from the CME Group access nodes in Equinix/Slough.

Customers who do not lease space in Equinix: Customers will work with their Carriers to have one circuit delivered to the primary CME Group access node in Equinix/Slough and the other to the secondary CME Group access node in Interoute/Global Switch 2.

Equinix/Slough

If space is leased through a third party, please name: _____

Carrier: _____ Bandwidth: _____ Interface: 10G (SMF) 1G (SMF) 1G Copper

Interoute/Global Switch 2

If space is leased through a third party, please name: _____

Carrier: _____ Bandwidth: _____ Interface: 10G (SMF) 1G (SMF) 1G Copper

If only one data center is chosen, customer understands the recommendation is for customers to have resilient primary A and secondary B feeds. In the event of an outage, customer understands and accepts the risks, limitations and liabilities associated with a single (non-redundant) connection.

- b. **Hong Kong** CME Globex Hub – **NTT Tseung Kwan O Data Center**

If space is leased through a third party, please name: _____

Carrier: _____ Bandwidth: _____ Interface: 10G (SMF) 1G (SMF) 1G Copper

- Hong Kong** CME Globex Hub – **Verizon Tsuen Wan Data Center**

If space is leased through a third party, please name: _____

Carrier: _____ Bandwidth: _____ Interface: 10G (SMF) 1G (SMF) 1G Copper

If only one data center is chosen, customer understands the recommendation is for customers to have resilient primary A and secondary B feeds. In the event of an outage, customer understands and accepts the risks, limitations and liabilities associated with a single (non-redundant) connection.

c. **Seoul CME Globex Hub – LGCNS Data Center (Verizon)**

If space is leased through a third party, please name: _____

Carrier: _____ Bandwidth: _____ Interface: 10G (SMF) 1G (SMF) 1G

Copper

Seoul CME Globex Hub – KT Data Center (NTT)

If space is leased through a third party, please name: _____

Carrier: _____ Bandwidth: _____ Interface: 10G (SMF) 1G (SMF) 1G Copper

If only one data center is chosen, customer understands the recommendation is for customers to have resilient primary A and secondary B feeds. In the event of an outage, customer understands and accepts the risks, limitations and liabilities associated with a single (non-redundant) connection.

d. **Singapore CME Globex Hub – 1-Net Data Center (AT&T)**

If space is leased through a third party, please name: _____

Carrier: _____ Bandwidth: _____ Interface: 10G (SMF) 1G (SMF) 1G Copper

Singapore CME Globex Hub – Equinix SG3 Data Center

If space is leased through a third party, please name: _____

Carrier: _____ Bandwidth: _____ Interface: 10G (SMF) 1G (SMF) 1G Copper

If only one data center is chosen, customer understands the recommendation is for customers to have resilient primary A and secondary B feeds. In the event of an outage, customer understands and accepts the risks, limitations and liabilities associated with a single (non-redundant) connection.

e. **Tokyo CME Globex Hub – Choose the option that applies:**

Customers who lease space in AT Tokyo Data Center; Customers will order 2 cross connects to obtain both the A and B feeds from the CME Group access nodes in the AT Tokyo Data Center.

Customers who do not lease space in AT Tokyo Data Center; Customers will work with their Carriers to have two circuits delivered to the CME Group access nodes to obtain both the A and B feeds in the AT Tokyo Data Center.

AT Tokyo Data Center

If space is leased through a third party, please name: _____

Carrier: _____ Bandwidth: _____ Interface: 10G (SMF) 1G (SMF) 1G Copper