



**SCHEDULE 5**

**DELETIONS, CHANGES, ASSIGNMENT AND TRANSFERS**

This Schedule 5 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”).

This Schedule contains the following Exhibits:

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

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

**Customer has caused this Schedule 5 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](mailto:globalaccountmanagement@cmegroup.com)

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**EXHIBIT A**

**DELETIONS AND CHANGES**

This Exhibit A is being executed pursuant to Schedule 5 of 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. and the Customer listed below in Section I.

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.

<b>Section I: CUSTOMER INFORMATION</b>	
Company Name: _____	
Company Address: _____	
Floor/Suite: _____	City: _____ State/Province: _____
Country: _____	Postal Code: _____ Phone: _____
<b><u>Primary Contact</u></b>	
Name: _____	Title: _____
E-mail: _____	
Phone: _____	Mobile: _____
<b><u>Technical Contact</u></b>	
Name: _____	Title: _____
E-mail: _____	
Phone: _____	Mobile: _____

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## 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: \_\_\_\_\_

New Hand-off Type (copper or fiber): \_\_\_\_\_

**B. Move CME LNet**

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

**Existing Location Service Provider**

CenturyLink     DRT     Equinix     Telx

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

**New Location Service Provider**

CenturyLink     DRT     Equinix     Telx

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

**Section IV: UPGRADE / DOWNGRADE BANDWIDTH REQUEST**

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

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

Please check which type of upgrade 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 circuit with new bandwidth. Requires new LOA but no new CME Network IPs)

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

New Hand-off Type (copper or fiber): \_\_\_\_\_

**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: \_\_\_\_\_

Replacement circuit Hand-off Type (copper or fiber): \_\_\_\_\_

**Section VI: NAME CHANGE (To assign your 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 5 of 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 (“CME”) and the Customer listed below in Section II. This Exhibit should be completed by Customers who are assigning their existing CME connections to a new entity.

<b>Section I: ASSIGNMENT OR TRANSFER</b>
Check the appropriate box below:
<input type="checkbox"/> This is a request for an assignment of the Agreement.
<input type="checkbox"/> This is a request for a transfer of ownership for an existing connection.

<b>Section II: EXISTING CUSTOMER INFORMATION</b>
<b>A. Name and Location</b>
Company Name: _____
Company Address: _____
Floor/Suite: _____ City: _____ State/Province: _____
Country: _____ Postal Code: _____
<b>B. Contact Information</b>
Primary Contact: _____
Phone: _____ Mobile: _____ E-mail: _____
Secondary Contact: _____
Phone: _____ Mobile: _____ E-mail: _____

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**Section III: NEW CUSTOMER INFORMATION**

**A. Customer 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: \_\_\_\_\_

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

**1. If Customer 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 Customer 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): \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Client INTERNETLink | <input type="checkbox"/> CME EConnect   | <input type="checkbox"/> CME EConnect Secaucus |
| <input type="checkbox"/> CME GLink           | <input type="checkbox"/> CME Globex Hub | <input type="checkbox"/> CME LNet              |

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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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