



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 – Americas
+1 312 634 8700
gam@cmegroup.com

CME Global Account Management – EMEA
+44 20 3379 3754
gamemea@cmegroup.com

CME Global Account Management – Asia
+65 6593 5505
gamasia@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.

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

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 CUSTOMER 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 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:

CME Global Account Management – Americas
+1 312 634 8700
gam@cmegroup.com

CME Global Account Management – EMEA
+44 20 3379 3754
gamemea@cmegroup.com

CME Global Account Management – Asia
+65 6593 5505
gamasia@cmegroup.com

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