CME Group

SCHEDULE 9

<u>FIRMSOFT ACCESS REQUEST</u>

Customer and Clearing Firm agree to authorize FirmSoft access for the users identified below.

Any information required to be provided in this Schedule shall be treated by CME in accordance with the CME privacy statement, which may be found at www.cmegroup.com.

Complete the following for each individual for whom you are requesting access.
All the information listed below is required; incomplete requests will not be processed.

Request Type (select one)**:**   Add FirmSoft Access   Change (Add/Remove Affiliate Firms)   Delete FirmSoft Access

Access Type (select one)**:**   All Inquiry and Cancel   All Inquiry Only

User's Name: _____   Class A or Affiliate Firm Number(s): _____

CME Group Login: _____   CME Group Login Token: _____

Account(s):   Operator ID: iLink Session(s):

Request Type (select one)**:**   Add FirmSoft Access   Change (Add/Remove Affiliate Firms)   Delete FirmSoft Access

Access Type (select one)**:**   All Inquiry and Cancel   All Inquiry Only

User's Name: _____   Class A or Affiliate Firm Number(s): _____

CME Group Login: _____   CME Group Login Token: _____

Account(s):   Operator ID: iLink Session(s):

Request Type (select one)**:**   Add FirmSoft Access   Change (Add/Remove Affiliate Firms)   Delete FirmSoft Access

Access Type (select one)**:**   All Inquiry and Cancel   All Inquiry Only

User's Name: _____   Class A or Affiliate Firm Number(s): _____

CME Group Login: _____   CME Group Login Token: _____

Account(s):   Operator ID: iLink Session(s):

Customer and Clearing Firm have caused this Schedule 9 to be executed by their authorized representatives, to be effective as of the date received by CME.

Customer   **Clearing Firm**

Signature: _____   Signature:_____

Print Name:_____   Print Name:_____

Title:_____   Title:_____
        (Must be an authorized Officer)   (Must be an authorized Officer)

Date:_____   Date:_____

Contact GAM:

For questions, assistance or upon completion, contact CME Global Account Management.