

SCHEDULE B

CERTIFICATION ENVIRONMENT ACCESS REQUEST AND CHANGE FORM

This Schedule **B** is being completed pursuant to the Interface Development and Testing 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

_____ (“Company”).

Any capitalized terms not defined herein shall have the meaning set forth in Schedule A of the Agreement.

Prior to completing this form, Company is encouraged to read the CME Certification Environments Network Connection Guide which can be found at <http://www.cmegroup.com/certsdk>.

Please select the following CME interfaces you are requesting certification access to:

ClearPort – (CDS, FX & Energy)	ClearPort – IRS	Drop Copy
Front-end Clearing (FEC)	GLOBEX – iLink	GLOBEX – MDP
Risk Management Interface (RMI)		

Section I: COMPANY INFORMATION

A. General Information (All Companies)

Company Name: _____

Company Address: _____

Floor/Suite: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone Number: _____

B. Business Contact Information (All Companies)

Primary Contact: _____

Phone: _____ Mobile: _____ E-mail: _____

Secondary Contact: _____

Phone: _____ Mobile: _____ E-mail: _____

24 Hr. Contact: _____

Phone: _____ Mobile: _____ E-mail: _____

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Section II: ACCESS METHOD SELECTION

CERT Network Access Requests for *iLink, MDP, DROP COPY and RMI*
Check the box of the Connectivity Option(s) in which you are interested.

A. CERT VPN

Company connects to CME via secure tunnel over Internet. This is a Client-Managed option.
If choosing this option, please complete Exhibit B.1 and submit with this form.

B. CERT Data Center: a single 1Gbps cross connect to the CME Group Certification Environment.
If you are a managed service provider intending to provide third party access to the CME network, please complete Exhibit B.2 and submit with this form.

CME Co-Location Facility

Cabinet #: _____ Rack Unit: _____ Equipment Label: _____ Port: _____

350 Cermak*

CenturyLink DRT Equinix Telx

Floor/suite: _____ Cabinet/Rack: _____

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

Secaucus, NJ - Equinix Data Center *

Campus/floor/suite: _____ Cabinet/Rack: _____

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

Equinix, Slough*

Handoff type (copper or fiber) **mandatory**: _____

**If you selected 350 Cermak, Secaucus, NJ or Equinix, Slough we will supply a Letter of Authorization that will provide you with the demarcation point and authorization to cross connect to the CME access point.*

CERT Network Access Requests for *CLEARPORT and FEC*

Check the box of the Connectivity Option(s) in which you are interested, complete Exhibit B.3 and submit with this form.

C. MQ

Customers have the option of connecting over a secure network connection via Websphere MQ Series. Customers submit messages through a remote queue while having message responses pushed to their local queue. MQ Series clients do not require user authentication since MQ is a secure method of transport.

D. HTTP

Customers have the option of connecting using HTTPS via the Internet, Leased Line, and/or VPN. HTTP v.2.0 access supports both session-less and session-based user authentication.

Section III: DELETE CERT NETWORK ACCESS REQUESTS for *iLink, MDP, Drop Copy and RMI*

Select the Access Method you would like to delete:

CERT VPN – CME Site ID: _____

CERT Data Center – CME Site ID: _____

Reason for Delete (*please ensure a box is checked*):

No longer using the connection for development

Customer has more than one CERT VPN connection

Company no longer in business

Consolidation

Other _____

Section IV: NAME CHANGE (To assign your Interface Development and Testing Agreement or to transfer a circuit to a different firm, please complete Exhibit B.4)

Old name of Company: _____

New name of Company: _____

Effective Date: _____

Reason for Name Change: _____

Company and CME have caused this Schedule B to be executed by their authorized representatives, to be effective as of the date executed by CME.

Company

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 B.1

<p>CHICAGO MERCANTILE EXCHANGE INC.</p> <p>Request for</p> <p><u>CERT VPN Connectivity as selected in Section II A</u></p>
<p>Prior to completing this form, the Company is encouraged to read the</p> <p><i>CME Certification Environments Network Connection Guide:</i></p> <p style="color: purple;">http://www.cmegroup.com/certsdk</p>

Company Profile	
Physical address of VPN Equipment Site:	
Company Project Manager:	
Phone number:	
E-mail address:	
Contact hours/time zone:	
Primary Network Engineer:	
Phone number:	
E-mail address:	
Contact hours/time zone:	
Backup Network Engineer:	
Phone number:	
E-mail address:	
Contact hours/time zone:	
VPN Device Profile	
Source Public IP Address assigned to VPN device:	

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CME Encryption Requirements (all must be checked)

VPN Software Supports Preshared Keys for ISAKMP/IKE?

VPN Software Supports 3DES Encryption for ISAKMP/IKE?

VPN Software Supports MD5 Encryption for IPSec?

VPN Software Supports 3DES Encryption for IPSec?

Company Addressing Scheme

Select one of the following Source Addressing Schemes:

Company will NAT their Source Addressing to CME provided addressing

CME provided addressing will be used on Company Source devices

EXHIBIT B.2

List of Managed Service Provider's Customers who connect to CME via CERT Data Center

Provide the following for each customer whom you connect to the CME network:

Date	
Company Name	
Contact Name	
Contact Phone	
Contact E-Mail	
Date	
Company Name	
Contact Name	
Contact Phone	
Contact E-Mail	
Date	
Company Name	
Contact Name	
Contact Phone	
Contact E-Mail	
Date	
Company Name	
Contact Name	
Contact Phone	
Contact E-Mail	

Managed service providers must update this list and provide it to CME as new customers are added.

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EXHIBIT B.3

CME ClearPort® (CPCAPI) Certification Registration Form

Please complete this Exhibit B.3 for access to the CPCAPI. Prior to completion of this form you are encouraged to review detailed information at:

- ClearPort API: <http://www.cmegroup.com/clearing/clearport/clearport-api.html>

This form specifies and provides the customer, with the company and user identifiers, IP addresses, and port numbers that CME Administration will use to define connections to the certification servers.

Today's Date: _____

Production Sender Information

Source IP Address:	
Sender Company ID (completed by MOTS):	

Firm Type (Please select all that apply)

Broker Firm	<input type="checkbox"/>	Active Trader	<input type="checkbox"/>
Platform Firm	<input type="checkbox"/>	ISV Firm	<input type="checkbox"/>
Asset Manager	<input type="checkbox"/>	REDCode Licensed	<input type="checkbox"/>

Exchange Division (Please select all that apply)

Chicago Board of Trade (CBT)	<input type="checkbox"/>	Commodity Exchange (COMEX)	<input type="checkbox"/>
CME Clearing Europe (CCE)	<input type="checkbox"/>	Dubai Mercantile Exchange (DME)	<input type="checkbox"/>
Credit Default Swap Exchange (CMD)	<input type="checkbox"/>	Green Exchange (GEX)	<input type="checkbox"/>
Chicago Mercantile Exchange (CME)	<input type="checkbox"/>	New York Mercantile Exchange (NYMEX)	<input type="checkbox"/>

ISV / System Information

Vendor Company Name:	
Contact Name:	
Contact Phone:	
Contact E-mail Address:	

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Test User Information

Full Name of Firm:	
Full Name of User:	
Phone Number:	
E-mail Address:	
Security Information (must list 2 out of 3)	
Date of Birth:	
Birth City:	
Secondary School:	

Preferred Mode of Connection to CME (check all that apply)

HTTPS Session Based	<input type="checkbox"/>	Lease line connectivity into CME facilities	<input type="checkbox"/>
HTTPS Session-less	<input type="checkbox"/>	VPN Connectivity into CME facilities	<input type="checkbox"/>
IBM MQ Series	<input type="checkbox"/>		

If using IBM MQ Series Connection to CME, check only one.

IBM MQ Series Server	<input type="checkbox"/>
IBM MQ Series Client	<input type="checkbox"/>

If using IBM MQ Series Client, please answer the following questions.

What type of OS is your application server that will connect via IBM MQ Series Client to CME Group MQ?	
What type of application will be connecting via IBM MQ Series Client to CME Group MQ?	

Connection Blocks

In order to have multiple users at one time you will need multiple connection blocks, unless you have a concentration of users able to use one connection block.

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EXHIBIT B.4
ASSIGNMENT & TRANSFERS

This Exhibit B.4 is being executed pursuant to the Interface Development and Testing 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 connection(s) 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

Customer 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: _____

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Section III: NEW CUSTOMER INFORMATION

A. Customer Name and Location Information

Customer 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: _____

Section IV: CONNECTIVITY INFORMATION

Site ID: _____
 CERT VPN
 CERT Data Center

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Existing Customer (assignor), New Customer (assignee), and CME have caused this Exhibit B.4 to be executed by their authorized representatives, to be effective as of the date executed by CME.

Existing Customer (assignor)

New Customer (assignee)

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Title: _____

(Must be an authorized Officer)

Title: _____

(Must be an authorized Officer)

Date: _____

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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