

**SCHEDULE D
TO DATA CENTER CONNECTION AGREEMENT**

DROP COPY SERVICE

This Schedule D is being executed pursuant to the Data Center 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 _____ (“Data Center”). Any capitalized terms not defined herein shall have the meaning set forth in Schedule A of the Agreement.

“Drop Copy Service” means Customers’ use of one-way iLink® sessions that duplicate all iLink outbound execution and acknowledgment messages from one or more iLink sessions and bundle those messages to the dedicated drop copy session to provide Customers with aggregate position and settlement monitoring. Drop Copy Service is intended to be used only as a back-up system to iLink outbound execution and acknowledgment messages. Drop Copy Service is subject to the applicable Customer Fees set forth in Exhibit A of the Agreement, as revised from time to time pursuant to Section 4 of the Agreement.

“Drop Copy Group” means a customer-defined grouping of iLink sessions for which Drop Copy data will be consolidated.

Limitation of Liability for Drop Copy Service

NOTWITHSTANDING SECTION 10 OF THE AGREEMENT, CME SHALL NOT BE LIABLE TO ANY PERSON FOR ANY LOSSES, DAMAGES, COSTS OR EXPENSES, INCLUDING, BUT NOT LIMITED TO, LOSS OF PROFITS, LOSS OF USE, AND DIRECT, INDIRECT, INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES, ARISING FROM CUSTOMER’S USE OF DROP COPY SERVICE.

Customers who wish to order Drop Copy Service must review this entire Schedule and provide all applicable information where requested. Any changes to this Schedule after execution by CME and Customer must be completed on a new Schedule, to be executed by CME and Customer.

Please return completed documentation to:

CME Global Account Management

globalaccountmanagement@cmegroup.com

Section I: Customer Information

Firm Name: _____

Firm Address: _____

City: _____ State: _____ Country: _____ Postal Code: _____

Technical Contact: _____

Phone: _____ Mobile: _____ E-mail: _____

"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."

Section II: Add / Delete – Drop Copy Group Note: All Drop Copy Groups will receive Execution Reports.

ADD Drop Copy Group **Drop Copy Group Name:** _____

Production Site ID associated with this Drop Copy Group (CME use only): _____

Check if you want to receive:

Acknowledgement messages Order Mass Action Trade Busts

Certified system for this Drop Copy Group: _____

Note: It is the responsibility of the customer to contact their Global Account Manager if the Certified system changes.

Check here and complete Exhibit A if you do not have a Production Site ID

How will Customer receive the Drop Copy Production feed?

Customer's own connection Clearing Firm connection Managed Service Provider connection

DELETE Drop Copy Group **Drop Copy Group Name:** _____

Production Site ID associated with this Drop Copy Group (CME use only): _____

Section III: Change Drop Copy Group Name

Current Drop Copy Group Name: _____

New Drop Copy Group Name: _____

Production Site ID currently associated with this Drop Copy Group (CME use only): _____

Effective Date: _____

Section IV: Drop Copy Group Automated Distribution of Credentials

By completing this section, you have authorized the following consumer(s) of the Drop Copy Group above to receive Drop Copy Group configuration and credentials automatically every time there is a change.

NOTE: You must update this via a new Schedule D if any contacts change (added or deleted).

Contact or entity e-mail address: _____

Contact or entity e-mail address: _____

Contact or entity e-mail address: _____

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

Customer

Signature: _____

Print Name: _____

Title: _____
(Must be an authorized Officer)

Date: _____

Clearing Firm: _____

Signature: _____

Print Name: _____

Title: _____
(Must be an authorized Officer)

Date: _____

“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

DROP COPY SERVICE BILLING

This Exhibit A is being executed pursuant to Schedule D of the Data Center 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.

Section I: BILLING CONTACT INFORMATION

All customers required to complete this section.

Customer Billing Contact: _____

Phone: _____ Mobile: _____ E-mail: _____

Customer Billing Address: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

"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."

Section II: BANK AND ACCOUNT INFORMATION

Customers being billed directly must complete this section.

Note: a voided check from the account must be attached for verification purposes

Name on Bank Account: _____

Name of Bank: _____

Bank address: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Transit/ABA Number: _____ Account Number: _____

INTERNATIONAL CUSTOMERS - Please remit Payment using these Wire Instructions:

Chicago Mercantile Exchange Inc.

Tax ID: 36-4340266

Bank Name: JP Morgan Chase Bank

Address: 270 Park Avenue, New York, NY 10017

ABA#: 021000021

Acct #: 887294601

Acct Name: Chicago Mercantile Exchange Inc.

SWIFT Code: CHASUS33