Schedule 6: Access Request Form

MDP Distributor
*Only to be completed by Direct Connect Data Distributors

Section I:	CUSTOMER INFORMATION

A.   General Information

Customer Name: _____

Customer Address: _____

City: _____   State/Province: _____   Country: _____

Floor/Suite: _____   Postal Code: _____   Phone Number: _____

Billing Address(if different from address above): _____

City: _____   State/Province: _____   Country: _____

Floor/Suite: _____   Postal Code: _____   Phone Number: _____

Customer's Parent Company: _____

B.   Installation Information

Installation Address: _____(the "Premises")

City: _____   State/Province: _____

Country:_____   Postal Code: _____
Floor/Suite: _____   On-Site Phone Number: _____

Primary Installation Contact: _____
Phone:_____   Email:_____   Mobile: _____

Secondary Installation Contact: _____
Phone:_____   Email:_____   Mobile: _____

Detailed Installation Instructions (e.g., closet location): _____
_____

Local Phone Company: _____

Section II:	NETWORK ACCESS OPTIONS

A. Action Request

☐ New Circuit Installation
☐ Circuit Upgrade
☐ Circuit Cancellation

CME Site ID (DLCI):

B. Connection Request *(Check ALL that apply to Customer)*

1. CME DIRECTLink*: CME managed connectivity. CME will provide redundant connectivity, equipment and 24 x 7 monitoring (US Customers only).

    Identify your choice of bandwidth*:

    ☐ 20 MB Ethernet
    ☐ 40 MB Ethernet
    ☐ 100 MB Ethernet (where applicable)

* **Inside wiring is the responsibility of Customer.**

2. Client INTERNET Link: Customer connects via secure tunnel over Internet. This is a Client-managed option.

    Bandwidth subscription in .5Mb increments: Megabytes.

Section II:NETWORK ACCESS OPTIONS CON'T

3. <u>CME LNet:</u>

Select co-location facility, bandwidth subscription, and indicate cabinet and/or rack information:
☐DRT
☐40 Mb Ethernet or ☐100 Mb Ethernet

Provide floor and suite location where equipment will be installed: _____
Cabinet and/or rack information: _____
If space is leased through a third party, please name: _____

☐Equinix
☐40 Mb Ethernet or ☐100 Mb Ethernet

Provide floor and suite location where equipment will be installed: _____
Cabinet and/or rack information: _____
If space is leased through a third party, please name: _____

☐Savvis
☐40 Mb Ethernet or ☐100 Mb Ethernet

Provide floor and suite location where equipment will be installed: _____
Cabinet and/or rack information: _____
If space is leased through a third party, please name: _____

☐TelX
☐40 Mb Ethernet or ☐100 Mb Ethernet

Provide floor and suite location where equipment will be installed: _____
Cabinet and/or rack information: _____
If space is leased through a third party, please name: _____

Companies are required to have space pre-arranged at the specific co-location facility before submitting this form.Any and all charges required from the fiber provider/data center to allow the customer successful acceptance by CME are the sole responsibility of the customer.

4. <u>Jackson Direct:</u> Customer works with the internal fiber provider to extend service to fiber Meet Me Room (MMR). The customer owns the installation and ongoing relationship with the fiber provider. Companies are required to have space pre-arranged at the specific location before submitting this form.

1. Provide the floor and suite location where equipment will be installed for access to CME in the 141 Facility: _____

2. Select authorized CME fiber provider:_____
☐Cogent

Does the required fiber exist or is a build required? _____
If a build is required, is there an estimated time of completion by the fiber provider?

_____

3. Select bandwidth subscription
☐40 Mb Ethernet or ☐100 Mb

Any and all charges required by the fiber provider to allow the customer successful acceptance by CME are the sole responsibility of the customer.

5. CME Globex Hub Access:

1. Select city:
[ ] Amsterdam [ ] Dublin [ ] London [ ] Milan [ ] Paris [ ] Singapore [ ] Sao Paulo

2. Indicate the carrier Company will use to connect to each Data Center
(e.g. a Dublin customer may elect to use a Colt circuit to the Dublin MCI Data Center and an Eircom circuit to the Sprit Data Center):

Note*: Trading system redundancy is* **ONLY** *available if Company connects to* **both** *Data Centers in a given geographic location.*

a. [ ] London CME Globex Hub _____
   [ ] CME London Data Center _____
   [ ] MCI London Data Center _____

b. [ ] Amsterdam [ ] Dublin [ ] Milan [ ] Paris [ ] Sao Paulo
   [ ] MCI Data Center _____
   [ ] Sprint Data Center _____

c. **[ ]** Singapore CME Globex Hub
   [ ] AT&T Data Center _____
   [ ] NTT Data Center _____

3. Date circuit(s) ordered (if available): _____

4. Carrier Order Number(s) (if available): _____

Section III:	**CME INTERFACE OPTIONS**

☐   CME MDP (Market Data Platform)
☐   CME ILink
☐   CME Clearing

Section IV:	CONTACT INFORMATION *(All Customers)*

A.   Customer Business Contact

Name: _____   Title: _____

Phone: _____   Mobile: _____   E-mail: _____

B.   Customer Network Contact

Name: _____   Title: _____

Phone: _____   Mobile: _____   E-mail: _____

C.   Customer Billing Contact

Name: _____   Title: _____

Phone: _____   Mobile: _____   E-mail: _____

Section V:	BANK AND ACCOUNT INFORMATION *(To be completed for Network Access Charges)*

A.   Provide the following account auto-debit information:

Name of Bank Used by Customer: _____

Name on Bank Account*: _____

Bank Address: _____

City: _____   State/Province: _____

Country: _____   Postal Code: _____

Transit/ABA Number: _____

Account Number: _____

* Attach a voided check from the account for verification purposes.

B.   If a person or entity other than Customer will be billed, provide the following information:

Name of CME Account to be Billed**: _____

CME Account #: _____

** The person/entity that holds the CME Account must provide separate written authorization confirming this billing arrangement.

AUTHORIZED SIGNATURE

PREPARED BY
(print name): _____   DATE: _____

AUTHORIZED SIGNATORY NAME: _____
        Please print.   (***The Authorized Signatory is guaranteeing payment of monthly Access fees)***

AUTHORIZED SIGNATORY SIGNATURE: _____
TITLE: Phone Number:

This Access Request Form is subject to the terms and conditions of the Information Distribution License Agreement between Chicago Mercantile Exchange and Distributor.

Please send the completed Access Request Form to:
Chicago Mercantile Exchange Inc.
Market Data Operations
20 S. Wacker Drive, 8N, Chicago, IL 60606
Phone: (312) 648-3653 Fax: (312) 930-8203

CME Network Access Charges

CME-MANAGED
NETWORK ACCESS CHARGES

CME DIRECTLink	
Each *new connection* has a minimum commitment of 12 months. *New connections are: a new site, 100mb upgrades, T1 to Ethernet connection*	
Bandwidth	**Monthly Charge**
T1	$3,500
20 Mb – Ethernet	$5,000
20 Mb – Hybrid	$9,000
20 Mb – Other	Individual Case Basis
40 Mb – Ethernet	$6,000
40 Mb – Hybrid	$13,000
40 Mb – Other	Individual Case Basis
100 Mb – Ethernet	$8,000
CME DIRECTLink - One Time Charges	
Installation Fee	**Deletion Fee**
$2,000	$1,000

CME LNet	
Minimum commitment period per connection is 12 months	
Bandwidth	**Monthly Charge**
40 Mb	$6,000
100 Mb	$8,000
Jackson Direct	
Minimum commitment period per connection is 12 months	
Bandwidth	**Monthly Charge**
40 Mb	$6,000
100 Mb	$8,000

Client INTERNETLink	
Minimum commitment period per connection is 6 months.	
Bandwidth	**Monthly Charge**
0.5 Mb increments	$500

CME Globex HUB ACCESS
$6,000/access per year