

SCHEDULE B

CERTIFICATION ENVIRONMENT ACCESS REQUEST AND INFORMATION FORM

This Schedule **B** is being completed pursuant to the Globex Interface Development 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.

Company acknowledges and agrees that it will pay the Fees for each completed Certification Environment Access Request and Information Form. Certification Environment access requests for each location must be made on a separate form, which can be obtained at <http://www.cme.com/connectionagreement>, or by contacting your CME Globex Account Manager at 312-634-8700.

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

Section I: COMPANY INFORMATION

A. General Information (All Companies)

Company Name: _____

Company Address: _____

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

Country: _____ Postal Code: _____ Phone Number: _____

Billing Address
(if different from address above): _____

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

Country: _____ Postal Code: _____ Phone Number: _____

B. Connectivity Information – Company Site Details <i>(All Companies)</i>		
Site Address: _____ (the “Premises”)		
Floor/Suite: _____	Cage/Closet: _____	City: _____
State/Province: _____	Postal Code: _____	
Country: _____	On-Site Phone Number: _____	
Primary Contact: _____		
Phone: _____	Mobile: _____	E-mail: _____
Secondary Contact: _____		
Phone: _____	Mobile: _____	E-mail: _____
Local Phone Company: _____		
C. Detailed Installation Instructions (e.g., closet location, inside wiring instructions, building access, etc.)		
<hr/> <hr/>		

Section II: BANK AND ACCOUNT INFORMATION	
This section not applicable if choosing either the CERT VPN or BTR CERTLink connectivity option.	
A. If Company 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 <i>(a voided check from the account must be attached for verification purposes):</i>	

Bank address: _____	
City: _____	State/Province: _____
Country: _____	Postal Code: _____
Transit/ABA Number: _____	Account Number: _____
B. If a person or entity other than Company will be billed, provide the following information:	
Name of CME Account to be billed*: _____	
CME Account Number: _____	
<i>* The person/entity that holds the CME Account must provide separate written authorization confirming this billing arrangement.</i>	

Section III: NEW – CERT NETWORK ACCESS REQUESTS

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. CME CERTLink (applicable to U.S. Companies only): CME-Managed Network*

- ☐ **Option 1 – 40 Mb Ethernet**
Includes one primary router and circuit delivered to Companies residing in CME identified “Lit” buildings. *Building must provide access to CME authorized carriers.*
- ☐ **Option 2 – 40 Mb Ethernet**
Includes primary & secondary routers and circuits of the same bandwidth delivered to Companies residing in CME identified “Lit” buildings. *Building must provide access to CME authorized carriers.*

** Inside wiring is the responsibility of Company.*

C. CME London CERTLink

- ☐ **Option 1 – One circuit and carrier**
Bandwidth: _____ Mb Carrier: _____
- ☐ **Option 2 – Two circuits of the same bandwidth delivered by two different carriers**
Bandwidth: _____ Mb Carrier for circuit (a): _____
Carrier for circuit (b): _____

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

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

Please note: Carriers should deliver circuit(s) to the Verizon Data Center, 2-6 St. Pancras Way, London, England and the demarcation should be: CME Rack M21, Rm 2.07, Second Floor, UK5.

D. BTR CERTLink

- ☐ **Company connects to CME via BT Radianz. This is a Client-Managed option.** BTR will bill Company directly. Please complete billing information below in order for BTR to process:

Company Billing Contact: _____

Phone: _____ Mobile: _____ E-mail: _____

1. Company status: ☐ New BTR customer 2. Bandwidth subscription: ☐ 10 Mb
☐ Existing BTR customer ☐ 20 Mb
☐ 40 Mb

Please complete Exhibit B.3 and submit with this form. Total bandwidth is dependant upon feeds selected on Exhibit B.3. Minimum bandwidth offered with this option is 10 Mb.

E. Client CERTLink

☐ **Company connects to CME within vendor cloud. This is a Client-Managed option.**

1. Telecom Carriers*: ☐ AT&T 2. Bandwidth subscription: ☐ 10 Mb
☐ Sprint ☐ 20 Mb
☐ VZB ☐ 40 Mb

**Telecom Carrier Paperwork Requirements:*

- AT&T – a Contract Request Form is to be completed by your AT&T account representative.
- VZB – a Cross Corporate Agreement is required and needs both Company and CME authorized signatories.
- Sprint – no paperwork requirements as far as we know.

For your convenience, the AT&T and VZB blank forms can be found in Exhibit B.2.

- *AT&T – a Contract Request Form is to be completed by your AT&T account representative.*
- *VZB – a Cross Corporate Agreement is required and needs both Company and CME authorized signatories.*
- *Sprint – no paperwork requirements as far as we know.*

Section IV: CHANGE – CERT NETWORK ACCESS REQUESTS

Current CME Site IDs to be changed: Primary	Secondary (if applicable)

<input type="checkbox"/> <u>Delete Certification Connectivity</u>		<input type="checkbox"/> <u>Upgrade or Downgrade</u>	
<input type="checkbox"/> CERT VPN	Current Bandwidth	Requested Bandwidth	
<input type="checkbox"/> Client CERTLink	<input type="checkbox"/> 10 Mb	<input type="checkbox"/> 10 Mb	
<input type="checkbox"/> BTR CERTLink	<input type="checkbox"/> 20 Mb	<input type="checkbox"/> 20 Mb	
<input type="checkbox"/> CME CERTLink	<input type="checkbox"/> 40 Mb	<input type="checkbox"/> 40 Mb	

	Current Bandwidth	Requested Bandwidth
<input type="checkbox"/> CME London CERTLink	_____ Mb	_____ Mb

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.

Chicago Mercantile Exchange Inc.

By:_____ By:_____

Name: _____ Name: _____

Title: _____
(Must be an authorized Officer)

Title: _____
(Must be an authorized Officer)

Date: _____ Date: _____

Please return completed documentation to:

European Customers: Mark Vogel,

CME Globex Account Management, European Office
Watling House, 33 Cannon Street
London EC4M 5SB, UK
Phone: + 44 20 7796 7100 Fax: + 44 20 7796 7110

Asian Customers: Kwong Cheng,
CME Globex Account Management, Singapore Office
Level 39, One Exchange Square
8 Connaught Place
Central Hong Kong
Phone: +852 3101 7696 Fax: +852 3101 7698

EXHIBIT B.1

CHICAGO MERCANTILE EXCHANGE INC.

Request for VPN CONNECTIVITY to the CME CERTIFICATION Environment

**Prior to completing this form, the Company is encouraged to read the
*CME Certification Environments Network Connection Guide.***

Reminder: Cert MDP subscribes to multiple channels & CME recommends a 2 router configuration to more accurately reflect the Production Environment.

Company Profile

Company Name:	
Preferred implementation date:	
Physical address of VPN Site:	
Company Project Manager:	
Phone number:	
Email address:	
Contact hours/time zone:	
Primary Network Engineer:	
Phone number:	
Email address:	
Contact hours/time zone:	
Backup Network Engineer:	
Phone number:	
Email address:	
Contact hours/time zone:	
Is VPN Consulting Contact recommendation needed:	

Company VPN Device Profile	
Manufacturer of VPN device:	Cisco Router (preferred) <input type="checkbox"/> Cisco PIX Firewall <input type="checkbox"/> Checkpoint Firewall <input type="checkbox"/>
Model of VPN device:	
Version of VPN software (minimum 12.2.11.T1 if Cisco IOS):	
Source Public IP Address assigned to VPN device:	
Is VPN device currently in use for other VPN connections:	
CME Encryption Requirements (all must be checked)	
VPN Software Supports Preshared Keys for ISAKMP/IKE?	<input type="checkbox"/>
VPN Software Supports 3DES Encryption for ISAKMP/IKE?	<input type="checkbox"/>
VPN Software Supports MD5 Encryption for IPSec?	<input type="checkbox"/>
VPN Software Supports 3DES Encryption for IPSec?	<input type="checkbox"/>
Company Addressing Scheme	
<u>Select one of the following Source Addressing Schemes:</u> Company will NAT their Source Addressing to CME provided addressing <input type="checkbox"/> CME provided addressing will be used on Company Source devices <input type="checkbox"/>	

CME use only	
Globex Account Management contact:	
Date initial request was received:	
Date request was approved:	
Company Network Diagram attached:	

EXHIBIT B.2

AT&T Contract Request Form

(to be completed by Companies selecting AT&T as a Telecom carrier in the Client CERTLink Network option).....pg. 1

VZB Cross Corporate Agreement

(to be completed by Companies selecting VZB as a Telecom carrier in the Client CERTLink Network option).....pg. 2

AT&T CONTRACT REQUEST FORM ATM INTERCORPORATE PVC [ATM IPVC]

This form must be fully populated by a Business Development Manager or an Account Representative to request a new AT&T ATM Intercorporate PVC ("ATM IPVC") Contract. Please complete and e-mail to AT&T Contract Development and Management at: DCS_Contract in the Global Address List. **It is the responsibility of the Account Team to ensure that each Customer has in effect an ATM Contract with AT&T.** AT&T Contract Management processing time is a maximum of 10 business days from their receipt of a completed and accurate CRF until they mail a contract back to the Account Team.

1. Date Submitted:

2. Author of this Document:

Name:
Title:
Phone Number:

3. Customer (1) Legal Name and Street Address:

Company Name:
Floor/Room No:
Address:
City, State & Zip:
Effective Date of ATM Contract with AT&T and Service Period: [] months

Customer (2) Legal Name and Street Address:

Company Name: Chicago Mercantile Exchange Inc.
Floor/Room No: M1, Comms Rm.
Address: 10 S. Wacker Dr.
City, State & Zip: Chicago, IL 60606
Effective Date of ATM Contract with AT&T and Service Period: 5/27/07 [12] months

4. Account Representative Name and Address:

Name:
Title:
Floor/Room No:
Address:
City, State & Zip:
Phone Number:
E-Mail ID:

5. Required Number of PVCs and their CIR:

6. Port location:

Customer (1) City and State:

Customer (2) City and State: Chicago, IL

7. ATM IPVC Pricing:

PVC CIR	PVC Monthly Charge	PVC Installation Charge	PVC Change Charge

8. All Monthly, Installation and Change Charges as they relate to the ATM Intercorporate PVC(s) identified above shall be allocated as follows. Please indicate which Customer will be billed 100% of the charges:

Customer 1 XXX OR Customer 2 _____

FRAME RELAY and/or ATM (Option 2)

VZB CROSS-CORPORATE INTERCONNECTION AGREEMENT

This Agreement is entered into as of the ____ day of _____, 20____, by and among **The Chicago Mercantile Exchange** (hereinafter referred to as "A") and _____ (hereinafter referred to as "B"), and **MCI Network Services, Inc. or MCI Financial Management Corp., as applicable, on behalf of MCI Communications Services, Inc. d/b/a Verizon Business Services** and its U.S. based affiliates ("Verizon"). A and B are each subscribers to Verizon Frame Relay Service ("Frame Relay") and/or Verizon ATM Service ("ATM") and A and B desire to interconnect their respective networks using Frame Relay and/or ATM under the terms of this Agreement. This Agreement shall be effective upon execution by all parties ("Effective Date").

1. **Existing Agreement.** Except to the extent set forth herein, the individual Frame Relay/ATM service agreements ("Existing Agreement(s)") in effect between Verizon and A and B, respectively, shall remain in full force and effect and the Existing Agreement shall be deemed incorporated by reference, respectively, into each party's agreement hereunder.

2. Obligations of Verizon

2.1 Pursuant to the terms of this Agreement and the Existing Agreements, Verizon will process orders from A and B for Frame Relay and/or ATM to allow A and B to utilize Frame Relay and/or ATM to connect their respective networks. Verizon shall not be responsible for the compatibility of CPE at A's and B's locations.

2.2 Verizon will invoice A and B in accordance with the following billing provisions:

OPTION 2 FRAME RELAY or OPTION 2 ATM

Terminator/Originator

Customer B will pay all usage charges associated with the Cross Corporate applications, including total (duplex) PVC charges between Location A and Location B. Customer A will pay the port charges for Location A and Customer B will pay the port charges for Location B.

3. Obligations of A and B

3.1 A and B will pay Verizon in accordance with the terms of the Existing Agreements and this Agreement.

3.2 A and B hereby acknowledge and understand that the interconnection of their respective networks hereunder may compromise the security of their respective networks. A and B shall be responsible for ensuring the security of their data and agree that Verizon shall have no liability for any loss resulting from any unauthorized access to or use of any of A and/or B's respective data.

3.3 A and/or B may mutually agree to disclose to third parties that they have interconnected their networks provided that neither A nor B may make any reference to Verizon without Verizon's prior written consent.

4. **Term and Termination.** This Agreement begins on the Effective Date and shall continue until either of the Existing Agreements expires or is terminated or until this Agreement is terminated by any party hereto by providing the other parties 30 days written notice.

5. **Notices.** All notices shall be deemed received immediately sent by telecopy, or after five business days if sent by certified mail, return receipt requested, to the respective parties at the addresses set forth below:

If to A: The Chicago Mercantile Exchange
30 S. Wacker Drive
Chicago, Illinois 60606
Attn: _____

If to B: _____

If to Verizon: Verizon
205 N. Michigan Ave.
Chicago, Illinois 60601
Attn: Legal Director

With a copy to: Verizon
22001 Loudon County Pkwy.
Ashburn, VA 20147
Attn: Legal VP Business Transactions

6. **Entire Agreement.** This Agreement constitutes the entire understanding and agreement of the parties with respect to its subject matter and supersedes all prior agreements or understandings, written or oral, between the parties with respect thereto.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first above written.

**The Chicago Mercantile Exchange
(Customer A)**

**MCI Network Services, Inc.
or MCI Financial Management Corp.,
as applicable**

CUSTOMER B

By: _____

By: _____

By: _____

Name: _____

Verizon Finance Representative

Name: _____

Title: _____

Date: _____

Title: _____

Date: _____

Date: _____

EXHIBIT B.3

BTR CERTLink Technical Specifications

Total bandwidth needed is dependant upon feeds selected. Minimum bandwidth offered with the BTR CERTLink option is 10 Mb.

1. Please provide the customer source IP: _____

2. Below, please choose the feeds you wish to receive:

✓	#	Description	Certification Channels	Associated Service Access Name	Suggested Bandwidth	Client Multicast IGMP Join Type
<input type="checkbox"/>	1	All multicast Cert, New Release and Production feeds in Cert channels. Excludes FXMS channels and replay channels.	0 – 19, 30 – 43, 100 – 127	CME_MC_NRCert	25 Mbps	Dynamic
<input type="checkbox"/>	2	FXMS Real Time Channels in Cert, New Release, and Production Feeds in Cert.	22 & 23	CME_MC_NRCert_FXMS	7 Mbps	Dynamic
<input type="checkbox"/>	3	Replay multicast data for all Cert and New Release channels, excluding FXMS.	0 – 19, 30 – 43, 100 – 127	CME_MC_NRCert_Rep	8 Mbps	Dynamic
<input type="checkbox"/>	4	Replay multicast data for FXMS only.	22	CME_MC_NRCert_Rep_FXMS	1.5 Mbps	Dynamic
<input type="checkbox"/>	5	All CME Cert and New Release unicast servers, including the Mediators, excluding Replay Requests hosts.	N/A	CME_NRCert_All	2 Mbps	Unicast – N/A
<input type="checkbox"/>	6	Unicast replay request for all multicast channels excluding FXMS.	N/A	CME_NRCert_Rep	128 K	Unicast – N/A
<input type="checkbox"/>	7	Unicast replay request for FXMS only.	N/A	CME_NRCert_Rep_FXMS	128 K	Unicast – N/A
<input type="checkbox"/>	8	All real time FIX Fast multicast channels.	7-14, 30-32, 35-37, 112, 114, 116, 118 120, 122, 124-127	CME_MC_Cert_FIXFAST	15 Mbps	Dynamic
<input type="checkbox"/>	9	Replay feeds for all real time FIX Fast multicast channels.	7-14, 30-32, 35-37, 112, 114, 116, 118, 120, 122, 124-127	CME_MC_Cert_FIXFAST_Rep	1 Mbps	Dynamic