

**ACCESS REQUEST AND INFORMATION FORM
MDN DISTRIBUTOR**

Section I: CUSTOMER INFORMATION

A. General Information (All Customers)

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: _____

CEO Name: _____

COO Name: _____

CIO Name: _____

Customer's Parent Company: _____

B. Customer Classification (Check all that apply to Customer)

- | | |
|--|---|
| <input type="checkbox"/> Clearing Firm Affiliate | <input type="checkbox"/> Futures Commission Merchant |
| <input type="checkbox"/> CME Lessee (holds trading rights) | <input type="checkbox"/> Independent Software Vendor |
| <input type="checkbox"/> CME Member (individual) | <input type="checkbox"/> Institutional or Retail Customer |
| <input type="checkbox"/> CME Member (clearing firm) | <input type="checkbox"/> Introducing Broker |
| <input type="checkbox"/> CME Member (non-clearing firm) | <input type="checkbox"/> Non-CME Member |
| <input type="checkbox"/> CME 106.I Firm | <input type="checkbox"/> Proprietary Trading Group |
| <input type="checkbox"/> CME 106.J Firm | <input type="checkbox"/> Market Data Distributor |
| <input type="checkbox"/> Commodities Trade Advisor | <input type="checkbox"/> Subsidiary of a Clearing Firm |
| <input type="checkbox"/> Data Center | <input type="checkbox"/> Other (please specify): _____ |

C. Installation Information (All Customers)

1. Primary Site:

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: _____

2. Back-up Site Installation Information (Optional):

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: BANK AND ACCOUNT INFORMATION (To be completed only by non-CME members)

A. If Customer will be billed directly, 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.

Section III: NETWORK ACCESS OPTIONS

Connection Request (Check ALL that apply to Customer)

- A. CME DIRECTLink: CME + AT&T Managed Network. Comes with ISDN back-up and router.
1. Identify your choice of bandwidth*:
- 128K
 - 256K
 - 364K (applicable to European users only)
 - 512K
 - HSRP

or

2. T1 (*applicable to US users only*). Comes with T1 back-up from different carrier and router*.

- T1
- HSRP

or

3. IMA (*applicable to US users only*). Comes with back-up circuit in same size from different carriers and two routers*.

- 3Mb
- 4.5Mb
- 6Mb

Check here if second circuit connects to different site (see Section I.C.2.):

* Inside wiring is the responsibility of Customer.

B. Client DIRECTLink: Customer connects to CME within vendor cloud. This is a Client-managed option.

Telecom Carriers. Please select two:

- AT&T
- MCI
- Sprint

Bandwidth subscription in .5Mb increments: _____ Megabytes.

Check here if second circuit connects to different site (see Section I.C.2):

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

Bandwidth subscription in .5Mb increments: _____ Megabytes.

Section IV: CME INTERFACE OPTIONS

If Network Options A, C or D, please specify the interfaces:

(a) Identify the GLOBEX Interface(s) to which you would like to connect:

- Market Data API 2.0 (Local or Hosted)
- iLink 2.0 (Order Execution)
- Clearing Related Processing (3270 Telnet, MQM, FTP, VPS, Clearing 21, TOPS, Citrix)
- GLOBEX Trader (# of licenses: _____)
- MDN (Market Data Network)

Section V: CONTACT INFORMATION (All Customers)

A. Customer Billing Contact

Name: _____ Title: _____

Phone: _____ Mobile: _____ E-mail: _____

B. Customer Business Contact

Name: _____ Title: _____

Phone: _____ Fax: _____

Mobile: _____ e-mail: _____

C. Customer Network Installation Contact (Please provide two)

Name: _____
Phone: _____
Mobile: _____

Title: _____
Fax: _____
e-mail: _____

Name: _____
Phone: _____
Mobile: _____

Title: _____
Fax: _____
e-mail: _____

D. Customer Billing Contact

Name: _____
Phone: _____
Mobile: _____

Title: _____
Fax: _____
e-mail: _____

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 and Information Form is subject to the terms and conditions of the Distributor Agreement between Chicago Mercantile Exchange and Distributor. Distributor agrees that future price changes for CME Access or other charges may be made by CME by giving written notice to Distributor, without the necessity of Distributor having to complete an additional Access Request and Information Form.

**Please send completed forms to:
Chicago Mercantile Exchange Inc.
Market Data Operations
20 S. Wacker Drive, 8N, Chicago, IL 60606
Phone: (312) 930-8193 Fax: (312) 930-8203**

CME Network Access Charges FOR UNITED STATES

CME-Managed Network Access Charges			
CME DIRECTLink* Monthly Charge		CME INTERNETLink Monthly Charge	
GLOBEX Trader Software (if applicable): \$200	Circuit Charges: 512k: \$2,500 T1: \$3,500 3.0 mb: \$4000 4.5 mb: \$5000 6.0 mb: \$6000	GLOBEX Trader Software: \$200	VPN Access: \$200

*Does not include CME network installation charge of \$2000 and deletion charge of \$1000.

Client - Managed Network Access Charges			
Client DIRECTLink Monthly Charge		Client INTERNETLink Monthly Charge	
GLOBEX Trader Software: (if applicable) \$200	Circuit Charges: \$200 per .5mb increment	GLOBEX Trader Software: (if applicable) \$200	Circuit Charges: \$500 per .5mb increment