

SCHEDULE 2

ACCESS REQUEST AND INFORMATION FORM

This Schedule 2 is being executed pursuant to the Customer Connection Agreement (or, if applicable, the CME Globex Customer 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 _____ ("Customer").
Any capitalized terms not defined herein shall have the meaning set forth in Schedule 1 of the Agreement.

Customer acknowledges and agrees that it has executed and delivered to CME, concurrently with its signature below, an "Access Request and Information Form", attached to this Schedule 2 as Exhibit A ("Access Request Form"). Access requests for additional locations or more than one CME Globex Access Method must be made on additional Access Request Forms, which can be obtained at www.cmegroup.com/connectionagreement, or by contacting Exchange Connectivity and Hosting Operations at 312-648-4777. Access Request Forms are effective only upon receipt by CME. Any changes to an Access Request Form may be made only by completing and delivering an Additions, Deletions and Changes form (Schedule 5 to the Agreement), which also can be obtained at www.cmegroup.com/connectionagreement, or by contacting Exchange Connectivity and Hosting Operations.

Customer has caused this Schedule 2 to be executed by its authorized representative, to be effective as of the date received by CME.

Customer

Signature: _____

Print Name: _____

Title: _____
(Must be an authorized Officer)

Date: _____

Please return completed documentation to:

CME Global Account Management – Americas
20 S. Wacker Dr.
Chicago, IL 60606
Phone: +1 312 634 8700
Fax: +1 312 604 9451
gamaccountmanagers@cmegroup.com

CME Global Account Management – EMEA
One New Change
4th Floor
London EC4M 9AF
Phone: +44 20 3379 3754
Fax: +44 20 3379 3888
gamemea@cmegroup.com

CME Global Account Management – Asia
One Raffles Quay
#27-10 South Tower
Singapore 048583
Phone: +65 6593 5505
Fax: +65 6550 9898
gamasia@cmegroup.com

EXHIBIT A

ACCESS REQUEST AND INFORMATION FORM

This Access Request and Information Form ("Access Request Form") is being executed pursuant to the Customer Connection Agreement (or, if applicable, the CME Globex Customer 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 _____

_____ ("Customer").
Any capitalized terms not defined herein shall have the meaning set forth in Schedules 1 and 2 of the Agreement.

Customer must review this entire Access Request Form and complete those sections that relate to the CME Globex Access Method Customer has selected. Customer must sign this Access Request Form in the space provided under "Customer."

Any information required to be provided in this Access Request Form shall be treated by CME in accordance with the CME privacy statement, which may be found at www.cmegroup.com.

Notwithstanding anything to the contrary in the Customer Connection Agreement, billing for connectivity will begin on the date that successful testing of the connection is completed.

Section I: CUSTOMER INFORMATION

A. General Information *(All Customers)*

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 – Customer Site Details *(All Customers)*

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: _____

24 Hr. Contact: _____

Phone: _____ Mobile: _____ E-mail: _____

C. Detailed Installation Instructions (e.g., closet location, inside wiring instructions, building access, etc.)**Section II: BANK AND ACCOUNT INFORMATION****A. If Customer will be billed directly, provide the following account auto-debit information:**

Customer Billing Contact: _____

Phone: _____ Mobile: _____ E-mail: _____

Name of Bank used by Customer: _____

Name on Bank Account *(a voided check from the account must be attached for verification purposes):*

Bank address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Transit/ABA Number: _____ Account Number: _____

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 Number: _____

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

Section III: NETWORK ACCESS OPTIONS

A. Client INTERNETLink:

With this Client-managed option, Customer connects to CME via a secure tunnel over the internet.

Exhibit A.1 at the end of this form must be completed.

☐ Bandwidth subscription in .5 Mb increments: _____ Mbps

B. CME GLink – 10 Gbps:

Available only if Customer is a CME co-location licensed space holder with required Agreements on file (Connection Agreement, Master Co-Location Services Agreement and Market Data License Agreement).

☐ GLink

Provide location within Co-Location facility (if available): _____

C. CME LNet – 1 Gbps:

Customer or Customer's service provider is required to have fiber directly to the respective Meet-Me-Room for the respective offering. This option is not available to exchanges other than Participating Exchanges.

Select facility:

☐ CenturyLink ☐ CME Cermak Hosting Facility ☐ DRT ☐ Equinix ☐ Telx

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: _____

Customers are required to have space pre-arranged at the specific co-location facility before submitting this form. Please note that floor and suite location must be within the predefined and CME Group approved space in the facility. Any and all charges required from the fiber provider/data center are the sole responsibility of the Customer.

D. CME EConnect – 1 Gbps:

To ensure proper end-to-end circuit delivery, when Customers request quotes from their Telco providers, the request should state that the Telco needs to include any cross connect/extension that may be required to get the Telco circuit to the CME-provided demarcation point. This option is not available to exchanges other than Participating Exchanges.

Each data center connection must be a fiber GigE handoff and you are required to complete each data section below for each data center connection. CME will provide Letter of Authorization (LOA) as needed.

☐ **165 Halsey Street, NJ - Lightower Data Center**

Select Carrier:

☐ Verizon Business ☐ AT&T ☐ Global Cloud Xchange ☐ Lightower ☐ Other _____

Indicate type of fiber connection:

☐ Co-located within data center and will cross connect to CME within facility

☐ Not co-located. Carrier to drop at Meet-Me-Room demarc*

**The cross connect is the sole responsibility of the Customer. In the case where the Customer is not co-located, the telecom provider must order the cross connect for the Customer.*

☐ **111 8th Avenue, NY - Lightower Data Center**

Select Carrier:

☐ Verizon Business ☐ AT&T ☐ Global Cloud Xchange ☐ Lightower ☐ Other _____

Indicate type of fiber connection:

☐ Co-located within data center and will cross connect to CME within facility

☐ Not co-located. Carrier to drop at Meet-Me-Room demarc**

*** The cross connect is the sole responsibility of the Customer. In the case where the Customer is not co-located, the telecom provider must order the cross connect for the Customer.*

E. CME EConnect Secaucus – 1 Gbps:

Fiber handoff provides access to CME Group A and B Feeds via cross connects to NY4 and NY5. Customers will receive two LOAs with CME provided demarcation points – one for NY4 and another for NY5.

☐ **Secaucus, NJ - Equinix Data Center**

Provide floor and suite location: _____

Cabinet and/or rack information: _____

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

Any and all charges required from the fiber provider/data center are the sole responsibility of the Customer.

F. Jackson Direct – 1 Gbps :

Customer works with the internal fiber provider to extend service to fiber Meet-Me-Room. Customer owns the installation and ongoing relationship with the fiber provider and is required to have space pre-arranged at the specific location before submitting this form.

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

Select authorized CME fiber provider: ☐ Cogent or ☐ FiberNet

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? _____

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

G. CME NYDR VPN:

Available for customers that do not have redundancy outside the Chicago area.

Exhibit A.1 at the end of this form must be completed.

Existing Site IDs: _____

Justification: _____

H. CME Globex Hub Access:

London, Hong Kong, Singapore and Tokyo hubs offer either a copper or fiber handoff. All other hubs only allow a copper handoff.

- *Each cross connect is the sole responsibility of the Customer. In the case where the Customer is not co-located, the telecom provider must order the cross connect for the Customer.*

Check the appropriate CME Globex Hub and data center and provide related information:

- a. ☐ **London** CME Globex Hub – Choose the option that applies:

- ☐ Customers who lease space in Equinix; Customer will order 2 cross connects to obtain both the A and B feeds from the CME Group access nodes in Equinix, Slough.
- ☐ Customers who do not lease space in Equinix; Customers will work with their telecom carriers to have one circuit delivered to the primary CME Group access node in Equinix, Slough and the other to the secondary CME Group access node in Interoute/Global Switch2.

Equinix/Slough - If space is leased through a third party, please name: _____

Carrier: _____ Bandwidth: _____ Handoff type (copper or fiber): _____

Interoute/Global Switch2 - If space is leased through a third party, please name: _____

Carrier: _____ Bandwidth: _____ Handoff type (copper or fiber): _____

- b. ☐ **Hong Kong** CME Globex Hub - **NTT Tseung Kwan O Data Center**

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

Carrier: _____ Bandwidth: _____ Handoff type (copper or fiber): _____

- ☐ **Hong Kong** CME Globex Hub - **Verizon Tsuen Wan Data Center**

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

Carrier: _____ Bandwidth: _____ Handoff type (copper or fiber): _____

- c. ☐ **Kuala Lumpur** CME Globex Hub - **AIMS Data Center**

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

Carrier: _____ Bandwidth: _____

- ☐ **Kuala Lumpur** CME Globex Hub - **Cyberjaya Data Center**

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

Carrier: _____ Bandwidth: _____

- d. ☐ **Seoul** CME Globex Hub - **LGCNS Data Center (Verizon)**

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

Carrier: _____ Bandwidth: _____

- ☐ **Seoul** CME Globex Hub - **KT Data Center (NTT)**

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

Carrier: _____ Bandwidth: _____

- e. ☐ **Singapore CME Globex Hub - 1 Net Data Center (AT&T)**
If space is leased through a third party, please name: _____
Carrier: _____ Bandwidth: _____ Handoff type (copper or fiber): _____
- ☐ **Singapore CME Globex Hub - Starhub Data Center (NTT)**
If space is leased through a third party, please name: _____
Carrier: _____ Bandwidth: _____ Handoff type (copper or fiber): _____
- ☐ **Singapore CME Globex Hub - SGX Co-Location Facility**
Along with this Schedule customers will provide a Letter of Authorization (LOA) for 2 cross connects for the A and B feeds to their location within the SGX co-location facility.
If space is leased through a third party, please name: _____
Bandwidth: _____
- f. ☐ **Tokyo CME Globex Hub – Choose the option that applies:**
- ☐ Customers who lease space in AT Tokyo Data Center; Customer will order 2 cross connects to obtain both the A and B feeds from the CME Group access nodes in AT Tokyo Data Center.
- ☐ Customers who do not lease space in AT Tokyo Data Center; Customers will work with their telecom carriers to have one circuit delivered to the primary CME Group access node in Ikebukuro Data Center (NTT) and the other to the secondary CME Group access node in AT Tokyo Data Center.
- Ikebukuro Data Center (NTT)**
If space is leased through a third party, please name: _____
Carrier: _____ Bandwidth: _____ Handoff type (copper or fiber): _____
- AT Tokyo Data Center**
If space is leased through a third party, please name: _____
Carrier: _____ Bandwidth: _____ Handoff type (copper or fiber): _____

EXHIBIT A.1

CHICAGO MERCANTILE EXCHANGE INC.

Request for Client INTERNETLink or CME NYDR VPN

Customer Profile	
Company Name:	
Preferred implementation date:	
Physical address of VPN Site:	
Customer 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:	

Customer VPN Device Profile	
Manufacturer of VPN device:	Cisco Router (preferred) <input type="checkbox"/> Cisco PIX/ASA Firewall <input type="checkbox"/> Checkpoint Firewall <input type="checkbox"/> Juniper Router/Firewall <input type="checkbox"/>
Model of VPN device:	
Version of VPN software (minimum 12.2.11.T1 if Cisco IOS):	
Source Public IP Addresses assigned to VPN device:	
Is VPN device currently in use for other VPN connections:	
Subscribed bandwidth (500 Kbps increments):	
CME Encryption Requirements (all must be checked)	
VPN Software Supports Preshared Keys for ISAKMP/IKE?	<input type="checkbox"/>
VPN Software Supports AES Encryption for ISAKMP/IKE?	<input type="checkbox"/>
VPN Software Supports SHA Encryption for IPSec?	<input type="checkbox"/>
VPN Software Supports AES Encryption for IPSec?	<input type="checkbox"/>
Customer Addressing Scheme	
<u>Select one of the following Source Addressing Schemes:</u>	
Customer will NAT their Source Addressing to CME provided addressing	<input type="checkbox"/>
CME provided addressing will be used on Customer Source devices	<input type="checkbox"/>

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