

**Schedule 1a**  
**To Information License Agreement**  
**Licensee Affiliates and Service Facilitators**

**Schedule 1a Effective Date:** \_\_\_\_\_

**Agreement Effective Date:** \_\_\_\_\_

Licensee Affiliates	
Name	Registered Address
Service Facilitators	
Name	Registered Address

**Service Facilitator:** third party authorized by CME to receive Information from one or more Licensee Group entity for the sole purpose of facilitating distribution of Information solely in a Service in accordance with this Agreement. A Service Facilitator is not a Subscriber (as defined in Schedule 5).

1. Licensee will ensure that all use of Information by Licensee Group entities and Service Facilitators will be in compliance with the terms and conditions of this Agreement. Licensee is responsible for the actions or inactions of all entities in the Licensee Group and Service Facilitators as if such actions or inactions were Licensee's own.
2. Licensee will be responsible for the payment of all Fees on behalf of itself and each entity in the Licensee Group and Service Facilitator.
3. All use of the Information by Licensee Group and Service Facilitator must be reported by Licensee in accordance with section 6.1 of the Agreement.
4. Licensee may request the addition of Licensee Affiliates and Service Facilitators to this Schedule in writing. CME may reasonably reject any such request.
5. Licensee unconditionally guarantees that it retains full control, either technically or contractually, over all display of and access to Information within the Service provided via the Service Facilitator.
6. The termination provisions set out at section 5.2 of the Agreement may be applied individually to any Licensee Group entity or Service Facilitator, having the effect that such Licensee Group entity or Service Facilitator is removed from this Schedule 1a but the Agreement may remain otherwise unaffected.
7. As of the Schedule 1a Effective Date, this Schedule 1a supersedes every prior Schedule 1a executed between the parties.
8. Personal Data obtained will be used in accordance with the Privacy Policy.

**IN WITNESS WHEREOF**, each of the Parties has caused this Schedule to be duly executed in its name and on its behalf by the officer or representative duly authorized.

	Licensee	CME
Signature		
Print Name		
Title		
Company		
Date of Signature		