

SCHEDULE C – Service Facilitator List

Check One: New Facilitator List Addition/Deletion to Existing Facilitator List

Date of Request: _____

Data Recipient / Data Feed Distributor Contact Information

Company Name: _____

Primary Contact: _____ Phone: _____

Primary Contact Email: _____

Service Facilitator Information

Facilitator Company Name: _____

Facilitator Address: _____

Primary Contact: _____ Phone: _____

Primary Contact Email: _____

Service Provided: _____

Check if Facilitator is Responsible for Reporting Data Feed Usage

Facilitator Company Name: _____

Facilitator Address: _____

Primary Contact: _____ Phone: _____

Primary Contact Email: _____

Service Provided: _____

Check if Facilitator is Responsible for Reporting Data Feed Usage

SCHEDULE C

Facilitator Company Name: _____

Facilitator Address: _____

Primary Contact: _____ Phone: _____

Primary Contact Email: _____

Service Provided: _____

Check if Facilitator is Responsible for Reporting Data Feed Usage

Facilitator Company Name: _____

Facilitator Address: _____

Primary Contact: _____ Phone: _____

Primary Contact Email: _____

Service Provided: _____

Check if Facilitator is Responsible for Reporting Data Feed Usage

Certification

I certify that the information provided in this form is complete and accurate and complies with all terms and conditions of the Exchange Data Agreement with Miami International Securities Exchange, LLC (“MIAX Options”) and/or MIAX PEARL, LLC (“MIAX PEARL”) (either or both referred to herein as the “Exchange” as applicable).

Signature: _____ Print Name: _____

Title: _____ Date: _____