

# Pre-Application Survey Form

MIAX Options Exchange  
MIAX Pearl Options Exchange  
MIAX Emerald Options Exchange



Firm Name:

Address:

City / State / Zip Code:

Telephone:

CRD #:

## I. Type of Membership

### Miami International Securities Exchange, LLC ("MIAX")

Primary Lead Market Maker Member

Electronic Exchange Member

Lead Market Maker Member

Order Flow

Registered Market Maker Member

Self-Clearing #(s):

Arrangement with #(s):

### MIAX Emerald, LLC ("MIAX Emerald")

Primary Lead Market Maker Member

Electronic Exchange Member

Lead Market Maker Member

Order Flow

Registered Market Maker Member

Self-Clearing #(s):

Arrangement with #(s):

### MIAX Pearl, LLC ("MIAX Pearl")

Market Maker Member

Electronic Exchange Member

Order Flow

Self-Clearing #(s):

Arrangement with #(s):

## II. Organizational Structure

Limited Liability Company

Partnership

Corporation

Other:

## III. Business and Operating Information

Type of trading activities description:

Description of market maker, order routing, and processing systems:

**Application Contact:**

Name:	Title:
Telephone:	Email:

**Technical Contact:**

Name:	Title:
Telephone:	Email:

**Trading Contact:**

Name:	Title:
Telephone:	Email:

**IV. Miscellaneous Information**

Designated Examining Authority:

Will your firm require connectivity to MIAX?	Yes	No
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Will your firm require connectivity to MIAX Pearl?	Yes	No
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Will your firm require connectivity to MIAX Emerald?	Yes	No
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Will your firm be routing orders to MIAX through another firm?	Yes	No
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Explain:

Will your firm be routing orders to MIAX Emerald through another firm?	Yes	No
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Explain:

Will your firm be routing orders to MIAX Emerald through another firm?	Yes	No
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Explain:

Will your firm be doing a public business?	Yes	No
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Will your firm receive Market Data from MIAX?	Yes	No
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Will your firm receive Market Data from MIAX Pearl?	Yes	No
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Will your firm receive Market Data from MIAX Emerald?	Yes	No
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Is your firm (or an affiliate) publicly traded?	Symbol:	Exchange:	No
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