

PRE-APPLICATION SURVEY FORM

Firm Name: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____ CRD #: _____

I. Type of Membership

MIAX Options

- Primary Lead Market Maker Member
- Lead Market Maker Member
- Registered Market Maker Member
- Electronic Exchange Member
 - Order Flow
 - Self-Clearing #(s): _____
 - Arrangement with #(s): _____

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: _____

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IV. Miscellaneous Information

- Designated Examining Authority: _____
- Will your firm require connectivity to MIAX Options? Yes No
- Will your firm require connectivity to MIAX PEARL? Yes No
- Will your firm be routing orders to MIAX Options through another firm? Yes No
Explain: _____

- Will your firm be routing orders to MIAX PEARL through another firm? Yes No
Explain: _____

- Will your firm be doing a public business? Yes No
- Will your firm receive Market Data from MIAX Options? Yes No
- Will your firm receive Market Data from MIAX PEARL? Yes No
- Is your firm (or an affiliate) publicly traded? SYMBOL: _____ EXCH: _____ No