

## CORRESPONDENCE FORM FOR QUESTIONS OR CONCERNS

MIAX is dedicated to maintaining open communications with its customers, and representatives are available to respond to inquiries. Please fill out the form below and provide as much information as possible regarding your question or concern. All fields in red are required.

Select Exchange (required):	MIAX Options	MIAX PEARL
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1. Date: \_\_\_\_\_

2. MIAX Member:                      Yes                      No

3. Member Firm Name: \_\_\_\_\_

4. **Contact Name:** \_\_\_\_\_

5. Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

7. **E-mail:** \_\_\_\_\_

8. Phone Number: \_\_\_\_\_

9. Department: \_\_\_\_\_

10. **Questions or Description of Concern:**

\_\_\_\_\_

**CLICK TO ATTACH TO E-MAIL**

If the e-mail attachment button does not work, please save the completed form and attach it to an e-mail to [Regulatory@MIAXOptions.com](mailto:Regulatory@MIAXOptions.com).

MIAX Regulatory Department: 609-897-7309