



WAIVE-IN MEMBER APPLICATION

Firm Name: _____ CRD #: _____

I. Membership Type:

- Market Maker
- Electronic Exchange Member
 - Order Flow
 - Clearing: Self #(s): _____ or Agreement with #(s): _____

II. Trading Categories:

- Proprietary Trader
- Transact Business with the Public
- Other: _____

ATTESTATION, CONSENT TO JURISDICTION AND AUTHORIZATION OF MEMBERSHIP

- a) The Applicant-Firm agrees that it will abide by the By-Laws and Rules of MIAX PEARL, LLC (“MIAX PEARL” or the “Exchange”) as amended from time to time, and by all circulars, notices, directives or decisions the Exchange adopts pursuant to or made in accordance with its Rules.
- b) The Applicant-Firm agrees to submit to the jurisdiction of the Exchange [MIAX PEARL Rules 1000, 200(g)] in matters related to conducting of business on and access to the Exchange including rulings, orders, decisions, directives, investigations, disciplinary actions, prohibitions, limitations, penalties, and arbitrations, subject to right of appeal or review as provided by law.
- c) The Applicant-Firm may be the subject of an investigative and/or background checks, and therefore; authorizes any Self-Regulatory Organization (“SRO”), Commodities Exchange, former employer and other persons to furnish to the Exchange, upon its request, any information that such person or entity may have concerning the character, ability, business activities, reputation and employment history of Applicant-Firm or its associated persons, and releases such person or entity from any and all liability in furnishing such information to the Exchange.
- d) The Applicant-Firm authorizes the Exchange to make available to any governmental agency, SRO, commodities exchange or similar entity, any information the Exchange may have concerning Applicant-Firm or its associated persons, and releases the Exchange from any and all liability in furnishing such information.
- e) The Applicant-Firm agrees to pay all dues, fees, assessments, and other charges in the manner and amount as shall from time to time be fixed by the Exchange.
- f) The Applicant-Firm certifies that all associated persons required to be fingerprinted have been fingerprinted and affirms that it is not associated with a person subject to a statutory disqualification, unless such individual’s association is approved by an SRO.
- g) The undersigned represents that all the information contained in the Waive-In Application Form and supplemental materials it has submitted to the Exchange is true, complete and accurate and may be verified by investigation.

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- h)** The Applicant-Firm agrees to promptly update its application materials if any of the information provided is or becomes inaccurate or incomplete after the date of submission of its application to the Exchange and prior to its approval.
- i)** As a condition of membership, the Applicant-Firm agrees to notify the Exchange of any substantive change(s) to itself or its association with an affiliated firm, including but not limited to, statutory disqualification, censure, a cease and desist order, refusal of registration, expulsion, or other disciplinary action, suspension, investigation, arbitration or litigation related to material allegation(s) of violation(s) of securities or commodities law or regulation, bankruptcy or contempt proceeding, injunction or civil judgment or conviction(s), change in control status or any other pertinent circumstance under the provisions of the Security Act of 1934.
- j)** The undersigned attests that he/she is authorized on behalf of Applicant-Firm to make this application to the Exchange.

Signed: _____

Print Name: _____

Title: _____

Date: _____

To the extent there have been substantive or material changes to the filings previously made by the Member Firm to Miami International Securities Exchange, LLC ("MIAX Options"), please file supplemental documentation as needed.

Primary Firm Contact(s)	<input type="checkbox"/> No material change	<input type="checkbox"/> As Noted
Regulatory	<input type="checkbox"/> No material change	<input type="checkbox"/> As Noted
Organizational Structure	<input type="checkbox"/> No material change	<input type="checkbox"/> As Noted
Business and Operating Information	<input type="checkbox"/> No material change	<input type="checkbox"/> As Noted
Financial Disclosure	<input type="checkbox"/> No material change	<input type="checkbox"/> As Noted

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III. Primary Firm Contact(s)

[Attach additional names(s) as needed.]

Registrations Contact:

Name: _____

Title: _____ Authorized Signer

Email: _____

Telephone: _____ CRD #: _____

Billing Contact:

Name: _____

Title: _____ Authorized Signer

Email: _____

Telephone: _____ CRD #: _____

Please provide the following contact information if not previously provided on Pre-Application Survey Form:

Technical Contact:

Name: _____

Title: _____ Authorized Signer

Email: _____

Telephone: _____ CRD #: _____

Trading Contact:

Name: _____

Title: _____ Authorized Signer

Email: _____

Telephone: _____ CRD #: _____

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Qualification and Registration of Members and Associated Persons

Each Member or Member organization **must register with the Exchange at least two individuals** acting in one or more of the capacities described in Exchange Rule 203 (a) through (e). The Exchange may waive this requirement if a Member or Member organization demonstrates conclusively that only one individual acting in one or more of the heightened capacities described in Exchange Rule 203 (a) through (e) should be required to register. A Member or Member organization that conducts proprietary trading only and has 25 or fewer registered persons may be required to have one officer or partner who is registered in this capacity.

Responsible Person:

Name: _____

Title: _____ Authorized Signer

Email: _____

Telephone: _____ CRD #: _____

#1) Registered Supervisor of Authorized Person(s) - Series 4, 24, S-14 or S9/10:

Name: _____

Title: _____ Authorized Signer

Email: _____

Telephone: _____ CRD #: _____

#2) Registered Supervisor of Authorized Person(s) - Series 4, 24 or S-14 or S9/10:

Name: _____

Title: _____ Authorized Signer

Email: _____

Telephone: _____ CRD #: _____

Chief Compliance Officer:

Name: _____

Title: _____ Authorized Signer

Email: _____

Telephone: _____ CRD #: _____

Financial & Operations Principal (FINOP Series 27):

Name: _____

Title: _____ Authorized Signer

Email: _____

Telephone: _____ CRD #: _____

WAIVE-IN MEMBER APPLICATION

Pursuant to Exchange Rule 315(d) each Member is required to designate, and identify to the Exchange, a person or persons responsible for implementing and monitoring the day-to-day operations and internal controls of the Member's anti-money laundering program. A Member must provide prompt notice to the Exchange regarding any change in this designation. If applicant is a Member of FINRA, it is required to comply with FINRA Rule 3310. Notification of changes to this designation need not be filed with the Exchange if the Member complies with such FINRA rule.

AML Officer:

Name: _____

Title: _____ Authorized Signer

Email: _____

Telephone: _____ CRD #: _____