

Member Firm:

Member Firm CRD #:

Address:

City:

State:

Zip Code:

Member Firm Telephone #:

Name of Individual Making Application:

Title:

Telephone #:

Name of Individual Making Application's Email Address:

I. Type of Business Activity *(indicate all that apply)*

MIAX Pearl Equities Member

Equities Market Maker

Sponsored User

Equities Order Entry Firm

Self-Clearing #(s):

Clearing Firm

Clearing Arrangement with #(s):

Trading Categories:

Proprietary Trading

Transact Business with the Public

Other:

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/Business Contact:

| | |
|------------|--------|
| Name: | Title: |
| Telephone: | Email: |

Regulatory Contact:

| | |
|------------|--------|
| Name: | Title: |
| Telephone: | Email: |

IV. Miscellaneous Information

Designated Examining Authority:

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

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

Encrypted electronic filings are advisable for secure personal or financial information.