

Pre-Application Survey Form

MIAX Options Exchange
MIAX Pearl Options Exchange
MIAX Emerald Options Exchange

miaxTM

Firm Name:

Address:

City / State / Zip Code:

Telephone:

Firm 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

Will your firm require connectivity to MIAX Pearl?

Yes

No

Will your firm require connectivity to MIAX Emerald?

Yes

No

Will your firm be routing orders to MIAX 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 routing orders to MIAX Emerald through another firm?

Yes

No

Explain:

Will your firm be doing a public business?

Yes

No

Will your firm receive Market Data from MIAX?

Yes

No

Will your firm receive Market Data from MIAX Pearl?

Yes

No

Will your firm receive Market Data from MIAX Emerald?

Yes

No

Is your firm (or an affiliate) publicly traded?

Symbol:

Exchange:

No