

NYSE American Options

Floor Broker Letter of Authorization Revocation

To: NYSE American Options Client Relationship Services Department (“CRS”)

From: _____
American Trading Permit (“ATP”) Holder Clearing Firm

Effective Date: _____ (Close of Business)

Please be informed that the Letter of Authorization issued for the following Floor Broker has been revoked effective on the above date*.

ATP Firm Name

Floor Broker Name

Authorized Signature – ATP Holder Clearing Firm Member

Printed Name Title

**A Letter of Authorization shall remain in effect until this form has been received by the Exchange. If not received at least one hour prior to the opening of trading on a particular business day, this revocation shall not become effective until the close of trading on such day. A revocation shall not relieve ATP Clearing Firm of responsibility for transactions guaranteed prior to the effective time of such revocation.*