

# OTP Request Form

This form should be used to request an Options Trading Permit ("OTP") and to assign that OTP to a nominee of an OTP Firm. This form designates an OTP Firm's nominee as an OTP Holder on behalf of that firm, and must be executed prior to the commencement of trading of that nominee. This form must be approved by NYSE Arca ("the Exchange"). A separate form must be executed for each OTP Holder.

Please issue \_\_\_\_\_ ("OTP Firm")  
(name of OTP Firm)

\_\_\_\_\_ OTP(s), effective \_\_\_\_\_ (open of business).  
(number of OTPs being requested) (effective date)

(This)/(these) OTP(s) will be held in the name of

\_\_\_\_\_ ("OTP Holder"), hereby established as an OTP Holder, until further notice.  
(name)

(This is a) / (these are) new or additional OTP(s) of the OTP Firm

(This is an) / (these are) existing OTP(s) of the OTP Firm; this form is being executed to assign said OTP(s) to the above referenced OTP Holder.

## Type of Business activity to be conducted with this/these OTP(s):

- Lead Market Maker (LMM)                       Remote Market Maker (RMM)                       Floor Market Maker (FMM)
- Clearing Services                                       Order Sending
- Floor Broker (FB)

The OTP Firm acknowledges that it will be held liable for all Exchange obligations, including all obligations arising in connection with transactions effected on the Exchange, all obligations owed to the Exchange or any subsidiary of NYSE Arca, the payment of all Exchange fees and charges, and all obligations accruing in the course of the OTP Firm's and the OTP Holder's business on the Exchange.

The OTP issued pursuant to the Exchange's acceptance of this form will be associated with the OTP Firm until terminated pursuant to the termination provisions delineated in the rules of the Exchange.

**Signature of OTP Holder:** \_\_\_\_\_

**Telephone Number of OTP Holder:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Authorized Signature for OTP Firm:** \_\_\_\_\_

**Print Name of Authorized Signatory:** \_\_\_\_\_

**Telephone Number of Authorized Signatory:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Clearing member authorization for electronic collection of NYSE Arca invoices for this OTP:

Name of Clearing Firm \_\_\_\_\_

OCC Account Number \_\_\_\_\_