

NYSE Arca Options

Options Trading Permit (“OTP”) Short Form Application

**NYSE Arca (“the Exchange”)
Short Form OTP Membership Application and Agreement**

To qualify for Short Form OTP Membership on NYSE Arca, the Applicant must be an approved NYSE Arca Equities Trading Permit (“ETP”) Holder. Current ETP Holder applicants may be eligible for expedited approval in the line of business which they are an ETP Holder. To apply, please complete and submit this Short Form Application, User Agreement, and the Registered Trader and Nominee Application to:

**NYSE Arca, Inc.
Attn: Client Relationship Services (“CRS”)
Email: crs@nyse.com**

KEY PERSONNEL

Please identify the key personnel who hold the below positions (or the individual whose responsibilities are the functional equivalent of such position, regardless of actual titles used by the Applicant Firm) and who will want to receive communications pertaining to our options markets.

Chief Executive Officer ("CEO")

Name: _____ CRD: _____
Phone: _____
Email: _____

Chief Financial Officer ("CFO")

Name: _____ CRD: _____
Phone: _____
Email: _____

Chief Compliance Officer ("CCO")

Name: _____ CRD: _____
Phone: _____
Email: _____

Chief Operations Officer ("COO")

Name: _____ CRD: _____
Phone: _____
Email: _____

Head of Options Clearing

Name: _____ CRD: _____
Phone: _____
Email: _____

Head of Options Trading

Name: _____ CRD: _____
Phone: _____
Email: _____

SECTION 1 – Short Form OTP Membership Application

Short Form Eligibility:

Applicant is currently a member in good standing of NYSE Arca Equities in the same line of business

General Information

Name of Applicant Broker-Dealer: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
CRD #: _____ LEI #: _____
NYSE Arca Equities ETP ID: _____ DEA: _____
Business Phone: _____
Web Address, if any: _____

Contact Information

Contact Name: _____
Job Title / Position _____
Phone: _____ Email: _____

Type of Business to be Conducted With OTP (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Lead Market Maker | <input type="checkbox"/> Remote Market Maker | <input type="checkbox"/> Floor Market Maker |
| <input type="checkbox"/> Floor Broker | <input type="checkbox"/> Clearing Services | <input type="checkbox"/> Order Sending |
| <input type="checkbox"/> Agency Trading | <input type="checkbox"/> Proprietary Trading | <input type="checkbox"/> Away Market Maker |

All individual applicants must complete the Registered Trader and Nominee Application available at https://www.nyse.com/publicdocs/nyse/markets/arca-options/NYSE_Arca_Options_Registered_Trader_and_Nominee_Application.pdf

SECTION 2 – Membership Agreement

Applicant agrees to abide by the Rules of the Exchange, as amended from time to time, and all circulars, notices, interpretations, directives or decisions adopted by the Exchange.

Applicant Broker-Dealer authorizes any SRO, commodities exchange, governmental agency or similar entity to furnish to the Exchange, upon its request, any information that such person may have concerning the ability, business activities, and reputation of Applicant or its associated persons, and releases such person or entity from any and all liability in furnishing such information. Applicant authorizes the Exchange to make available to any governmental agency, SRO, commodities exchange or similar entity, any information it may have concerning the Applicant or its associated persons, and releases the Exchange from any and all liability in furnishing such information.

Applicant acknowledges its obligation to update any and all information contained in any part of this application, including termination of membership with another SRO, which may cause a change in the Applicant's DEA. It is understood that in that event, additional information may be required by the Exchange.

Applicant Broker-Dealer: _____

Signature of Authorized Officer, Partner, Managing Member or Sole Proprietor: _____ Date: _____

Print Name: _____ Title: _____

SECTION 3 – Clearing Letter of Consent

Notice of Consent – To be completed by Clearing OTP Holder of Applicant

The undersigned hereby represents the clearing agency named below, a member of the National Securities Clearing Corporation (“NSCC”), the Options Clearing Corporation (“OCC”), and an approved OTP Holder of the Exchange.

The undersigned Clearing OTP Firm hereby agrees to accept full financial responsibility for all transactions effected through and carried in all accounts held by the following Applicant with the clearing agency:

Applicant Broker-Dealer

CRD#

This section shall be deemed a letter of guarantee, letter of authorization, or notice of consent pursuant to Exchange rules and may be relied upon by the Exchange, the NSCC, the OCC, and their respective members. This Notice of Consent shall be subject to Exchange rules, as amended from time to time, and shall remain in effect until revoked in writing by the Clearing OTP Firm.

OTP Clearing Firm

OTP Clearing Firm OCC #

OTP Clearing Firm NSCC #

Signature of Authorized Officer, Partner or
Managing Member of OTP Clearing Firm

Signature of Authorized Officer, Partner or
Managing Member, or Sole Proprietor of OTP Holder

Print Name / Title

Print Name / Title

Date

Date