

Session Request Form Pillar Native Gateway

Session Request Form -- Pillar Native Gateway

All firm connections are subject to and governed by applicable SEC rules and regulations, the rules of the Exchange, the NYSE Master User Agreement, the NYSE Service Bureau Connection Agreement, or other NYSE Agreement and the associated fees (<https://www.nyse.com/markets/fees>). Capitalized terms that are not defined in this Session Request Form have the meanings given them in the Master User Agreement.

For questions regarding this form, please contact Connectivity at (212) 896-2830 option 2.

Contact Information

Company Name:	
First/Last Name:	
Email Address:	
Phone:	

Session Detail (Please select only one option from the drop down lists below and specify number of Sessions)

Request Type:			
Market:			
Session Type:		# of Sessions:	
Protocol:			
Sender Comp IDs (If modifying or removing.):			

Order Entry Settings (Required)

- Leave blank and proceed to the next page if protocol is drop copy.
- Check only the settings that are changing if this is a modification.

MPID(s):	
Cancel on Disconnect:	
Priority Update Ack Subscription:	
Default Self-Trade Prevention:	
Symbol Eligibility:	
Max Order Qty (Exchange max applied, if blank.):	

Drop Copy Settings (Required)

- Leave blank if protocol is order entry.
- Check only the settings that are changing if this is a modification.

Filter By (Choose One):	
Based on the above selection, list all items to filter for below. (e.g. – If you selected "MPID", list the MPIDs that should be reported.)	
Message Preference:	

Source IP Permission and Peering Information (Required)

Network Provider	Please list all Source IP Address Ranges you will use to connect to Native Gateways Format: xxx.xxx.xxx.xxx /24	Please list the Peering IPs for the IP ranges listed to the left Format: xxx.xxx.xxx.xxx

Acknowledgment of Certification
Please check the following box to acknowledge that any new functionality being requested in this document has been appropriately tested and certified with our Firm Testing group:

By (Signature)	_____
Name:	_____
Title:	_____
Company Name:	_____ CRD # _____
Phone:	_____
Email Address:	_____
Date:	_____