

Options Trading Permit and Office Nominee Application Form

NYSE American LLC and NYSE Arca, Inc.
(each an "Exchange")

This form should be used to apply for an NYSE Arca Options Trading Permit ("OTP") and/or an NYSE American Options Trading Permit ("ATP") or to be designated as an Office Nominee of an OTP Holder or ATP Holder. For purposes of this application, references to "OTP Holder" or "ATP Holder" include an Office Nominee thereof, if applicable. Each OTP or ATP is assigned to a natural person who has met the applicable qualification requirements and designated as an OTP Holder or ATP Holder on behalf of their member organization and must be executed prior to the commencement of trading of that nominee.

| INDICATE TYPE OF BUSINESS TO BE CONDUCTED WITH OTP or ATP | |
|---|---|
| <input type="checkbox"/> NYSE Arca <input type="checkbox"/> Order Sending and Office Nominee designation <input type="checkbox"/> Clearing Services and Office Nominee designation <input type="checkbox"/> Market Making Number of OTPs requested _____ <input type="checkbox"/> Floor Broker | <input type="checkbox"/> NYSE American <input type="checkbox"/> Order Sending and Office Nominee designation <input type="checkbox"/> Clearing Services and Office Nominee designation <input type="checkbox"/> Market Making Number of ATPs requested _____ <input type="checkbox"/> Floor Broker |
| Effective date for OTPs or ATPs requested: _____ (Open of business) | |
| INDIVIDUAL OTP HOLDER/ATP HOLDER INFORMATION | |
| This/these permit(s) will be held in the name of the below individual, hereby established as an OTP Holder/ATP Holder, until further notice. | |
| Name: _____ | CRD: _____ |
| Phone: _____ | Email: _____ |
| MEMBER ORGANIZATION AND AUTHORIZED SIGNATORY INFORMATION | |
| Firm Name: _____ | Firm CRD: _____ |
| Signatory Name: _____ | Signatory CRD: _____ |
| Phone: _____ | Email: _____ |

The member organization 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 the Exchange, the payment of all Exchange fees and charges, and all obligations accruing in the course of the member organization's and the OTP Holder's/ATP Holder's business on the Exchange.

The OTP/ATP issued or Office Nominee designation granted pursuant to the Exchange's acceptance of this form will be associated with the member organization until terminated pursuant to the termination provisions delineated in the rules of the Exchange.

| Signature of OTP Holder/ATP Holder | |
|---|--------------|
| Signature: _____ | Date: _____ |
| Phone: _____ | Email: _____ |

| Member Organization Acknowledgment | |
|---|-------------|
| Authorized Signatory of Firm: _____ | |
| Print Name: _____ | Date: _____ |