

## RMT User Request and Authorization

### RMT Authorization

In order to gain access to the Risk Management Tool ("RMT") user ("Firm") must submit this form. Firm acknowledges and agrees that its use of RMT is : (1) governed by the Terms of Use available at <https://www.arcavision.com> and <https://rmttool.nyx.com> and that it must review and accept these Terms of Use before accessing RMT, (2) the individuals listed below may access and use RMT on behalf of Firm (each a "RMT User"); (3) if a RMT User has left the Firm or is no longer authorized to use RMT the Firm must immediately notify [crs@nyse.com](mailto:crs@nyse.com); and (4) Firm is responsible for the acts of RMT User.

### General Information

Firm Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ CRD #: \_\_\_\_\_

**Please Note:** If the RMT Email Notification Authorization form is not submitted, the first five users will be set up to receive the RMT email notifications in accordance with: [www.nyse.com/publicdocs/nyse/markets/nyse/rmt\\_email\\_notification\\_authorization.pdf](http://www.nyse.com/publicdocs/nyse/markets/nyse/rmt_email_notification_authorization.pdf)

### RMT User

First/Last Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Choose Market:  NYSE RMT  
 NYSE Arca RMT  
 NYSE American RMT  
Choose User Type:  RMT Read Only  
 RMT User (Read / Cancel) \_\_\_\_\_  
By default, all Risk Groups / ETP IDs are assigned. If only specific Risk Groups / ETP IDs are required, please specify below:  
 Specific Risk Groups / ETP IDs: \_\_\_\_\_

### RMT User

First/Last Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Choose Market:  NYSE RMT  
 NYSE Arca RMT  
 NYSE American RMT  
Choose User Type:  RMT Read Only  
 RMT User (Read / Cancel) \_\_\_\_\_  
By default, all Risk Groups / ETP IDs are assigned. If only specific Risk Groups / ETP IDs are required, please specify below:  
 Specific Risk Groups / ETP IDs: \_\_\_\_\_

\*If additional users are required, please attach multiple copies of this form.

### Authorization and Acceptance

By (Signature) \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date: \_\_\_\_\_

Completed RMT User Request and Authorization forms should be returned via email to [crs@nyse.com](mailto:crs@nyse.com).