

## **MEMX Exchange Data Order Form and System Description**

☐ Initial Form ☐ Amended Form ☐ Add/Remove Data Feed Subscription							
DATA RECIPIENT INFORMATION							
Company Name:		Date:					
Address of Principal Office:							
City:	State:	Zip Code:					
BILLING A	ADDRESS						
Address of Billing Office:							
City:	State:	Zip Code:					
Preferred Billing Method: DTCC Direct Debit OCC Direct Debit ACH Direct Debit Invoice							
BUSINESS CONTACT	BILLIN	G CONTACT					
Name:	Name:						
Title:	Title:						
Email:	Email:						
Phone:	Phone:						
MARKET DATA ADMINISTRATOR	TECHNIC	CAL CONTACT					
Name:	Name:						
Title:	Title:						
Email:	Email:						
Phone:	Phone:						
CONNECTIVIT	Y – Section A						
Data Center Location: Primary – Secaucus (NY4)							
Connection Type: New Existing							
☐ Direct Connection (Proximity – Colocation Cross Connect)							
Direct Telco Connection Circuit Provider:							
Extranet Service Provider:							
Data Center Location: Secondary – Chicago (CH1)							
Subscription Type: New Existing							
☐ Direct Connection (Proximity – Colocation Cross Connect)							
☐ Direct Telco Connection ☐ Circuit Provider:							
Extranet Service Provider:	<del></del>						
CONNECTIVITY – Section B							
Please identify all Vendors through which you will receive MEMX Exchange Data:							

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## **DATA FEED SUBSCRIPTION / CHANGE REQUEST**

Please select license and products required. For each license and product please confirm use case where relevant. User counts not necessary at this time, as they will be reported monthly.

	necessary at this time, as they will be reported monthly.								
	License	MEMOIR Data Feed	Invoice Code	Add	Remove	Subscriber Use Case	Invoice Code	Select	Additional Notes
	Internal Distributor	Тор	MD201			License covers all internal use cases			
		Last	MD301			License covers all internal use cases			
			MD101			Display users	MD101P MD101N		Monthly attestations of pro/non-pro required
		Depth				Non-Display	MD103		Non-display usage excluding trading platforms*
						Non-Display Trading	MD104		Non-display usage for trading platforms*
Se	External Distributor	_				Display users	MD202P MD202N		Monthly attestations of pro/non-pro required
uiti		Тор	MD202			Or Enterprise	MD205		Unlimited users
MEMX Equities						Or Digital Media	MD206		Unlimited users if policy requirements are met
						Display users	MD302P MD302N		Monthly attestations of pro/non-pro required
		Last	MD302			Or Enterprise	MD305		Unlimited users
						Or Digital Media	MD306		Unlimited users if policy requirements are met
		Depth	MD102			Display users	MD102P MD102N		Monthly attestations of pro/non-pro required
						Digital Media	MD106		Unlimited users if policy requirements are met
	If Externally Distributing	Controlled							Subscriber has full entitlement controls and can report all users
	3.50.1500.1116	Uncontrolled							Subscriber distributes to third parties and reports third parties per the MEMX Data Policies
MEMX Options	Internal or External	Тор	MD401			License covers all use cases			
	Distributor	Depth	MD501			License covers all use cases			

For Reference: MEMX Market Data Policies

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<sup>\*</sup>Non-Display Usage fees will apply for Data Recipients that use MEMOIR Equities Depth Exchange Data for one or both of the following categories of Non-Display Usage: (i) Non-Display Usage by Trading Platforms; and (ii) Non-Display Usage not by Trading Platforms. Non-Display Usage by Trading Platforms includes use of Exchange Data in an execution platform operated as or by a registered National Securities Exchange (as defined in Section 3(a)(1) of the Exchange Act), an Alternative Trading System (as defined in Rule 300(a) of Regulation ATS), or an Electronic Communications Network (as defined in Rule 600(b)(23) of Regulation NMS). Non-Display Usage not by Trading Platforms includes trading uses such as high frequency or algorithmic trading as well as any trading in any asset class, automated order or quote generation and/or order pegging, price referencing for smart order routing, operations control programs, investment analysis, order verification and management, surveillance programs, risk management, compliance, and portfolio management.



## SYSTEM DESCRIPTION Please provide a complete description of any/all applicable Systems that make use of MEMX Exchange Data, including the System name(s). Name/Version of System that makes use of MEMX Exchange Data: Name/Version of Entitlement System used to control access:\_\_\_ Please provide descriptions of any/all Systems that make use of MEMX Exchange Data, and applicable Entitlement System(s): **AFFILIATE DISTRIBUTION** Yes ☐ No Affiliates: Will your organization distribute MEMX Exchange Data to Affiliates\*? If yes, please complete the MEMX List of Affiliates form. \*Affiliate shall include any entity that, from time to time, directly or indirectly controls, is controlled by, or is under common control with such party, where control means the power to direct or cause the direction of the management of policies of another entity, whether through the ownership of voting securities, by contract, or otherwise. I certify that the information provided above is accurate. Title Signature of Data Recipient Authorized Representative **Printed Name** Date

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## MEMX Exchange Data Order Form and System Description – Data Feed Subscriber Information Addendum

DATA FEED SUBSCRIBER INFORMATION								
Company Name:		Date:						
Address of Principal Office:								
City:	State:	Zip Code:						
BUSINESS CONTACT	TECHNIC	CAL CONTACT						
Name:	Name:							
Title:	Title:							
Email:	Email:							
Phone:	Phone:							
DATA FEED SUBSCRIBER INFORMATION								
Company Name:		Date:						
Address of Principal Office:								
City:	State:	Zip Code:						
BUSINESS CONTACT	TECHNIC	CAL CONTACT						
Name:	Name:							
Title:	Title:							
Email:	Email:							
Phone:	Phone:							
DATA FEED SUBSCRI	BER INFORMATION							
Company Name:		Date:						
Address of Principal Office:								
City:	State:	Zip Code:						
BUSINESS CONTACT	TECHNIC	CAL CONTACT						
Name:	Name:							
Title:	Title:							
Email:	Email:							
Phone:	Phone:							
DATA FEED SUBSCRI	BER INFORMATION							
Company Name:		Date:						
Address of Principal Office:								
City:	State:	Zip Code:						
BUSINESS CONTACT	TECHNIC	CAL CONTACT						
Name:	Name:							
Title:	Title:							
Email:	Email:							
Phone:	Phone:							

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