

MEMX Volume Aggregation and Volume Details Request

This request for volume aggregation and detailed execution information is made to MEMX LLC (the “Exchange”) by the Members noted below. This request should be completed by Members who are affiliated as evidenced on each Member’s Form BD or who have been appointed as an Appointed Order Entry Firm / Appointed Market Maker on the Exchange. “Affiliate” shall mean any entity that, from time to time, directly or indirectly, Controls, is Controlled by, or is under common Control with such party. “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.

The Members noted below would like to request aggregation of all equities and/or options volume submitted to the Exchange by each Member with an approved trading ID. Additionally, the Members request detailed information regarding aggregated volume on the Exchange. By signing below, each Member acknowledges and agrees that the other Members will have access to the same detailed information regarding aggregated volume on the Exchange and releases the Exchange from any liability associated with providing such information.

Applicable to: MEMX Equities MEMX Options

FIRM 1

<p>_____</p> <p>Member Firm Name</p>	<p>_____</p> <p>Firm CRD #</p>
<p>MPIDs and/or EFIDs to which this form should apply:</p> <p><input type="checkbox"/> All MPIDs and/or EFIDs</p> <p><input type="checkbox"/> Specified list: _____</p>	
<p>_____</p> <p>Signature of Authorized Officer, Managing Member of Sole Proprietor</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>Printed Name</p>	<p>_____</p> <p>Title</p>

FIRM 2

_____	_____
Member Firm Name	Firm CRD #
MPIDs and/or EFIDs to which this form should apply:	
<input type="checkbox"/> All MPIDs and/or EFIDs	
<input type="checkbox"/> Specified list: _____	
_____	_____
Signature of Authorized Officer, Managing Member of Sole Proprietor	Date
_____	_____
Printed Name	Title

FIRM 3 (if applicable)

_____	_____
Member Firm Name	Firm CRD #
MPIDs and/or EFIDs to which this form should apply:	
<input type="checkbox"/> All MPIDs and/or EFIDs	
<input type="checkbox"/> Specified list: _____	
_____	_____
Signature of Authorized Officer, Managing Member of Sole Proprietor	Date
_____	_____
Printed Name	Title