

ETP Dividend Schedule

Instructions: Please complete all parts of this form. If an item is not applicable indicate N/A. Attach additional sheets if necessary.

Part I: Corporate Information

General Information

Date:

Company Name (the “Company”):

Symbol:

Part II: Corporate Contacts

Primary Contact

TXSE will conduct all communications with respect to the applicant with the designated primary applicant.

Name: _____ Title/Firm: _____

Phone: _____ Email: _____

U.S. Business Hours Contact (if located outside of the U.S.):

Alternate Contact

Name: _____ Title/Firm: _____

Phone: _____ Email: _____

U.S. Business Hours Contact (if located outside of the U.S.):

Part III: Schedule

General Information

Please attach the dividend schedule of Exchange Traded Products (ETP) with this completed form.

TXSE will perform a series of validation checks to ensure that the data provided is complete and accurate.

Part IV: Supporting Documentation

To facilitate the review process, please submit any supporting documentation as soon as possible. You can submit additional documentation for your application at any time during the review process. Please note that the Exchange may also request additional information or documentation, public or non-public, deemed necessary to perform its review.

Part V: Affirmation

I have been authorized by the Company and have the legal authority to provide information on the Company's behalf; to the best of my knowledge and belief, the information provided is true and correct as of this date; and the Company will promptly notify TXSE of any material changes. I understand that the Company has a continuing duty to update TXSE whenever there is an addition to or change in information previously furnished.

Signature of Duly Authorized Representative

Title

Date