

Applicable to: ☐ MEMX Equities ☐ MEMX Options ☐ MX2

FIRM 1

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 2

<hr/>	
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: _____	
<hr/>	
Signature of Authorized Officer, Managing Member of Sole Proprietor	Date
<hr/>	
Printed Name	Title

FIRM 3 (if applicable)

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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: _____	
<hr/>	
Signature of Authorized Officer, Managing Member of Sole Proprietor	Date
<hr/>	
Printed Name	Title