

EDGA Exchange, Inc.
Waive-in Membership Application Form

An applicant for membership (“Applicant”) with EDGA Exchange, Inc. (“Exchange”) that is or was formerly a subscriber of the electronic communications network Direct Edge ECN LLC and an active member of: (1) the Financial Industry Regulatory Authority (“FINRA”), or (2) a registered national securities exchange, shall, for a temporary 90-day period beginning on _____ and ending on _____, have the option, by submitting this Waive-In Membership Application Form, (i) to apply to become a Member of the Exchange and, (ii) to automatically register with the Exchange all of its associated persons whose registrations are active at the time the Exchange is approved as a national securities exchange and who are registered in categories recognized by the Exchange. The Exchange may request additional documentation from Applicant in order to determine that an Applicant meets the qualification standards set forth in Exchange Rule 2.5. The Exchange will make determinations with respect to Waive-In Membership Applications in accordance with Exchange Rule 2.6.

Applicant must complete this Waive-In Membership Application Form, which should be sent, along with the documents listed below via certified or first class mail, or via courier or messenger service, to EDGA Exchange, Inc., 545 Washington Boulevard, Jersey City, NJ 07310, Attention: Sales. Questions regarding this Waive-In Membership Application should be directed to Sales, (201) 942-8259.

In addition to this Waive-In Application Form, Applicant should submit the following:

- Exchange User Agreement, including Statutory Disqualification Notice.
- Routing Agreement

General Information

Application Date: _____ Applicant Name: _____
Applicant’s CRD Number: _____ Applicant’s Designated Examining
Authority: _____

Self-Regulatory Organization (“SRO”) Memberships

Indicate below the SROs of which the Applicant is a Member:

<input type="checkbox"/> BATS Exchange	<input type="checkbox"/> International Securities Exchange	<input type="checkbox"/> National Stock Exchange
<input type="checkbox"/> Chicago Board Options Exchange	<input type="checkbox"/> NASDAQ	<input type="checkbox"/> New York Stock Exchange
<input type="checkbox"/> Chicago Stock Exchange	<input type="checkbox"/> NASDAQ OMX BX (BX)	<input type="checkbox"/> NYSE Alternext
<input type="checkbox"/> FINRA	<input type="checkbox"/> NASDAQ OMX PHLX	<input type="checkbox"/> NYSE Arca.

Supervision of Trading Activity on the Exchange

Provide the following information for the person primarily responsible for supervision of the firm’s Authorized Traders.

Name: _____ Email: _____
Title: _____ Phone: _____
CRD#: _____ Fax: _____