



BOX Options Exchange Form 1

Exhibit F-5 – BOX Options Market Participant Agreement

Return to: BOX Options Exchange LLC (the “Exchange”)
 Attn: Options Participant Registration Department
 101 Arch Street, Suite 610
 Boston, MA 02110
 Ph: (617) 235-2291
 Fx: (617) 235-2253

BOX Options Participant agrees to abide by the Rules of the BOX Options Exchange LLC (the “Exchange”) applicable Bylaws and Rules of the Exchange, as amended from time to time, and all circulars, notices, interpretations, directives and/or decisions adopted by the Exchange.

BOX Options Participant acknowledges that BOX Options Participant and its associated persons are subject to the oversight and jurisdiction of the Exchange.

BOX Options Participant authorizes the Exchange to make available to any governmental agency or self-regulatory organization (“SRO”) any information it may have concerning the BOX Options Participant or its associated persons, and releases the Exchange from any and all liability in furnishing such information.

BOX Options Participant acknowledges its obligation to update any and all information contained in any part of the BOX Options Participant’s application, including termination of membership with another SRO.

Agreed to as of this _____ day of _____, 20____.

BOX Options Participant

BOX Options Exchange LLC

(Company Name)

By: _____
(Signature)

(Name and Title)

(Street Address)

(City, State & Zip Code)