

INDIVIDUAL MEMBERSHIP APPLICATION



GENERAL INFORMATION

I, _____ hereby make application to **NASDAQ OMX PHLX LLC** (“PHLX” or “Exchange”) for a Series A-1 Permit. I understand that by virtue of being granted a Permit that:

- To the best of my knowledge I meet the eligibility and application requirements set forth in the By-Laws and Rules of the Exchange.
- I am associated with a duly qualified and registered member organization and am a natural person of at least 21 years of age.
- I shall not hold more than a single Series A-1 Permit.
- I shall be entitled to all the rights, privileges and obligations of a member.
- As a member I may qualify only a single member organization and must designate a single eligible organization as my “primarily affiliated” member organization.
- I, along with each member organization that I am affiliated with, shall remain responsible for all obligations including, without limitation, all applicable dues, fees, charges, fines and other obligations.
- *My Permit* may not be transferred by lease, sale, gift, involuntary transfer, or any other means or as collateral to secure any obligation except as described in Rule 908(h) of the Exchange.

PERMIT HOLDER INFORMATION

Name _____ Title: _____

Date of Birth _____ Social Security No. _____ WebCRD No. _____

Phone _____ Email _____

Business address _____

PRIMARY AFFILIATION

Name of Organization _____

Contact _____ Phone _____

Will applicant be the designated qualifying permit holder for this organization? Yes [] No []

Pursuant to PHLX Rule 907, member organizations must have at least one officer/partner who is a member of the Exchange.

SECONDARY AFFILIATION (if applicable)

If Applicant intends to affiliate with a second on-floor PHLX member organization, additional documentation evidencing the organizational structure of 75% common ownership pursuant to PHLX Rule 908(b)(i) is required. See Supplemental Material for further detail.

Name of Organization _____

Will applicant be the designated qualifying permit holder for this organization? Yes [] No []

BUSINESS TYPE (Check all that apply)

1. ON FLOOR

- Options Specialist (*Include Individual Specialist Application*)
- Registered Options Trader (ROT) Market Maker (*Include Streaming Quote Trader Application, if applicable*)
- Floor Broker
- Inactive Nominee
(*I understand that I can only conduct business on the Floor of the Exchange on behalf of the permit for which I am authorized and only on the days specified in my written activation notice*)

2. OFF FLOOR (No trading floor access)

- Remote Streaming Quote Trader (RSQT) (*Include Remote Streaming Quote Trader Application*)
- Proprietary Trading (*no retail customer business*)
- Order Flow Provider
- NASDAQ OMX PSX Participation (*equity*)

STATUTORY DISQUALIFICATION DISCLOSURE

Pursuant to the Securities Exchange Act of 1934, the Exchange may deny or condition trading privileges or bar an individual from becoming associated with a member organization, who is subject to a statutory disqualification. The term, statutory disqualification, is defined under section 3(a)(39)(F) of the Act.

- I am NOT subject to a statutory disqualification.
- I AM or may be subject to statutory disqualification. Attach the following information:
 - a. Description of your responsibilities within the organization.
 - b. All documents relating to your disqualification.
 - c. Explanation of action taken or approval by another SRO regarding disqualifying event.

SIGNATURES

I hereby represent that, I have read and understand the above information and that the answers and attachments are, to the best of my knowledge and belief, true and correct. In consideration of admission to membership in the **NASDAQ OMX PHLX LLC**, I hereby pledge myself to submit to and abide by the By-Laws and Rules of the Organization, as now existing and as hereafter duly amended from time to time.

I authorize all my employers and any other person to furnish to any *jurisdiction, SRO, designated entity*, employer, prospective employer, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination. Moreover, I release each employer, former employer and each other person from any and all liability, of whatever nature, by reason of furnishing any of the above information. I recognize that I may be the subject of an investigative consumer report and waive any requirement of notification with respect to any investigative consumer report ordered by any *jurisdiction, SRO, designated entity*, employer, or prospective employer. I understand that I have the right to request complete and accurate disclosure by the *jurisdiction, SRO, designated entity*, employer or prospective employer of the nature and scope of the requested investigative consumer report.

Date

Signature of Applicant

Authorized Associated Organization Signature

Printed Name / Title

SUPPLEMENTAL MATERIAL

- A completed Uniform Application for Securities Industry Registration (Form U-4) **MUST** be attached;
- **Secondary Affiliation** ~ If Applicant intends to affiliate with two member organizations pursuant to PHLX Rule 908(b)(i), the following must also be submitted with this application:
 - i) Attestation of common ownership in accordance with Rule;
 - ii) Name of individual(s) responsible for supervision of Applicant with respect to each affiliation; and
 - iii) Designation of Exchange billing account responsible for membership fees associated with permit holder.

Any questions you may have with respect to this application should be directed to NASDAQ OMX Membership at 215-496-5159 or 215-496-5322 or membership@nasdaqomx.com.

