



MPID Affirmation Form

Fax the completed form to NASDAQ OMX Subscriber Services at +1 212 231 5426.

Member Firm: Member Firm Broker/Dealer #:

Current Use: Please indicate all uses for your firm's MPIDs. Please submit additional Affirmation forms as needed to accommodate all MPIDs.

MPIDs:	<input type="checkbox"/> Entering orders /quotes <input type="checkbox"/> Direct sponsored access <input type="checkbox"/> Customer access <input type="checkbox"/> Secondary clearing <input type="checkbox"/> Separately recognized affiliate <input type="checkbox"/> FINRA reporting (TRACE, OATS, TRF) <input type="checkbox"/> FINRA reporting ONLY (TRACE, OATS, TRF)* <input type="checkbox"/> Other: _____	MPIDs:	<input type="checkbox"/> Entering orders /quotes <input type="checkbox"/> Direct sponsored access <input type="checkbox"/> Customer access <input type="checkbox"/> Secondary clearing <input type="checkbox"/> Separately recognized affiliate <input type="checkbox"/> FINRA reporting (TRACE, OATS, TRF) <input type="checkbox"/> FINRA reporting ONLY (TRACE, OATS, TRF)* <input type="checkbox"/> Other: _____
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* Check this check box only to indicate an MPID that is used exclusively for FINRA-related purposes. Such MPIDs will not be fee liable.

CONTACT NAME: _____ CONTACT PHONE: _____

CONTACT E-MAIL: _____ CONTACT FAX: _____

A signature is required by a CRD-registered principal of the firm.

SIGNATURE: _____

PRINT NAME: _____

POSITION: _____ DATE: _____

Please Note: NASDAQ OMX will use this form to assist in billing the supplemental MPID fee, but reserves the right to review actual activity and charge for MPIDs not used exclusively for FINRA reporting.