Cboe Exchange, Inc.
Lead Market Maker (LMM) Incentive Program
Appointment Application

APPLICANT DATA		
Name of TPH Organization:		
Business Address:		
City:	State:	Zip:
Main Phone:	Firm CRD #:	

APPLICANT CONTACT PERSON RELATED TO LMM PROGRAM	
Name of Contact Person:	
Phone:	Email:

BUSINESS CONTACT	OPERATIONS CONTACT
Name:	Name:
Title:	Title:
Phone:	Phone:
Email:	Email:
LIVE TRADER CONTACT (RTH)	LIVE TRADER CONTACT (GTH)
Name:	Name:
Title:	Title:
Phone:	Phone:
Email:	Email:

APPOINTED CLASS(ES)				
Request to be appointed in the following class(es):				
	GTH	GTH1	GTH2	RTH
CBTX	☐	☐	☐	☐
MBTX	☐	☐	☐	☐
MRUT	☐	☐	☐	☐
MSCI ACWI	☐	☐	☐	☐
MSCI USA	☐	☐	☐	☐
MSCI World	☐	☐	☐	☐
MXEA/MXEF	☐	☐	☐	☐
Nanos S&P 500 Index	☐	☐	☐	☐
SPESG	☐	☐	☐	☐
SPX/SPXW	☐	☐	☐	☐
VIX/VIXW	☐	☐	☐	☐
XSP	☐	☐	☐	☐
OTHER:	☐	☐	☐	☐

DESIGNEE INFORMATION
Applicant may designate one or more individuals (Designees) who will act on behalf of the LMM. Please list any additional Designee(s), if any, on a separate page using the same format. Describe in detail, all industry experience as well as the relevant trading experience for each designee specifically with regards to SPX and VIX. Include all experience as a floor broker, market-maker or proprietary (firm) trader.

DESIGNEE #1	
Name:	Individual CRD #:
Title:	Business Phone:
Email:	Mobile Phone:
Experience:	

DESIGNEE #2	
Name:	Individual CRD #:
Title:	Business Phone:
Email:	Mobile Phone:
Experience:	

APPLICANT INFORMATION
A. Describe in detail, the proposed day-to-day operation of the LMM organization. Include information such as: Who will be the LMM designees; how many hours/days/months will these people be employed; describe the autonomy of each designee, etc.

B. Note any disciplinary or remedial action taken against any individual or organization named in this application other than action taken pursuant to an SRO minor rule violation plan. If any disciplinary or remedial action has been taken, describe in detail the circumstances surrounding each action and identify the issuing SRO or governmental agency. Also note and describe any warnings issued to any individual or organization named in this application related to a capital or operational problem, rules of trading procedure or evaluation of market quality and identify the issuing SRO or Governmental agency.

OPERATIONAL CONSIDERATIONS

A. Describe the level of staffing which the applicant intends to have available.

B. Describe the arrangements which have been made to assure that the LMM is continuously operated by approved and experienced LMM designees.

CAPITAL

Note the financial resources that the LMM Applicant proposes to commit. Provide details such as: The specific dollar amount; the name(s) of the source(s); whether or not the source(s) has any management responsibility or participates in the profits/losses of the operation and to what extent the source(s) participates in management and/or profits/losses. If the money is borrowed, note the repayment schedule. Provide any other related information that should be considered by the Exchange.

MISCELLANEOUS
Note any additional information which the applicant deems pertinent to this application.

I have carefully read the questions contained on this application and the responses that have been provided to those questions. On behalf of the LMM applicant organization, I represent that the responses provided, and any other information provided to Cboe Options on behalf of the LMM applicant organization in connection with this application is current, accurate, and complete.

____
Signature of Authorized Officer, Partner or Managing Member

____
Date

____
Printed Name

____
Title