



Affiliated Entity Enrollment Form

This request for volume aggregation is made to BOX Exchange LLC (“BOX” or the “Exchange”) by the Participants noted below. This request should be completed by Participants who are affiliated with, or have been designated as, an Appointed Market Maker (“Appointed MM”) or an Appointed Order Flow Provider (“Appointed OFP”) pursuant to the Exchange’s fee schedule. The term “Affiliate” shall mean any Participant under 75% common ownership or control of that Participant.

The Participant noted below would like to request aggregation of all options volume submitted to the Exchange by either their affiliate, Appointed MM, or Appointed OFP. The Exchange will only recognize one such designation for each Participant.

By signing below, each Participant acknowledges and agrees that the other Participant will have access to detailed execution information and releases the Exchange from any liability associated with providing detailed execution information. An executed version of this form can be delivered to the Exchange via email to billing@boxexchange.com.

75% Common Ownership

Appointed Market Maker/Appointed Order Flow Provider

Affiliated Entity Information

Member Name

CRD #

Signature of Authorized Person

Date

Printed Name

Title

Email Address

Phone

Member Name

CRD #

Signature of Authorized Person

Date

Printed Name

Title

Email Address

Phone