System Application

Managed Data Solution
Recipients – NASDAQ U.S. Data

This System Application is for Recipients of Managed Data Solutions from an authorized datafeed Distributor. NASDAQ requires that your firm submit a separate System Application for each Managed Data Solution.

NOTE: THE MANGED DATA SOLUTION BILLING MODEL IS FOR INTERNAL USAGE ONLY.

Date of Application: _____

Managed Data Recipient: _____

Distributor/ Datafeed Provider: _____

SECTION 1: CONTACT INFORMATION

Primary/ Business Contact	Technical Contact
First Name _____ Last Name _____	First Name _____ Last Name _____
Phone Number	Phone Number
E-mail Address	E-mail Address
Group E-mail Address [optional]	Group E-mail Address [optional]
Address_____	Address_____

SECTION 2: SYSTEM INFORMATION

Describe how your firm intends to use the Information/ market data.		
1. Will Information from this System be redistributed to **additional servers**, which in turn, can redistribute data to various and/or devices?	☐ No	☐ Yes
2. Will your firm offer a service on this System that includes an **API** [Application Programming Interface] or **DDE** [Dynamic Data Exchange] as part of this service?	☐ No	☐ Yes

SECTION 3: SYSTEM INFORMATION

Please provide the following information:

<table>
<tr>
<td>Indicate which NASDAQ data products are received on this Managed Data Solution</td>
<td colspan="2">
U.S. Products
☐ NASDAQ TotalView   ☐ TotalView-ITCH FPGA
☐ NASDAQ OpenView   ☐ BX TotalView
☐ NASDAQ Level 2   ☐ PSX TotalView
☐ PHLX Orders   ☐ Top of PHLX Options [TOPO]
☐ Best of NASDAQ Options [BONO]
☐ NASDAQ ITCH To Trade Options [ITTO]
Canadian Product
☐ Nasdaq CXC Level 1
☐ Nasdaq CXC Level 2
☐ Nasdaq CX2 Level 1
☐ Nasdaq CX2 Level 2
</td>
</tr>
<tr>
<td>Indicate total number of servers/devices managed by the Distributor</td>
<td>_____
Total Devices</td>
<td>_____
Month/ Year</td>
</tr>
<tr>
<td>If no servers/devices are presently on the network, provide approximate start date and expected number</td>
<td>_____
Expected Total Devices</td>
<td>_____
Month/ Year</td>
</tr>
</table>

SECTION 4: NON-DISPLAY

a. How will your firm offer Non-Display?	Proximity Services	Co-location
Automated Trading [specify] _____	☐	☐
Order Routing	☐	☐
Other Non-Display use [specify] 1) _____ 2) _____	☐ ☐	☐ ☐

SECTION 5: SIGNATURE

I certify that the information provided on this System Application is accurate.

Managed Data Solution Recipient Firm Name	
Signature:	
Name of Signatory:	
Title:	
Date:	