## 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.

<table>
<thead>
<tr>
<th>MPIDs:</th>
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| □ Entering orders /quotes  
□ Direct sponsored access  
□ Customer access  
□ Secondary clearing  
□ Separately recognized affiliate  
□ FINRA reporting (TRACE, OATS, TRF)  
□ FINRA reporting **ONLY** (TRACE, OATS, TRF)*  
□ Other:________________ | □ Entering orders /quotes  
□ Direct sponsored access  
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□ FINRA reporting (TRACE, OATS, TRF)  
□ FINRA reporting **ONLY** (TRACE, OATS, TRF)*  
□ Other:________________ |

* 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.