IEX WEB PORTAL
USER ACCESS AUTHORIZATION FORM

Authorization

To be completed by an Administrator of a customer company (the "Customer") of Investors' Exchange LLC and/or IEX Options LLC (together, "IEX") to grant access to one or more Users to access the IEX Web Portal on behalf of Customer.

The undersigned Administrator acknowledges and agrees that: (1) Customer's assess to and use of IEX's secure web-based portal made available to the Customer for the submission, management and processing of information and requests relating to the IEX services (the "Portal") is governed by the IEX Web Portal General Terms and Conditions available www.iex.io/legal/iex-web-portal-general-terms-conditions (the "Terms and Conditions"), which are incorporated into this User Access Authorization Form by reference, and the Customer acknowledges that it has had an opportunity to review and agrees to be bound by the Terms and Conditions before accessing the Portal; (2) the individuals listed below (each, a "User") may access and use the Portal on behalf of the Customer solely for the Portal functionalities indicated below; (3) if a User has left the Customer's organization or is no longer authorized to act as a User of the Portal on behalf of the Customer, the Customer must immediately notify IEX by emailing optionsmktops@iextrading.com; (4) the Customer is responsible for the acts of the User; and (5) to the extent that a Customer is an Exchange Member utilizing IEX's exchange services, the Customer shall ensure that all access to and use of the Portal complies with applicable IEX Exchange Rules. This User Access Authorization Form is delivered in connection with, and shall constitute a part of, the Customer's IEX User Agreement and/or any other agreement(s) between Customer and IEX. All capitalized terms used herein that are not defined in this User Access Authorization Form shall have the respective meanings given to them in the IEX User Agreement, IEX Rule Book or other agreement(s) between Customer and IEX, as applicable.

General Information

Customer Name: _____

CRD#: _____

Business Contact Name: _____

Business Contact Email: _____

Business Contact Phone: _____

Business Contact Address: _____

City: _____ State: _____ Zip: _____

User Access

The below listed Administrator of the above Customer hereby authorizes the Users identified below to access and use the Portal on behalf of the Customer solely for the Portal functionalities and MPID(s) indicated below. Customer agrees that it will inform IEX in writing immediately if any of the Users below are no longer authorized to act in the capacity indicated herein. Customer is responsible for the acts and omissions of Users.

Please return to Market Operations via email at optionsmktops@iextrading.com

First/Last Name: ________________________________

Portal ID (Email Address): ________________________________

Title: ________________________________

Phone Number: ________________________________

Requested Portal Functionality (check all that apply):

[__] Risk Management
[__] Market Maker Appointment Management
[__] Order and Quote Cancellation / Blocking

Applicable MPID(s) (List separated by semicolon):
____
____
____

First/Last Name: ________________________________

Portal ID (Email Address): ________________________________

Title: ________________________________

Phone Number: ________________________________

Requested Portal Functionality (check all that apply):

[__] Risk Management
[__] Market Maker Appointment Management
[__] Order and Quote Cancellation / Blocking

Applicable MPID(s) (List separated by semicolon):
____
____
____

First/Last Name: ________________________________

Portal ID (Email Address): ________________________________

Title: ________________________________

Phone Number: ________________________________

Requested Portal Functionality (check all that apply):

[__] Risk Management
[__] Market Maker Appointment Management
[__] Order and Quote Cancellation / Blocking

Applicable MPID(s) (List separated by semicolon):
____
____
____

Please return to Market Operations via email at optionsmktops@iextrading.com

First/Last Name: _____

Portal ID (Email Address): _____

Title: _____

Phone Number: _____

Requested Portal Functionality (check all that apply):

[__] Risk Management
[__] Market Maker Appointment Management
[__] Order and Quote Cancellation / Blocking

Applicable MPID(s) (List separated by semicolon):
_____
_____
_____

First/Last Name: _____

Portal ID (Email Address): _____

Title: _____

Phone Number: _____

Requested Portal Functionality (check all that apply):

[__] Risk Management
[__] Market Maker Appointment Management
[__] Order and Quote Cancellation / Blocking

Applicable MPID(s) (List separated by semicolon):
_____
_____
_____

IP Address(es) to Whitelist for Portal Access (list each IP address, separated by semicolons):

_____

_____

_____

**** Signatory must be an Administrator designated by Customer.**

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____

Please return to Market Operations via email at optionsmktops@iextrading.com