Cboe Exchange, Inc.

Global Trading Hours (GTH)

Lead Market Maker (LMM) Appointment Application

| APPLICANT DATA | | | | |
|--|-------------|-----------------|------------|--|
| Name of TPH Organization: | | | | |
| Business Address: | | | | |
| City: | State: | | Zip: | |
| Phone: | Firm CRD #: | | | |
| | | | | |
| APPOINTED CLASS | | | | |
| Request to be appointed in class(es): | | G1 | ΓH1 ☐ GTH2 | |
| | | | | |
| APPLICANT CONTACT PERSON | N RELATED T | O LMM PROGRAM | | |
| Name of Contact Person: | | | | |
| E-Mail: | Phone: | | | |
| | | | | |
| DESIGNEE INFORMATION | | | | |
| Applicant may designate one or more individuals (Designees) who will act on behalf of the GTH 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. | | | | |
| DESIG | NEE #1 | | | |
| Name: | | CRD #: | | |
| Title: | | Business Phone: | | |
| Email: | | Mobile Phone: | | |
| Experience: | | | | |

| DESIGNEE #2 | | | |
|--|-----------------|--|--|
| Name: | CRD #: | | |
| Title: | Business Phone: | | |
| Email: | Mobile Phone: | | |
| Experience: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| DESIGNEE #3 | | | |
| Name: | CRD #: | | |
| Title: | Business Phone: | | |
| Email: | Mobile Phone: | | |
| Experience: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| DECICNES #4 | | | |
| Name: DESIGNEE #4 | CRD #: | | |
| Title: | Business Phone: | | |
| Email: | Mobile Phone: | | |
| Experience: | nobite i none. | | |
| Experience. | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| APPLICANT INFORMATION | | | |
| A. Describe in detail, the proposed day-to-day operation of the GTH LMM organization. Include information such | | | |
| as: Who will be the LMM designees during the GTH session; how many hours/days/months will these people be | | | |
| employed during the GTH session; describe the autonomy of each designee, etc. | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| 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. |
| The second secon |
| |
| |
| |
| |
| |
| |
| |
| B. Describe the arrangements which have been made to assure that the GTH LMM is continuously operated by |
| approved and experienced LMM designees. |
| approved and experienced Limit 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. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

B. Note any disciplinary or remedial action taken against any individual or organization named in this application

| MISC | ELLANEOUS |
|--|--|
| Note any additional information which the applicant d | deems pertinent to this application. |
| questions. On behalf of the GTH LMM applicant organiz | oplication and the responses that have been provided to those zation, I represent that the responses provided and any other LMM applicant organization in connection with this application |
| Signature of Authorized Officer, Partner or Managing Member of TPH | Date |
| Printed Name | Title |