

Clearing Change Request Form

This form is to be completed by a current Member and/or TPH for the types of changes described below. Additional documentation may need to be submitted depending on the change. An executed version of this Form can be delivered via email to MembershipServices@cboe.com

GENERAL INFORMATION

Firm Name:	
CRD Number:	Firm ID (if known):
CONTACT	
Name:	Email:
Title:	Phone:

CLEARING CHANGE(S)

<input type="checkbox"/> BZX <input type="checkbox"/> BYX <input type="checkbox"/> EDGA <input type="checkbox"/> EDGX <input type="checkbox"/> BZX OPTIONS <input type="checkbox"/> EDGX OPTIONS <input type="checkbox"/> CBOE <input type="checkbox"/> C2 <input type="checkbox"/> CFE				
MPID or EFID	CURRENT CLEARING #	CHANGE TO CLEARING #	NEW CLEARING GUARANTEE ON FILE?	EFFECTIVE DATE (FIRST TRADE)
			<input type="checkbox"/> YES <input type="checkbox"/> NO*	
			<input type="checkbox"/> YES <input type="checkbox"/> NO*	
			<input type="checkbox"/> YES <input type="checkbox"/> NO*	
			<input type="checkbox"/> YES <input type="checkbox"/> NO*	
			<input type="checkbox"/> YES <input type="checkbox"/> NO*	
* = a current clearing guarantee is required for all applicable exchanges before a clearing change can be processed				

Please note that any EFID/MPID Clearing Change request processed after the first of the month will **not** be able to have its exchange related fees invoiced to both Clearing Member/TPH #'s. The new Clearing Member/TPH # will receive the monthly invoice for the entire month in which the change was made.

Will the clearing firm change be effective on the first business day of the month?

☐ YES | Complete Signature Block A ☐ NO | Complete Signature Blocks A and B

☐ I hereby state that I have read and understand the billing implications of intra-month changes and attest that the Member/TPH wishes to proceed as of the date of this submission.

SIGNATURE BLOCK A (Member/TPH)

Signature of Authorized Officer, Partner or Managing Member

Printed Name

Title

Date

SIGNATURE BLOCK B (New Clearing Firm)

Signature of Authorized Officer, Partner or Managing Member

Printed Name

Title

Date