

## Nasdaq

## MPID Change Request Form

Complete this form and fax to: NASDAQ Subscriber Services Fax #: 212-231-5426; Phone #: 212-231-5180. If you have any questions, please email Nasdaq Subscriber Services: subscriber@nasdaq.com

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Firm Name:	Da	re:		
1. Change Request Type:				
Check appropriate box and complete additi	nal requested information.			
Cancel MPID:	,			
Firm changing from:				
Current Firm Name				
Current MPID		BD#		
If this is a merger or acquisition, please provide the other firms information.				
Current Firm Name				
Current MPID		BD#		
Firm(s) changing to:				
Firm Name on the Effective Date				
Firm MPID on the Effective Date		BD#		
2. Requested Date of Change: _				
For MPID cancellations this date should be the date of this request. (Date)				
For other changes this date should be on a Mor	day and requires a minimum of two weeks notice.			
3. Contact Information:				
Contact Name:	Contact phone #:			
Contact E-Mail:	Contact Fax #:			

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4. Reason for Change:				
Merger Merger				
Acquisition				
Name Change				
Other				
5. Volume History – Mergers / Acquisitions	only			
Involving 2 MPIDs:				
No Historical Change Required, All Future Volume attributed to surviving MPID.				
All History for both MPIDs attributed	to surviving MPID. Non-surviving MF	PID history not preserved.		
Involving 3 MPIDs:				
No Historical change for one MP (please define first MPID		),		
the second MPs volume history (please define second MPID		)		
is attributed to the new MPID.				
All Historical Volume attributed to the new MPID, No history exists for either of the original MPIDs.				
No Historical Change Required, All Future Volume attributed to new MPID.				
6. Comments:				
7. Approval:				
A signature is required from an officer of each company involved.				
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Signature:	Signature:			
Print Name:	Print Name:			
Position:	Position:			

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