

Drop Copy Service Request Form

The Drop Copy Service means Customers' use of one-way sessions to receive all or a filtered selection of outbound order/quote (optional) acknowledgment and trade notification messages.

Drop Copy Service is subject to the applicable fees set forth in MX List of Fees under Section B. Markets - General Fees.

BOURSE DE MONTRÉAL INC. AND ITS AFFILIATES SHALL NOT BE LIABLE TO ANY PERSON FOR ANY LOSSES, DAMAGES, COSTS OR EXPENSES, INCLUDING, BUT NOT LIMITED TO, LOSS OF PROFITS, LOSS OF USE, AND DIRECT, INDIRECT, INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES, ARISING FROM CUSTOMER'S USE OF PRE-TRADE VALIDATION CONTROL FUNCTIONALITIES.

THE BOURSE AND ITS AFFILIATES MAKE NO WARRANTY OF ANY KIND, WRITTEN OR ORAL, WHETHER EXPRESS, IMPLIED OR STATUTORY WITH REGARD TO INTERNET ACCESS AND THE SOFTWARE, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, FREEDOM FROM ERRORS OR INTERRUPTION OR DEFECT DUE TO TECHNICAL FAILURES OF THE BOURSE'S COMPUTER SYSTEMS.

Customers' use of the Drop Copy Service is subject to the rules of Bourse de Montréal Inc. and/or the rules of the Canadian Derivatives Clearing Corporation ("CDCC"), where applicable.

Customers who wish to order Drop Copy Service must review this entire Form and provide all applicable information where requested. If there are any changes to the information captured by this Form after execution by the Bourse, the Participant must resubmit a new Form for the execution of the update.

Please complete and return the signed form to:

Technical Service Desk

1800-1190, av. des Canadiens-de-Montréal
C.P. 37, Montréal, Québec, H3B 0G7, Canada

E-mail: MarketOps@tmx.com

Telephone: 514-871-7872

Toll-free: 1-877-588-8489

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Section 1 – Bourse de Montréal Participant Information	
Firm Name:	
First Name:	Address:
Last Name:	City:
Title:	Province/State:
Email:	Postal/Zip Code:
Tel:	Country:

Section 2 – Internal Information Related to Drop Copy Request	
A. <input type="checkbox"/> ADD a Drop Copy Group	
B. <input type="checkbox"/> DELETE a Drop Copy Group	
C. <input type="checkbox"/> ADD or UPDATE a Filter for the Drop Copy Group <i>Please keep a copy of this form to ease updates at a later time</i>	
<input type="checkbox"/> by Trader ID <i>Please list all Trader ID to be filtered below</i>	<input type="checkbox"/> by Participant Connection ID <i>Please list all Participant Connect. ID to be filtered below</i>
D. <input type="checkbox"/> Certified Software Name:	
E. <input type="checkbox"/> The Drop Copy Service is managed by a 3rd Party Provider <i>If E. is checked, fill sections 3, 4 and 6</i>	3 rd Party Provider Name:
OR	
F. <input type="checkbox"/> The Drop Copy Service is managed by the Participant’s Clearing Member <i>If F. is checked, fill sections 3, 4 and 7</i>	Clearing Member Name:

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Section 3 – 3rd Party Contact Information (if applicable)

Firm Name:	
First Name:	Address:
Last Name:	City:
Title:	Province/State:
Email:	Postal/Zip Code:
Tel:	Country:

Section 4 – Clearing Member Contact Information (if applicable)

Firm Name:	
First Name:	Address:
Last Name:	City:
Title:	Province/State:
Email:	Postal/Zip Code:
Tel:	Country:

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Section 5 – Technical Help Desk (THD) Production Drop Copy USER ID and PASSWORD

Users Authentication:

The Drop Copy credentials are assigned by the Bourse's THD (Tel: 514-871-7872 or MarketOps@tmx.com). Please select to whom these credentials are allowed to be shared, as well as a security question for each category.

<input type="checkbox"/> Participant	Give your own security question: Answer:
<input type="checkbox"/> 3 rd Party Provider	Give your own security question: Answer:
<input type="checkbox"/> Participant's Clearing Member	Give your own security question: Answer:

Drop Copy Profile Specifications:

<input type="checkbox"/> Drop Copy Service for Orders	IP Address:Port	198.235.29.87:28122
<input type="checkbox"/> Drop Copy Service for Orders/Quotes	IP Address:Port	198.235.29.87:28123
<input type="checkbox"/> Kill Button	IP Address:Port	198.235.29.87:28XXX

The undersigned applicant will take all necessary precautionary measures to ensure the security and confidentiality of the USER ID and PASSWORD provided by the Bourse which will grant access to Drop Copy functionality.

The undersigned applicant does hereby depose and state that they have read and understood the contents of this form and that the statements of facts made therein are true.

Name of Applicant: <i>Please print</i>	
Signature of Applicant:	X
Date:	
Location:	
Name of Regulatory/Compliance Officer <i>Please print</i>	
Signature of Regulatory/Compliance Officer	X
Date:	
Location:	

I have read, understand, and agree to the terms of the [Privacy Policy of Bourse de Montréal Inc.](#) and consent to the collection, use and disclosure of my personal information as set out in such policy. By providing the Bourse with the personal information of another individual, I confirm that I have obtained all required consents for the Bourse to collect, use and disclose such personal information as set out in the [Privacy Policy of Bourse de Montréal Inc.](#), and that I provided the relevant individual with a copy of the [Privacy Policy of Bourse de Montréal Inc.](#) at the time of or prior to the collection of such personal information.

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Section 6 – If the Drop Copy Service is managed by a 3rd Party Provider, the Bourse de Montréal Participant and 3rd Party Provider must complete this section.

The undersigned Bourse Participant hereby appoints the 3rd Party Provider with which he has a valid agreement to receive the Participant's outbound order/quote (optional) acknowledgement and trade notification messages from the Drop Copy Service.

The Bourse Participant agrees that the said 3rd Party Provider will be given a USER ID and PASSWORD to access the Participant's Drop Copy messages. Responsibility arising from the use of the Drop Copy service will be assumed by the Approved Participant and the 3rd Party Provider according to their agreement.

Bourse de Montréal Participant

Name: <i>Please print</i>	
Signature of Regulatory or Compliance Officer:	X
Date:	
Location:	

Bourse de Montréal Participant (Optional)

Name: <i>Please print</i>	
Signature of Regulatory or Compliance Officer:	X
Date:	
Location:	

3rd Party Provider

Name: <i>Please print</i>	
Signature of Regulatory or Compliance Officer:	X
Date:	
Location:	

3rd Party Provider (Optional)

Name: <i>Please print</i>	
Signature of Regulatory or Compliance Officer:	X
Date:	
Location:	

I have read, understand, and agree to the terms of the [Privacy Policy of Bourse de Montréal Inc.](#) and consent to the collection, use and disclosure of my personal information as set out in such policy. By providing the Bourse with the personal information of another individual, I confirm that I have obtained all required consents for the Bourse to collect, use and disclose such personal information as set out in the [Privacy Policy of Bourse de Montréal Inc.](#), and that I provided the relevant individual with a copy of the [Privacy Policy of Bourse de Montréal Inc.](#) at the time of or prior to the collection of such personal information.

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Section 7 – If the Drop Copy Service is managed by a CDCC Clearing Member, the Bourse de Montréal Participant and the Clearing Member must complete this section.

*The undersigned Bourse Participant hereby appoints the **CDCC’s Clearing Member** with which he has a valid Clearing Agreement registered with CDCC to act as an agent on its behalf to receive all of the Participants outbound order/quote (optional) acknowledgement and trade notification messages from the Drop Copy Service.*

*The Bourse agrees that the said **Clearing Member** will be given a **USER ID** and **PASSWORD** to access the Participant’s Drop Copy messages. Responsibility arising from the use of the Drop Copy service will be assumed by the Approved Participant and the **Clearing Member** according to their agreement.*

Bourse de Montréal Participant

Name: <i>Please print</i>	
Signature of Regulatory or Compliance Officer:	X
Date:	
Location:	

Bourse de Montréal Participant (Optional)

Name: <i>Please print</i>	
Signature of Regulatory or Compliance Officer:	X
Date:	
Location:	

CDCC Clearing Member

Name: <i>Please print</i>	
Signature of Regulatory or Compliance Officer:	X
Date:	
Location:	

CDCC Clearing Member (Optional)

Name: <i>Please print</i>	
Signature of Regulatory or Compliance Officer:	X
Date:	
Location:	

I have read, understand, and agree to the terms of the [Privacy Policy of Bourse de Montréal Inc.](#) and consent to the collection, use and disclosure of my personal information as set out in such policy. By providing the Bourse with the personal information of another individual, I confirm that I have obtained all required consents for the Bourse to collect, use and disclose such personal information as set out in the [Privacy Policy of Bourse de Montréal Inc.](#), and that I provided the relevant individual with a copy of the [Privacy Policy of Bourse de Montréal Inc.](#) at the time of or prior to the collection of such personal information.

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Section 8 – Billing Contact Information and Fees	
<i>If the billing information is already known at the Bourse, provide only the Customer's Number provided on the Participant's invoice and skip the rest of Section 8, Section 9 and Section 10.</i>	
CUSTOMER's NO.:	
<i>Drop Copy Service Monthly Fee Description is available at: https://www.m-x.ca/f_publications_en/bourse_list_fees_2019.pdf</i>	
Customer Billing Contact Name:	Customer Billing Contact Address:
Title:	Province/State:
Email:	Postal/Zip Code:
Tel:	Country:
Section 9 – Bank and Account Information (To be filled by customers being billed directly only)	
<i>Note: A cheque (marked VOID) from the account must be attached with this form for verification purposes.</i>	
Name of Bank Account:	
Name of Bank:	Postal/Zip Code:
Bank Address:	Country:
City:	Transit/ABA Number:
Province/State:	Account #:
Section 10 – Bank Information: Remit Payment Using Following Wire Instructions	
Beneficiary Bank: Royal Bank of Canada 20 King Street West Toronto, Ontario, M5H 1C4 Swift Code or Routing Transit #: ROYCCAT2	USD Currency Payments Beneficiary Customer: Bourse de Montréal Inc. US Funds Account #: 4009809 Transit Branch: 09591 Institution Bank: 003
International Customers: (Please route via intermediary bank) Intermediary Bank: JP Morgan Chase City: New York Swift Code: CHASUS33	CAD Currency Payments Beneficiary Customer: Bourse de Montréal Inc. CAD Funds Account #: 1040302 Transit Branch: 09591 Institution Bank: 003
Sections 9 and 10: For all payments, please include Customer ID & Invoice Number. For payment inquiries contact the Bourse de Montréal Finance Department: Tel: 514-871-7895 Email: finances@tmx.com	