

**Market Regulation Department Options Surveillance**  
**Option Exercise Assignment Allocation Method Application**

Submit completed form by email to [allocation@finra.org](mailto:allocation@finra.org).

Firm Name: \_\_\_\_\_ Firm CRD No.: \_\_\_\_\_

Contact Person for Assignment Allocation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete either section 1 or 2, as applicable, below:

1. If your firm has a clearing arrangement on a fully disclosed basis with an OCC member firm, please indicate the OCC member firm name: \_\_\_\_\_.

2.

<p>If your firm has a clearing arrangement on an omnibus basis with an OCC member firm, please indicate the OCC member firm name _____, and the method of options exercise allocation below:</p>	<p>If your firm is a self-clearing member of the Options Clearing Corporation, please list all OCC Allocated Clearing Member No.(s) _____ and the method of options exercise allocation below:</p> <p>For firms that have multiple clearing numbers and use different allocation methods, please attach a separate sheet for each Clearing Member Number.</p>
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A. First In, First Out (FIFO) [  ]

B. Random Method as designated in FINRA Regulatory Notice 11-35 [  ]

C. Other Random Method (please describe and attach methodology) [  ]

Authorization

Requested by:

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Authorized Person (Print or Type)

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Title

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Signature

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Date

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CRD No. of Authorized Person

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**For questions regarding this form, or the allocation process, please contact:**

Max Tourtelot      (212) 457-5366      [max.tourtelot@finra.org](mailto:max.tourtelot@finra.org)

James Turnbull      (212) 457-5367      [james.turnbull@finra.org](mailto:james.turnbull@finra.org)