



**EDX Clearing Member Firm — SSI Whitelist Request**

**Clearing Member Firm:**

Digital Asset Address(es)

Asset/Chain	Blockchain Address	Address Nickname (In Clearing Member Portal)	Description

CBIT Wallet

Wallet Address	Wallet Nickname (In Clearing Member Portal)



Wire Instructions

Receiving Bank Name	
Account Number	
ABA/Routing Number	
Recipient Name	
Recipient Address (Street Address, City, State, Zip)	
SSI Nickname (In Clearing Member Portal)	



Clearing Member Callback Authorized Users — EDX Clearing will perform independent verification of whitelist details with no fewer than two Authorized Users before approval.

Full Name	Email Address	Phone	Title

I hereby certify that I am duly authorized to act on behalf of the above-named Clearing Member Firm, and that the information in this request is accurate; by submitting this request, I acknowledge that any changes made to the Firm’s whitelisted accounts based on this request shall be deemed valid for processing digital asset withdrawal requests.

Authorized User

Signature:

Print Name:

Date:

Email completed request form to [edxclearingsupport@edxmarkets.com](mailto:edxclearingsupport@edxmarkets.com).