

**Attachment B
to
Academic Corporate Bond TRACE Data Agreement**

1. ACADEMIC INSTITUTION INFORMATION

Academic Institution	
Institution Name:	
Street Address:	
City:	
State:	
ZIP:	
Country:	
Primary Contact	
First Name:	
Last Name:	
Phone:	
Email:	
Billing Contact	
First Name:	
Last Name:	
Street Address:	
City:	
State:	
ZIP:	
Country:	
Phone:	
Email:	

2. DATA SETS

Please select the requested calendar year(s):

Data received will be at least 36 months aged (per FINRA Rule 7730)

<input type="checkbox"/> 2002 & 2003*	<input type="checkbox"/> 2014
<input type="checkbox"/> 2004	<input type="checkbox"/> 2015
<input type="checkbox"/> 2005	<input type="checkbox"/> 2016
<input type="checkbox"/> 2006	<input type="checkbox"/> 2017
<input type="checkbox"/> 2007	<input type="checkbox"/> 2018
<input type="checkbox"/> 2008	<input type="checkbox"/> 2019
<input type="checkbox"/> 2009	<input type="checkbox"/> 2020
<input type="checkbox"/> 2010	<input type="checkbox"/> 2021**
<input type="checkbox"/> 2011	<input type="checkbox"/> 2022**
<input type="checkbox"/> 2012	<input type="checkbox"/> 2023**
<input type="checkbox"/> 2013	<input type="checkbox"/> Perpetual**

* 2002 and 2003 Calendar Years are packaged together (per FINRA Rule 7730)

** If future years or the Perpetual subscription are selected, the data will be provided in quarterly increments as it becomes available and Academic Institution will be billed at the beginning of each calendar year for the available calendar year's data. The Perpetual Subscription will continue until the Academic Institution submits written notification of cancellation.

The undersigned certifies that (1) he/she is authorized to sign this Attachment B on behalf of Academic Institution and (2) the information provided on this Attachment B is complete and accurate.

Signature: _____

Name: _____

Date: _____

Title: _____