

UTP MISU SYSTEM DESCRIPTION

For clarification regarding UTP Level 1 Multiple Instance, Single User (MISU) Program effective April 1, 2018, please see Vendor Alert: Vendor Alert #2018-2 and UTP Data Policies for contact admin@utpplan.com, +1 301 978 8080. MISU administrative requirements can be found at UTP Data Policies.

Subscriber Firm Information

| Subscriber Firm Name (Name of Vendor submitting MISU Report) | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| (Print Firm Name) | Date of Application | | | | |
| Administrative/Reporting Contact Info | Billing Contact | | | | |
| | | | | | |
| First Name Last Name | First Name Last Name | | | | |
| | | | | | |
| Phone Number | Phone Number | | | | |
| E-mail Address | E-mail Address | | | | |
| Group E-mail Address [optional] | Group E-mail Address [optional] | | | | |
| | | | | | |
| UTP Billing Account Info | Billing Address for MISU Credits | | | | |
| Current UTP Account Number:(Found on invoices and the NORA Reporting Application) | Attn: | | | | |
| | | | | | |
| Check box if NEW Account Number is requested or if your firm currently does not have a UTP Account Number. | Street Address [P.O. Box Numbers Not Accepted] | | | | |
| Email address for Invoices: | | | | | |
| | Street Address 2 | | | | |
| email only | | | | | |
| email and paper | City, State, Province, Postal Code Country | | | | |
| MISU System Diagram | | | | | |

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| Attach a MISU syst | tem diagram with | an overview of ea | ich system utilizing | UTP Level 1 | data for MISU. I | Each service location |
|--------------------|--------------------|-------------------|----------------------|---------------|------------------|-----------------------|
| should be included | , indicating where | data is received | (including end use | rs) and where | entitlement con | trols take place. |

☐ Check here to confirm a MISU System Diagram is attached.

3. Service Locations to be covered by MISU

Date of Signature:

For each service location to be covered under MISU, please provide complete Name of Vendor/Data Provider ("Vendor"), Service Location (street address), Vendor Account Number "VAN" (a unique number assigned to each account by the Vendor) and number of users entitled for UTP Level 1 data for each. Service Locations with multiple Vendor services at the same street address must be listed individually. Additional locations may be added on a separate sheet(s).

| Name of Vendor/ Data Provider | Service Location/ Address (City, State/ Province, Postal Code, Country) | Vendor Account Number (VAN) | # of Users Receiving UTP data | Data Source: Vendor Controlled Display/ Stand Alone or Internal Display/ Data Feed Access |
|--|---|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4. Svstem Adm | inistration and the MI | SU Report | | |
| format which shows robasis. a. Your firm is requested UTP Level 1 Subscreample Report attactions. | the MISU Program, Subscriberal-time data entitlements for ired to have the ability to progress/Devices (by Vendor) oched: | or each user at each Se nduce a report for each n a Per User basis. Atta | rvice Location Address on a Service Location which sho | a Vendor-by-Vendor ws the number of |
| b. How is the MISU | report generated? Please d | escribe the process. | | |
| | | | | |
| | n Description Signature oresents and warrants that rate. | | ded on this MISU System | Description and all |
| Signature: | | | | |
| Print Name: | | | | |
| Title: | | | | |