

New Funding Portal Organization Super Account Administrator (SAA) & FINRA Entitlement Agreement (FEA)

This form is used for a new Funding Portal requesting access to FINRA Systems and FPRD. Note: A Funding Portal that has already submitted filings through FPRD should NOT use this form to replace the SAA; instead, contact FINRA at 301-590-6500 to request the Update/Replace Funding Portal Organization SAA Form.

Each new organization must designate one (1) SAA. The SAA will be entitled as an administrator to all applications participating in the FINRA Entitlement Program that are available to that organization. The organization is responsible for selecting an SAA and ensuring that all related FINRA Entitlement procedures and policies are followed. The SAA will be able to create and remove account administrators and users for all applications participating in the FINRA Entitlement Program and set access privileges for these individuals. The SAA will need to set his/her own entitlement (i.e., self-entitle) in order to be able to use the systems available to perform their job responsibilities as assigned at the organization. **The SAA will be responsible for entitling other firm users and maintaining and removing access to available FINRA applications and periodically certifying that all users for that organization require access to the systems and that all users adhere to FINRA's security procedures and related terms and conditions. For these reasons, careful consideration should be made when designating an SAA.** The SAA must be formally delegated the authority by the organization submitting this SAA/FEA to perform the SAA responsibilities on its behalf.

**Designate SAA
for New Org**

Complete all sections for designating an SAA. An asterisk (*) indicates a required field.

Section 1 – Organization Information

Section 2 – SAA Designation

Section 3 – Administrative/Accounting Contact

Section 4 – Complete this section and ensure an Authorized Signatory executes the form. See below.

- **Use the Authorized Signatory- Signature Block:** If the signer is the Chief Compliance Officer (CCO), Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Legal Officer (CLO), Chief Operations Officer (COO) or a Director or any other individuals with similar status or functions, **and** the signer and the designated SAA are not the same person.
- **Use the Authorized Signatory-Special Circumstances Signature Block:** If you are authorized to execute this Agreement on behalf of the Organization, but do not meet the Authorized Signatory requirements above, complete the Special Circumstances section. In cases where the SAA and the signatory are the same person, check the boxes in (item a) that apply for the following exception:

The SAA designated in Section 2 of this Agreement can only be the Authorized Signatory of this Agreement, if the SAA is (a) the sole proprietor of Organization or (b) the SAA is the only person listed on the Schedule A of the Organization's Initial SEC Funding Portal Form who is authorized to execute agreements for the Organization.

In all other situations, complete item b of the Special Circumstances section and provide an explanation why an Authorized Signatory is not available to execute this Agreement and item c and provide an explanation of your authority to act on behalf of the Organization.

How To Submit this Form: You may execute this FINRA Entitlement Agreement by completing all required sections and either (a) mailing the manually-signed Agreement to the address below; or (b) attaching a scanned image (such as a .pdf file or fax) of the manually-signed Agreement to an email or other electronic transmission and sending to FINRA; or (c) using an electronic signature (as defined in 15 U.S.C. § 7006), on condition that (i) you must have in place a technical or technological security procedure to attribute the electronic signature to the signatory, and (ii) a textual or graphical statement is included next to the electronic signature identifying the signatory and the date of execution and noting that the signature was generated electronically.

Mailing Address: FINRA Entitlement Group, 9509 Key West Ave, Rockville, Maryland 20850

Fax: 301-216-3721 or Email: entsupport@finra.org

Questions: Contact the FINRA Gateway Call Center at 301-590-6500

New Funding Portal Organization - Super Account Administrator (SAA)

Section 1 – Organization Information

SEC File Number: 007-

Organization Legal Name:*

Address:*

City:*

State:*

Country:*

Zip:*

Phone Number:*

Phone Number 2:

Email:*

Fax Number:

Section 2 – Super Account Administrator (SAA) Designation

First Name:*

Middle:

Last:*

Suffix:

Email:*

Phone Number:*

Fax Number:

Section 3 – Administrative/Accounting Contact

First Name:*

Middle:

Last:*

Suffix:

Contact Title:*

Phone Number:*

Email:*

Fax Number:

Address:*

City:*

State:*

Country:*

Zip:*

Section 4 – Agreement and Signature

FINRA Entitlement Agreement

I, _____ (name), _____ (title) hereby acknowledge and agree that I am an individual legally authorized to act for and on behalf of the organization identified in Section 1 of this Agreement (“Organization”) and that I am authorized to execute this agreement on behalf of that Organization.

I acknowledge and agree that my Organization designated the individual identified in Section 2 to act as a Super Account Administrator (“SAA”) for the purposes of accessing certain systems owned or operated by FINRA. I further acknowledge and agree that the designated SAA, on behalf of the Organization, will ensure only authorized employees of the Organization are granted entitlement to view the data within those systems. In the event the SAA terminates employment or otherwise has its authority rescinded by the Organization, a replacement SAA will be promptly appointed. I further acknowledge and agree that the systems that I or my Organization may access may contain personal and/or confidential information pertaining to my Organization or my Organization’s employees that must be safeguarded from inadvertent loss or theft. I agree that my Organization will take affirmative steps to ensure the security of such information by actively managing entitlements, encrypting electronic copies of such information, locking up or otherwise securing physical copies of such information and generally ensuring compliance with appropriate state or federal laws pertaining to information security.

I acknowledge and agree that my Organization and the designated SAA for my Organization are solely responsible for obtaining, distributing, revoking and monitoring Account Administrator (AA) and User entitlements granted by my Organization. I further acknowledge and agree that my Organization assumes full responsibility for such entitlements and actions.

All applications, materials and services for which entitlements are hereby granted are governed by the FINRA Entitlement Program Terms of Use and can be found at www.finra.org/entitlement/termsfuse. I hereby acknowledge that I have read and agree to bind my Organization and employees to the FINRA Entitlement Program Terms of Use without exception, alteration or addition thereto. FINRA may revise the FINRA Entitlement Program Terms of Use from time to time in its sole discretion. I assume the obligation and responsibility to periodically review the current FINRA Entitlement Program Terms of Use. Use of the systems accessed by the Organization and the Organization’s SAA and AA(s) after modification of the FINRA Entitlement Program Terms of Use constitutes my Organization’s renewed agreement to the FINRA Entitlement Program Terms of Use as modified.

If you are duly authorized by the Organization to execute this Agreement, I certify under penalty of perjury under the laws of the United States of America, 18 U.S.C. § 1746, that the foregoing information provided by me on behalf of the Organization is true and correct to the best of my knowledge, information and belief and that I am legally authorized to make the foregoing certification on behalf of the Organization.

Authorized Signatory

Executed on:* _____, 20____.

Authorized Signatory’s Signature:* _____

Check All Boxes that Apply.*

- | | |
|---|---|
| <input type="checkbox"/> Chief Compliance Officer (CCO) | <input type="checkbox"/> Chief Operations Officer (COO) |
| <input type="checkbox"/> Chief Executive Officer (CEO) | <input type="checkbox"/> Chief Legal Officer (CLO) |
| <input type="checkbox"/> Chief Financial Officer (CFO) | <input type="checkbox"/> Director or Other Individual with Similar Status or Function |

Title:* _____

Print Name:* _____

Email:* _____

Authorized Signatory – Special Circumstances

Sign using this section if you are authorized to execute this Agreement on behalf of the Organization, but do not meet the requirements of the Section 4 instructions. If the SAA designated in Section 2 of this Agreement is the same as the Authorized Signatory (self-signed), check the applicable box(es) in (item a). In all other situations, provide an explanation of why a person described in Section 4 of the instructions is not available to execute this Agreement (item b) and of your authority to act on behalf of the Organization (item c). The form must be signed by the Authorized Signatory and applicable information provided. Failure to complete the required items in this section, as instructed, will result in a deficient form that will not be processed.

a. In cases where the SAA and the Authorized Signatory are the same person (self-signed), check the box(es) that apply: *as applicable

- Sole Proprietor
- Chief Compliance Officer (CCO)
- Chief Executive Officer (CEO)
- Chief Financial Officer (CFO)
- Only Person Authorized to Execute Agreements for the Organization
- Chief Operations Officer (COO)
- Chief Legal Officer (CLO)
- Director or Other Individual with Similar Status or Function

b. Explain why an Authorized Signatory is not available to execute this Agreement: * as applicable

c. Explain your authority to act on behalf of the Organization: * as applicable

Executed on: * _____, 20_____

Authorized Signatory's Signature: * _____

Individual's CRD #: _____

Print Name: * _____

Title: * _____

Email: * _____