FINRA User Account Acknowledgment Form (UAAF)
Member Firm
Web Electronic File Transfer (Web EFT℠)

Instructions: Complete the form for each Primary or Alternate Business and/or Technology Contact Person. This form must be signed by a Designated Firm Signatory. Please ✓ the specific request below and complete the form including signature/date and return as instructed. Any field marked with an asterisk (*) is a required field.

☐ **INITIAL PRIMARY BUSINESS CONTACT**
(Mail w/original signature)

☐ **INITIAL PRIMARY TECH. CONTACT**
(Mail w/original signature)

☐ **ALTERNATE BUSINESS CONTACT**

☐ **ALTERNATE TECH. CONTACT**

☐ **REPLACE PRIMARY BUSINESS CONTACT**
***Current Business Contact's full name**_____

☐ **REPLACE PRIMARY TECH. CONTACT**
***Current Tech. Contact's full name**_____

If you are a new Web EFT Firm, your firm must complete and mail an originally signed Participant Agreement/Terms and Conditions along with this UAAF.

If one of your Business Contacts or Tech Contacts is being replaced, make sure you check the Replacement box and provide the current Contact's full name.

To modify information or delete a contact, use the Web EFT FINRA Entitlement Modification Form available at www.finra.org/WebEFT.

*Member Firm CRD#:_____

* Member Firm Name: _____

Web EFT Primary Business Contact

Note: Full names, including middle names are required for entitlement purposes. If no middle name exists, enter N/A.

Name:_____
(*First, Middle, Last)

* Email Address: _____ * Telephone Number: _____

* Fax Number: _____

Web EFT Alternate Business Contact

Note: Full names, including middle name are required for entitlement purposes. If no middle name exists, enter N/A.

Name:_____
(*First, Middle, Last)

* Email Address:_____ * Telephone Number: _____

* Fax Number: _____

Web EFT Primary Technology Contact

Note: Full names, including middle names are required for entitlement purposes. If no middle name exists, enter N/A.

Name:_____
(*First, Middle, Last)

*Address: _____

_____

Title:_____ *E-mail Address: _____

*Telephone Number:_____ *Fax Number: _____

Web EFT Alternate Technology Contact

Note: Full names, including middle names are required for entitlement purposes. If no middle name exists, enter N/A.

Name:_____
(*First, Middle, Last)

*Address: _____

_____

Title:_____ *E-mail Address: _____

*Telephone Number:_____ *Fax Number: _____

Entitlement Privileges

Instructions: *Please ✓ the EFT Service Option that your Firm requires (Option 1, 2 or 3).*

Web Electronic File Transfer (EFT) Service Options		
Service Option 1 / cost		
☐	**Web EFT Form Filing/Download Service** **$4,800/year**	• Provides the capability to **electronically submit** specified filing types via electronic file transfer mode (batch filing) through the Web EFT System to Web CRD or IARD and • Provides the capability to **download** (retrieve) certain firm data from Web CRD or IARD through the Web EFT System via CRD/IARD data reports.
Service Option 2 / cost		
☐	**Web EFT Form Filing Service** **$3,600/year**	• Provides the capability to **electronically submit** specified filing types via electronic file transfer mode (batch filing) through the Web EFT System to Web CRD or IARD.
Service Option 3 / cost		
☐	**Web EFT Download Service** **$1,800/year**	• Provides the capability to **download** (retrieve) certain firm data from Web CRD or IARD through the Web EFT System via CRD/IARD data reports.
For more information on the EFT Service Options, including specific reports and costs, please see the EFT information located at **www.finra.org/WebEFT**.		

This User Accounts Acknowledgment Form (UAAF) must be executed by the Executive Representative of the member firm or a corporate officer, partner, or other individual with full legal authority to execute this UAAF on behalf of the member firm. The signatory hereby acknowledges that he/she is the Executive Representative of the above member firm or is otherwise authorized to execute this agreement on the member firm's behalf, and that he/she is bound by all applicable FINRA Rules. The signatory further acknowledges and agrees on behalf of the member firm that the Primary Web EFT Firm Contact, or his/her designee and all users designated on this UAAF (or otherwise by the member firm) are entitled to make filings, enter data, and/or initiate transactions on behalf of the member firm, and that the member firm will be responsible for such filings, data entered, and/or transactions initiated, and all fees and registration transactions related thereto.

By executing this UAAF, the signatory acknowledges and agrees on behalf of the member firm that the firm intends to be bound by the FINRA Electronic File Transfer System for Web CRD Filings Terms and Conditions and the terms and conditions found at www.finra.org. The FINRA Electronic File Transfer System for Web CRD Filings Terms and Conditions are attached hereto and may be found at the Web EFT CRD site.

***** Signature:_____ ***** Date:_____

(Must be signed by a Designated Firm Signatory)

* Print Name: _____

(Please print clearly)

Mail Initial UAAF to:
Web EFT Entitlement Request
FINRA Entitlement Group
9509 Key West Avenue
Rockville, Maryland 20850

Please FAX updated UAAFs (all but Initial) to:
FINRA Entitlement Group at 240.386.4669

Questions: Call Gateway Call Center at 301-869-6699
EFT Information
www.finra.org/WebEFT