



### Financial Services Affiliate Waiver Program (FSAWP) Designation Request Form

Pursuant to FINRA Rule 1210.09, eligible individuals who go to work for a financial services industry affiliate (FSA) of a member firm are permitted to return to the securities industry within a single, fixed seven-year waiver period without having to requalify by exam. To request FSAWP designation for an individual, the member firm must submit a Form U5 via CRD® to terminate the FINRA registration(s) **prior** to submitting this FSAWP Designation Request Form. This FSAWP Designation Request Form must be completed in its entirety as FINRA will not process an incomplete form.

#### **INDIVIDUAL'S INFORMATION**

Name: \_\_\_\_\_ CRD #: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Form U5 Termination Date: \_\_\_\_\_

#### **FSA INFORMATION**

FSA that the Individual is Joining: \_\_\_\_\_

Start Date of Employment at the FSA: \_\_\_\_\_

#### **FINRA MEMBER FIRM INFORMATION AND CERTIFICATION**

Firm Name: \_\_\_\_\_ Firm CRD #: \_\_\_\_\_

\*Name/Title of Authorized Representative:

\_\_\_\_\_ CRD #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

I represent and certify that, to the best of my knowledge, the individual referenced above meets the eligibility requirements set forth in FINRA Rule 1210.09 and will be moving to an FSA of our firm.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Note: A registered principal or officer of the firm must submit this form. A typed signature is sufficient for electronic submission.

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Email this signed FSAWP Designation Form to FINRA at [fsawp@finra.org](mailto:fsawp@finra.org).