

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

This form is used 1) for a new organization requesting access to FINRA systems, IARD and/or PFRD, or 2) for an IA firm that has not yet filed its initial ADV and needs to replace the SAA (complete Sections 1 & 4). Note: IA firms that have already submitted filings through IARD or PFRD should NOT use this form to replace the SAA; instead, contact FINRA at 240-386-4848 to request the Update/Replace 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. An asterisk (*) indicates a required field in those sections that apply to your organization.

Section 1

Section 1 is required. If your organization is a FINRA-registered Firm or NASDAQ Member, complete the question related to OATS data transmission.

Section 2

Complete if you are a **new** organization that intends to be a joint Broker Dealer and Investment Adviser; or an existing Broker Dealer that also intends to be a new Investment Adviser; or an existing Investment Adviser that also intends to register as a new Broker Dealer; or, an existing organization that needs to be re-entitled to IARD.

Section 3

*Complete if you are a **new** Investment Adviser Firm or are an existing Broker Dealer that intends to also register as a **new** Investment Adviser, or begin to file reports as an exempt reporting adviser, or to file on PFRD. Only complete this section if your organization has never before requested IARD or PFRD access.*

Section 4

Section 4 is required. An Authorized Signatory must execute the form.

- **Use the Authorized Signatory-BD Firms Signature Block:** If the signer is the Chief Compliance Officer (CCO) or authorized officer (or other authorized person) listed on Schedule A of the Organization's Initial Form BD **and** the signer and the designated SAA are not the same person.
- **Use the Authorized Signatory-IA Firms Signature Block:** If the signer is the Chief Compliance Officer (CCO) or Additional Regulatory Contact (ARC) who will be listed on the Organization's Initial Form ADV **and** the signer and the designated SAA are not the same person.
- **Use the Authorized Signatory-Regulators Signature Block:** If the signer is the Securities Commissioner, CEO, CIO or other Authorized Signatory **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 exceptions:

BD Firms: The SAA designated in Section 1 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 Schedule A of the Organization's Initial Form BD who is authorized to execute agreements for the Organization.

IA Firms: The SAA designated in Section 1 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 (i) the only person who will be listed as a CCO or ARC on the Organization's Initial Form ADV; and (ii) the only person who will be listed on Schedule A of the Organization's Initial Form ADV 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.

Note: The email address provided by a firm's Authorized Signatory must match the email address that will be filed in IARD or on the FINRA Contact System.

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; (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 it 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

301-869-6699 (Broker-Dealers) or 240-386-4848 (Investment Advisers)

New Organization - Super Account Administrator (SAA)

Section 1 – Organization Information

Organization ID #: (if available) _____

Organization Name:* _____

Will a Service Provider be transmitting OATS data on your firm's behalf? Yes No

Super Account Administrator (SAA) Designation

First Name:*	Middle:	Last:*	Suffix:
Email:*			
Phone Number:*		Fax Number:	

Section 2 – Joint Broker Dealer and Investment Adviser Firm

Your Broker Dealer Information	Your Investment Adviser Information
BD#: _____	IARD#: _____
Organization Type: _____ (e.g., Corp., Partnership, LLC, LLP, Sole Prop, etc.)	Organization Type: _____ (e.g., Corp., Partnership, LLC, LLP, Sole Prop, etc.)
Date of Organization Formation: _____ (Date officially registered as Corp, Partnership, LLC, LLP, Sole Prop, etc.)	Date of Organization Formation: _____ (Date officially registered as Corp, Partnership, LLC, LLP, Sole Prop, etc.)
Place of Formation/Filing: _____ (State or Country)	Place of Formation: _____ (State or Country)

Section 3 – New Investment Adviser Firm

*Complete if you are a **new** Investment Adviser Firm or are an existing Broker Dealer that intends to also register as a **new** Investment Adviser, or begin to file reports as an exempt reporting adviser, or to file PFRD. Only complete this section if your organization has never before requested IARD or PFRD access. For Full Legal Name: If sole prop (last, first & middle name).*

Full Legal Name:* _____

Primary Business Name:* _____

SEC IA Firm State IA Firm

Principal Office and Place of Business

Address:* _____

City:*	State:*
Country:*	Zip:*
Phone Number:*	Fax Number:

Administrative/Accounting Contact

First Name:*

Middle:

Last:*

Suffix:

Contact Title:*

Email:*

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 1 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/termsofuse. 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 – BD Firms
(Including firms that are BD and IA)

Executed on:* _____, 20_____.

Authorized Signatory's Signature:* _____

Authorized Signatory CRD #: _____

Check All Boxes that Apply:*

Chief Compliance Officer (CCO) Authorized Officer (or Other Authorized Person) Listed on Schedule A

Title:* _____

Print Name:* _____

Email:* _____
(Must match the email address that is filed in the FINRA Contact System)

Authorized Signatory – IA Firms

Executed on:* _____, 20_____

Authorized Signatory's Signature:* _____

Authorized Signatory CRD #: _____

Check All Boxes that Apply:*

Chief Compliance Officer (CCO) Additional Regulatory Contact

Title:* _____

Print Name:* _____

Email:* _____
(Must match the email address that will be filed on Form ADV)

Authorized Signatory – Regulators

Executed on:* _____, 20_____

Authorized Signatory's Signature:* _____

Check All Boxes that Apply:*

Securities Commissioner CEO, CIO, CLO or other Authorized Signatory

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 1 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
- Only Person Authorized to Execute Agreements for the Organization
- CCO/ARC

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 CRD #: _____

Print Name:* _____

Title:* _____

Email:* _____