



Financial Industry Regulatory Authority

Designating/Updating a Super Account Administrator (SAA) & FINRA Entitlement Agreement (FEA)

Each organization/agency must designate one (1) Super Account Administrator (SAA). The SAA will be entitled as an administrator to all applications participating in the FINRA Entitlement Program that are available to that organization/agency. 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 be able to access and use all systems that participate in the FINRA Entitlement Program that are available to that organization/agency. The SAA will be responsible for establishing and maintaining the organization's entitlement to available FINRA applications and periodically certifying that all users for that organization/agency 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 employed and/or registered with the organization/agency; or in the case of affiliates, be formally delegated the authority to act on behalf of the organization. Service providers cannot be designated as an SAA. The organization/agency is responsible for selecting an SAA and ensuring that all related FINRA Entitlement procedures and policies are followed.

Use this form to designate (or replace) the SAA for your organization/agency, or to update your current SAA's name and/or email account information. Please note that when creating a replacement SAA, the FINRA Entitlement Group will delete the current SAA's account. An asterisk (*) denotes a required field.

Designate/Replace SAA for Existing Organization:

- Complete the following sections for identifying or replacing an SAA:
- Section 1
 - Section 4
 - Mail to: FINRA Entitlement Group, 9509 Key West Ave, Rockville, Maryland 20850

Designate/Replace SAA for New Organization:

- Complete the following sections for identifying or replacing an SAA:
- Section 1
 - Section 2 (if applicable)
 - Section 3 (if applicable)
 - Section 4
 - Mail to: FINRA Entitlement Group, 9509 Key West Ave, Rockville, Maryland 20850

Update Information on Current SAA:

- Complete the following section to update SAA information such as a name or email address change:
- Section 1
 - No signature is required.
 - Fax to: FINRA Entitlement Group at 301-216-3721

Section 1

Complete all required fields. 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; 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 **brand new** Investment Adviser Firm or are an existing Broker Dealer that intends to also register as a **brand new** Investment Adviser or begin to file 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

- Complete this section if you are designating or replacing your SAA. Please note the following signature requirements.
- **FINRA-registered Firms:** Executive Representative, Direct Owner, Indirect Owner or Executive Officer
 - **Non Members and IA Firms:** Executive Officer
 - **SEC and SROs:** Head of Legal Dept. / Authorizing Signatory
 - **States:** Securities Commissioner / Authorizing Signatory



Financial Industry Regulatory Authority

Super Account Administrator (SAA)

An asterisk (*) denotes a required field.

Section 1 – Organization/Agency Information	Update Only []
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This section is required and must be completed by all organizations (One SAA for each Org/CRD#).

Organization ID/CRD#: (if available)

Organization/Agency Name:*

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

Super Account Administrator (SAA) Information

First Name:*	Middle:	Last:*	Suffix:
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Email:*

Fax Number:*	Phone Number:*
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Section 2 – Joint Broker Dealer and Investment Adviser Firm

*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; 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.*

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 **brand new** Investment Adviser Firm or are an existing Broker Dealer that intends to also register as a **brand 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.*

Full Legal Name:*

Primary Business Name:*

<input type="checkbox"/> SEC IA Firm	<input type="checkbox"/> State IA Firm
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Principal Office and Place of Business

Address:*

City:*

State:*

Country:*

Zip:*

Phone Number:*

Fax Number:*

Contact Employee

First Name:*

Middle:

Last:*

Suffix:

Contact Title:*

Address:*

City:*

State:*

Country:*

Zip:*

Section 4 – Agreement and Signature

Complete this section, including signature, when designating or replacing your SAA. See signature requirements in the instructions.

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 regulatory filing 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. I further acknowledge and agree that the regulatory filing 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 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 applications 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.

Designated Signatory

I hereby 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.

Executed on:* _____, 20_____.

Executive Officer Signature:* _____

Print Name:* _____

Executive Officer Email:* _____

**For questions about the FINRA Entitlement Program or participating applications,
call the FINRA Gateway Call Center at:**

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