

## New Organization Super Account Administrator (SAA) Agreement

Use this agreement when your Organization is:

- 1) New and requires access to systems owned or maintained by FINRA
- 2) An existing Investment Adviser (IA) firm applying to be a broker-dealer firm
- 3) An existing BD/CAB firm applying to be a joint BD/IA or CAB/IA firm
- 4) An existing Relying Adviser firm applying to be an IA firm - Note: Use your Relying Adviser Organization ID#

Note: To modify contact information on your Organization's SAA, or to replace your SAA, use the Account Management System's Online Replace/Update SAA workflow or contact FINRA to request an Update/Replace SAA Agreement.

This agreement has two versions -- Section A and Section B. Complete only one section.

**Section A** - Use this section when the person signing this agreement meets the Authorized Signatory Requirements below **and** the SAA who is being designated by your Organization is a person different from the person who signs this agreement.

**Section B** - Use this section when the person signing this agreement is designating himself/herself as the SAA for your Organization. This section typically is used when: 1) the Organization is a sole proprietorship; 2) due to unusual circumstances such as illness or travel, at the time the agreement is completed, the Organization has no other person authorized to sign the agreement other than the person being designated as the SAA (FINRA will verify); or, 3) the Authorized Signatory is someone who is authorized to execute this agreement on behalf of the Organization but does not meet the Authorized Signatory Requirements below.

### **Authorized Signatory Requirements:**

- **Broker-Dealer (BD) and CAB Firms:** An Authorized Signatory is the Chief Compliance Officer (CCO) or authorized officer (or other authorized person) who is currently listed on Schedule A of the Organization's Form BD.
- **Investment Adviser Firms:** An Authorized Signatory is the Chief Compliance Officer (CCO), Additional Regulatory Contact (ARC) or authorized officer (or other authorized person) who is currently listed on Schedule A of the Organization's Form ADV.
- **Regulators:** An Authorized Signatory is the Securities Commissioner, Chief Regulatory Officer or other Authorized Signatory.

Note that an SAA is formally delegated the authority by the organization submitting this agreement to perform the SAA responsibilities on the organization's behalf. Refer to the FINRA Entitlement Reference Guide available at <https://www.finra.org/filing-reporting/entitlement/reference-guide> for more information on the responsibilities of the SAA. Following the review and acceptance by FINRA of this agreement, a confirmation email is sent to the person who signed the agreement and the SAA.

An asterisk (\*) indicates a required field. Complete all required fields and follow Authorized Signatory requirements or the agreement will not be processed.

**How To Submit this Agreement:** You may execute this FINRA Entitlement Agreement by completing all required sections and either:

a) submit via DocuSign, or use another 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; or, b) mail the manually-signed Agreement to the address below; or, c) attach a scanned image (such as a .pdf file or fax) of the manually-signed Agreement to an email or other electronic transmission and send to FINRA.

**Mailing Address:** FINRA Entitlement Group, 9509 Key West Ave, Rockville, MD 20850 Fax: 301-216-3721 or Email: [entsupport@finra.org](mailto:entsupport@finra.org)

**Questions:** Contact the FINRA Support Center at 301-869-6699 (Broker-Dealers/CAB Firms) or 240-386-4848 (Investment Advisers)

## New Organization Super Account Administrator (SAA) Agreement (continued)

This agreement has two versions, Section A and Section B. To determine which section you need to complete for obtaining access to FINRA Systems, please answer the two questions below:

**Question 1: Are you authorized to sign this agreement on behalf of your firm as defined by the Authorized Signatory Requirements on page 1 of this agreement?**

- Yes       No

**Question 2: Are you to be the designated Super Account Administrator (SAA) identified on this agreement?**

- Yes       No

Complete **Section A** if you answered:

- **Yes** to Question 1 and **No** to Question 2.

Complete **Section B** if you answered:

- **No** to Question 1, OR
- **Yes** to Question 1 and **Yes** to Question 2.

**Complete only one section.**

Based on the two questions above, I will be completing:

- Section A       Section B

**Section A  
New Organization Super Account Administrator (SAA)  
Agreement**

**Item 1 – Organization Information**

Organization ID # (if available):

Organization Legal Name:\*

Primary Business Name:\*

Organization Type\*:

- |   |  |
|---|--|
| <input type="checkbox"/> Broker-Dealer (BD) – Registration with FINRA                                     | <input type="checkbox"/> Broker-Dealer (BD) – Registration with SRO (other than FINRA) |
| <input type="checkbox"/> Broker Dealer (BD) – Registration with FINRA as Capital Acquisition Broker (CAB) | <input type="checkbox"/> Investment Adviser (IA)                                       |
| <input type="checkbox"/> Joint Broker-Dealer/Investment Adviser (BD/IA)                                   | <input type="checkbox"/> Regulator   |

By selecting Joint BD/IA, you affirm that both firms are truly one legal entity, sharing the same ownership and control.

**Principal Office and Place of Business**

Address:\*

City:*	State/Province:*
--------	------------------

Country:*	Zip/Postal Code:*
-----------	-------------------

Phone Number:\*

**Item 2 – SAA Designation**

First Name:*	MI:	Last Name:*	Suffix:
--------------	-----	-------------	---------

Email:\*

Phone Number:\*

**Item 3 – 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 Item 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 Item 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](http://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’s Signature:* _____
Title:* _____
Print Name:* _____
Email:* _____
Executed on:* _____.
<b>Note:</b> The email address provided by an Organization’s Authorized Signatory must match the email address that will be filed in CRD, IARD or on the FINRA Contact System.

**Section B**

**New Organization Super Account Administrator (SAA) Agreement**

**Item 1 – Organization Information**

Organization ID # (if available):

Organization Legal Name:\*

Primary Business Name:\*

Organization Type\*:

- |   |  |
|---|--|
| <input type="checkbox"/> Broker-Dealer (BD) – Registration with FINRA                                     | <input type="checkbox"/> Broker-Dealer (BD) – Registration with SRO (other than FINRA) |
| <input type="checkbox"/> Broker Dealer (BD) – Registration with FINRA as Capital Acquisition Broker (CAB) | <input type="checkbox"/> Investment Adviser (IA)                                       |
| <input type="checkbox"/> Joint Broker-Dealer/Investment Adviser (BD/IA)                                   | <input type="checkbox"/> Regulator   |

By selecting Joint BD/IA, you affirm that both firms are truly one legal entity, sharing the same ownership and control.

**Principal Office and Place of Business**

Address:\*

City:*	State/Province:*
--------	------------------

Country:*	Zip/Postal Code:*
-----------	-------------------

Phone Number:\*

**Item 2 – SAA Designation**

First Name:*	MI:	Last Name:*	Suffix:
--------------	-----	-------------	---------

Email:\*

Phone Number:\*

**Item 3 – 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 Item 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 Item 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/termsofuse](http://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.

**Please answer the two questions below:\***

- a. Explain why another Authorized Signatory is not available to execute this Agreement:
  
- b. Explain your authority to act on behalf of the Organization:

Authorized Signatory’s Signature:\* \_\_\_\_\_

Title:\* \_\_\_\_\_

Print Name:\* \_\_\_\_\_

Email:\* \_\_\_\_\_

Executed on:\* \_\_\_\_\_.

**Note:** The email address provided by an Organization’s Authorized Signatory must match the email address that will be filed in CRD, IARD or on the FINRA Contact System.