**NMLS**

**Add / Delete Institution Account Administrator**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If you are adding an Account Administrator, complete the Add Account Administrator section.
* If you are deleting an Account Administrator, complete the Delete Account Administrator section.
* If you are replacing an Account Administrator, complete both the Add Account Administrator section and the

Delete Account Administrator section.

All federal institution users are required to use two factor authentication to access their account. Each user will be prompted to pay a $55 subscription fee upon logging in to NMLS for the first time. This subscription fee is assessed per user account and not per person. If a user is changing from an organizational user to an account administrator or vice versa, they will have to pay a separate subscription fee for each account. Please consider this before sending in your request form. For additional information, visit the [Two-Factor Authentication](https://fedregistry.nationwidelicensingsystem.org/Institutions/Pages/TwoFactor.aspx) page of the NMLS Federal Registry Resource Center.

|  |  |
| --- | --- |
| \***Indicates Mandatory Information** |  |
|  |  |
| **Institution Information** |  |
|  |  |
| \*NMLS Institution ID:  |       |
|  |  |
| \*Institution Full Legal Name: |       |
|  |  |
| \*IRS Employer Identification Number: |       |
|  |  |
| \*RSSD ID:  |       |
|  |  |
| \*Subsidiary (Yes or No):(Only select yes if the parent institution is also registered in NMLS.) |  |  |
|  |  |
| If Yes, Parent RSSD#: |       |
| \*\*Reason/Explanation for addition/deletion: |  |
|  |
| **Add Account Administrator** |  |
|  |  |
| \*First Name: |       |
|  |  |
| Middle Name: |       |
|  |  |
| \*Last Name: |       |
|  |  |
| Suffix: |       |
|  |  |
| \*Title: |       |
|  |  |
| \*Phone: |       |
|  |  |
| \*Email: |       |
|   |
| **Delete Account Administrator** |  |
|  |  |
| \*First Name: |       |
|  |  |
| Middle Name: |       |
|  |  |
| \*Last Name: |       |
|  |  |
| Suffix: |       |
|  |  |
| \*Phone: |       |
|  |  |
| \*Email: |       |

The authorizing signature must be either the Contact Person for the Institution or a current Account

Administrator.

Note: To help ensure prompt processing, please make sure that the signatures are clearly legible.

The information above is true and accurate to the best of my knowledge. Furthermore, I understand that at least two of the Account Administrators on the parent NMLS account must match its subsidiaries exactly. Should these two administrators be modified, the same changes will automatically be applied to all subsidiaries associated with this Parent RSSD ID.

|  |  |
| --- | --- |
| \*Signature (sign or type name): |       |
| \*Print Name |       |
|  |  |
| \*Title: |       |
|  |  |
| \*Date: |       |

**Please list the Institution Contact Person should NMLS have any questions regarding the completion of this form.**

|  |  |
| --- | --- |
| **Institution Contact Person** |  |
|  |  |
| \*First Name: |       |
|  |  |
| \*Last Name: |       |
|  |  |
| Suffix: |       |
|  |  |
| Title: |       |
|  |  |
| \*Phone: |       |
|  |  |
| \*Email: |       |

***\*****Required Field*

**Upon completion, please return by either fax or email using the instructions provided in the requesting email.**