**SES Add/Delete Company Account Administrator**

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

In SES, Account Administrators have the ability to manage contacts for their company. Once the new AA is

created, they will have the ability to reassign contacts and manage contacts.

Account Administrators cannot have a shared/group email.

|  |  |
| --- | --- |
| \***Indicates Mandatory Information** |  |
|  |  |
| **Company Information** |  |
|  |  |
| \*NMLS Company ID:  |       |
|  |  |
| \*Company Full Legal Name: |       |
|  |  |
| \*IRS Employer Identification Number: |       |
|  |  |
| \*\*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 has to be either the Primary Company Contact Person or an

Executive Officer/Direct Owner listed on the MU1 form. The Primary Company Contact Person is the

individual authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the applicant’s organization. An Executive Officer/Direct Owner includes, but is not limited to, Executive Officers with the power, directly or indirectly, to direct the management or policies of a company, including President, Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director and individuals Occupying similar Positions or performing similar functions.

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.

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

**Please list the Primary Company Contact Person should SES have any questions regarding the completion of this form.**

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