

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

**Section 1 – Organization Information**

Organization ID # (if available):

Organization Legal Name\*: Maven Capital, LLC

Primary Business Name\*: Maven Capital LLC

Organization Type\*:

- ☐ Broker-Dealer (BD) – Registration with FINRA    ☐ Broker-Dealer (BD) – Registration with SRO (other than FINRA)
- ☐ Broker Dealer (BD) – Registration with FINRA as Capital Acquisition Broker (CAB)    ☒ Investment Adviser (IA)
- ☐ Joint Broker-Dealer/Investment Adviser (BD/IA)    ☐ Regulator

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

Broker-Dealers:

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

**Principal Office and Place of Business**

Address\*: 8814 Fargo Road, Suite 100

City\*: Richmond    State/Province\*: Virginia

Country\*: U.S.A    Zip/Postal Code\*: 23229

Phone Number\*: 804.888.7770

**Section 2 – SAA Designation**

First Name\*: Louis    MI:    Last Name\*: Dvorsky    Suffix:

Email\*: LDD12486@gmail.com

Phone Number\*: 804.888.7770

**Section 3 – Agreement and Signature**

**FINRA Entitlement Agreement**

I, Matthew Swendiman (name), CCO (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 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 In the event the SAA terminates employment or otherwise has its authority rescinded by the Organization, a replacement SAA will be promptly appointed.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.

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.