



National Settlement Service (NSS) Participant/Settler Update Form

***Required Fields**

Section 1: Service Description and Form Instructions

The Participant/Settler Update Form is used by a Settlement Agent to request additions, updates, or deletions of Participant/Settler relationships in the Settlement Arrangement profile.

Please use section 3 to list requested additions, updates, or deletions of Participant/Settler relationships in the Settlement Arrangement profile. The update option allows the Settlement Agent to request the replacement of the existing Settler for a given Participant with a new Settler by providing the name and routing transit number for the new Settler. Each addition and update of a Participant/Settler relationship must be accompanied by a new Settler Agreement (Appendix A to the Federal Reserve Banks' Operating Circular 12) signed by an authorized individual on the relevant Settler's Official Authorization List (OAL) currently on file with the Federal Reserve Banks.

If all requested additions, updates, and deletions do not fit on this form, please submit as many additional completed and signed copies of this form as needed. Any form that is incomplete will be returned to the sender. Each term used, but not defined, in this form has the meaning given to such term in the Federal Reserve Banks' Operating Circular 12.

For assistance completing this form, please contact NSS Central Services Support Staff (CSSS) at 1-800-758-9403 or CSSS.STAFF@ny.frb.org.

Send completed forms to CSSS:

Email: CSSS.STAFF@ny.frb.org or Fax: 201-531-3590

Section 2: Settlement Agent and Settlement Arrangement Information

Settlement Arrangement Name*	
Customer Identification Number (CIN)* <i>(Note: Settlement Arrangement CINs are typically provided by CSSS)</i>	
Settlement Agent Name*	
To identify the Settlement Agent, please select and provide one of the following*	<input type="checkbox"/> CIN: _____ <i>(Note: Settlement Agent CINs are typically provided by CSSS)</i> <input type="checkbox"/> Routing Transit Number (RTN): _____ <input type="checkbox"/> Electronic Transaction Identifier (ETI): _____

Section 4: Authorization

The authorized individual listed below is submitting this form on behalf of the Settlement Agent identified in section 2.

Submitted By* <i>(The submitter must appear as an authorized contact on NSS 04: Agent Contact Information Form)</i>	
Phone*	
Date*	

NSS Staff Use Only

Updated By: _____ Verified By: _____ Date: _____

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