Form U5
Uniform Termination Notice for Securities Industry Registration

GENERAL INSTRUCTIONS

The Form U5 is the Uniform Termination Notice for Securities Industry Registration. Broker-dealers, investment advisers, or issuers of securities must use this form to terminate the registration of an individual in the appropriate jurisdictions and/or self-regulatory organizations ("SROs"). These instructions apply to the filing of Form U5 electronically with the Central Registration Depository ("CRD®") or the Investment Adviser Registration Depository ("IARDSM"). Filers submitting paper filings should read the Special Instructions for Paper Filers in conjunction with the other instructions to the form. In addition, paper filers should contact the appropriate jurisdiction and/or SRO for specific filing instructions or requirements.

Filers must answer all questions and submit all requested information, unless otherwise directed in the Specific Instructions. Only Section 2 (CURRENT RESIDENTIAL ADDRESS), the Reason for Termination and/or Termination Explanation in Section 3 (FULL TERMINATION), Section 4 (DATE OF TERMINATION), Section 7 (DISCLOSURE QUESTIONS) and Disclosure Reporting Page(s) (DRPs U5) may be amended on this Form U5. If the Form U5 has been completed for a full termination, a copy of this form and any subsequent amendments thereto, must be provided to the terminated individual.

For full termination filings, complete Section 7 (DISCLOSURE QUESTIONS) and use the Disclosure Reporting Page(s) (DRPs U5) to provide details to the "Yes" answers. Firms may select the optional Disclosure Certification Checkbox if there is no new information to report in Section 7. (See Specific Instructions and the Form for further details). For partial terminations, disclosures should be made through the Form U4. Upon request, additional documents may be required to clarify or support responses to the form.

Firms are under a continuing obligation to amend and update Section 7 (DISCLOSURE QUESTIONS) until final disposition, including reportable matters that occur and become known after initial submission of this form. Amendments must be filed electronically (unless the filer is an approved paper filer) by updating the appropriate section of Form U5.

The Sections of the Form U5 are as follows:

1. GENERAL INFORMATION
2. CURRENT RESIDENTIAL ADDRESS
3. FULL TERMINATION
4. DATE TERMINATED
5. PARTIAL TERMINATION
5A. SRO PARTIAL TERMINATION
5B. JURISDICTION PARTIAL TERMINATION
6. AFFILIATED FIRM TERMINATION
7. DISCLOSURE QUESTIONS (Full Terminations and Amendments Only)
   INVESTIGATION DISCLOSURE (Question 7A)
   INTERNAL REVIEW DISCLOSURE (Question 7B)
   CRIMINAL DISCLOSURE (Question 7C)
   REGULATORY ACTION DISCLOSURE (Question 7D)
   CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DISCLOSURE
   (Question 7E)
   TERMINATION DISCLOSURE (Question 7F)
8. SIGNATURE
8A. FIRM ACKNOWLEDGMENT
8B. INDIVIDUAL ACKNOWLEDGMENT AND CONSENT
   DISCLOSURE REPORTING PAGES (DRPs U5) (Full Terminations and
   Amendments Only)
   CRIMINAL DRP
   CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DRP
   INTERNAL REVIEW DRP
   INVESTIGATION DRP
   REGULATORY ACTION DRP
   TERMINATION DRP
SPECIFIC INSTRUCTIONS
for completing the Form U5

NOTICE TO THE INDIVIDUAL WHO IS THE SUBJECT OF THIS FILING

Note: Even if you are no longer registered, you continue to be subject to the jurisdiction of regulators for at least two years after your registration is terminated and may have to provide information about your activities while associated with this firm. Therefore, you must forward any residential address changes for two years following your termination date or last Form U5 amendment to: CRD Address Changes, CRD P.O. Box 9495, Gaithersburg, MD 20898-9495.

1. GENERAL INFORMATION SECTION

First Name
Enter the individual's first name. Do not use nicknames or abbreviations or make modifications to the individual's first name.

Middle Name
If the individual has a middle name, specify the full middle name. Do not use nicknames or abbreviations or make modifications to the individual's middle name. If the individual does not have a middle name, leave this field blank.

Last Name
Enter the individual's last name. Do not use nicknames or abbreviations or make modifications to the individual’s last name. Include punctuation when and where appropriate.

Suffix
Enter any suffix that follows the individual's last name, such as Jr., Sr., etc. Include punctuation when and where appropriate.

Firm CRD Number
Enter the Firm CRD Number.

Firm Name
Enter the firm's complete name as listed on the Form BD or the Form ADV. Do not abbreviate, shorten, or modify the firm name in any way.

Firm NFA Number
If this form will be filed with the National Futures Association (NFA), enter the firm's assigned, unique NFA registration number in this field.

Firm Billing Code
The firm billing code will prepopulate based on the information provided on the Form U4. If the information is incorrect, file a Form U4 amendment prior to submitting the Form U5.

Individual CRD Number
Enter the assigned Individual CRD number.

Individual SSN
Enter the individual’s Social Security Number in this field. If the individual does not possess a CRD number or a Social Security number, please contact FINRA's Gateway Call Center.

Individual NFA Number
If this form will be filed with the National Futures Association (NFA), enter the individual's assigned, unique NFA registration number in this field.

Office of Employment Address Street 1/Street 2.
The office of employment address will prepopulate based on the information provided on the Form U4. If the information is incorrect, file a Form U4 amendment prior to submitting the Form U5.

**Private Residence Check Box**
Check this box if the Office of Employment address is a private residence.

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**NOTICE TO THE FIRM**
This is the last reported residential address. If this is not current, please enter the current residential address.

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**2. CURRENT RESIDENTIAL ADDRESS**
Complete this section for both full termination and partial termination requests. Provide the individual's current residential address. Report changes as they occur.

**From (MM/YYYY)**
Enter the month and year the individual began residing at this address.

**Street Address 1/Address 2**
Enter the individual's street address here. Post office boxes are not acceptable. Include the street name; building name or number; and unit, suite, apartment or condominium number, as applicable; as well as other identifying information.

**City**
Enter the city of residence relating to this address.

**State**
Enter the state of residence relating to this address.

**Country**
Enter the name of the country of residence for this address.

**Postal Code**
Enter the postal code for this address.

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**3. FULL TERMINATION**
A "yes" response will terminate ALL registrations with all SROs and all jurisdictions. For a full termination, complete the Reason for Termination and Termination Explanation (if the reason for termination is Permitted to Resign, Discharged or Other) and Section 4 (DATE OF TERMINATION). Do not complete Section 5 (PARTIAL TERMINATION). For a partial termination, check "no" and complete Section 5 (PARTIAL TERMINATION).

*Firms* should file amendments to the Reason for Termination and/or Termination Explanation promptly. When filing an amendment to the Reason for Termination and/or Termination Explanation, *firms* must explain the basis for the amendment.

**Reason for Termination (Full Terminations Only)**
For a full termination, provide the reason for termination from the following selections: "Voluntary," "Deceased," "Permitted to Resign," "Discharged," or "Other." If "Permitted to Resign," "Discharged," or "Other," is checked, provide an explanation in the space provided.

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**4. DATE OF TERMINATION (Full and Partial Terminations)**
For full termination, enter the date the *firm* terminated the individual's association with the *firm* in a capacity for which registration is required.
For **partial termination**, enter the date of termination only for post-dated termination requests during the renewal period. Provide the month, day, and year (MM/DD/YYYY). A complete entry must be made in this section.

For **full termination**, this date is used by SROs/jurisdictions to determine whether an individual is required to requalify by examination or obtain an appropriate waiver upon reassociating with another firm.

The SRO/jurisdiction determines the effective date of termination of registration.

**Firms** should file amendments to the date of termination promptly. When filing an amendment to the Date of Termination, firms must explain the basis for the amendment.

### 5. PARTIAL TERMINATION

For a **partial termination**, do not complete the Reason for Termination in Section 3 (FULL TERMINATION) or Section 7 (DISCLOSURE QUESTIONS). The Reason for Termination and Section 7 (DISCLOSURE QUESTIONS) should only be completed on Form U5 for **full termination** requests.

#### 5A. SRO PARTIAL TERMINATION

Investment adviser representative (RA) only applicants may skip this section. Check the appropriate boxes to indicate the SROs and registration categories the individual seeks to terminate. Refer to the individual's current CRD record for categories that may be terminated. The individual must retain registration with at least one SRO unless the firm is an intra-state broker-dealer.

"Other" Box

See Special Instructions for Paper Filers.

#### 5B. JURISDICTION PARTIAL TERMINATION

Select the type of registration: broker-dealer agent (AG) and/or an investment adviser representative (RA).

To terminate registration as an AG or an RA, select the appropriate jurisdiction(s).

**Agent of an Issuer**

To terminate an Agent of the Issuer (AI) registration with one or more jurisdictions, contact the appropriate jurisdiction(s) for instructions. For purposes of a paper filing, select the box marked AI. To terminate the registration(s), enter the jurisdiction identification for the relevant jurisdiction(s). Print out additional copies of blank form pages as necessary; complete and attach to the filing. (Note: This applies to paper filers only. For electronic filers, this field will be inactive.)

### 6. AFFILIATED FIRM TERMINATION

Indicate by answering "yes" or "no" whether the individual's registration will be terminated with one or more firms affiliated with the filing firm. For **partial terminations**, select the affiliated firm(s) from which the individual seeks to terminate registrations and indicate the registrations the individual seeks to terminate. For **full terminations**, select the affiliated firm(s) from which the individual seeks to terminate.

- File separate Sections 5A and 5B for each affiliated firm if the SRO and/or jurisdiction terminations requested with the firms named in this section differ from the terminations requested with the filing firm.
**Affiliated Firm CRD Number**
Enter the affiliated firm's CRD Number here.

**Affiliated Firm Name**
Enter the affiliated firm's name here. This should be the name of the affiliated firm as listed on the Form BD or Form ADV. Do not abbreviate, shorten or otherwise modify the firm name in any way.

**Affiliated Firm Designation - Broker-Dealer or Investment Adviser (BD/IA)**
Select the appropriate radio button (paper filers check the appropriate box) marked as "BD" or "IA" to indicate whether the affiliated firm is a broker-dealer or an investment adviser.

**Affiliated Firm Billing Code**
The affiliated firm billing code will prepopulate based on the information provided on the Form U4. If the information is incorrect, file a Form U4 amendment prior to submitting the Form U5.

**Office of Employment Address Street 1/Street 2.** The office of employment address will prepopulate based on the information provided on the Form U4. If the information is incorrect, file a Form U4 amendment prior to submitting the Form U5.

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**7. DISCLOSURE QUESTIONS**

Disclosures
This section applies to full terminations only. To complete this section, check "yes" or "no" for each question. Refer to the Explanation of Terms if necessary. For any "yes" answer, provide a detailed explanation on the appropriate Disclosure Reporting Page (DRP U5). The Disclosure Questions are as follows:

- 7A Investigation Disclosure
- 7B Internal Review Disclosure
- 7C Criminal Disclosure
- 7D Regulatory Action Disclosure
- 7E Customer Complaint/Arbitration/Civil Litigation Disclosure
- 7F Termination Disclosure

If the individual identified in Section 1 (GENERAL INFORMATION) has no new or updated disclosure information or events to be reported in response to Questions 7A, 7C, 7D or 7E, you may utilize the Disclosure Certification Checkbox option in lieu of completing Section 7 (DISCLOSURE QUESTIONS). Note: The Disclosure Certification Checkbox may not be used if answering "yes" to Questions 7B or 7F.

Questions 7E(4) or 7E(5) should be answered "yes" if the individual was not named as a respondent/defendant but (1) the Statement of Claim or Complaint specifically mentions the individual by name and alleges the individual was involved in one or more sales practice violations or (2) the Statement of Claim or Complaint does not mention the individual by name, but the firm has made a good faith determination that the sales practice violation(s) alleged involves one or more particular individuals.

**About Internal Review**
Generally, the Internal Review Disclosure question in Question 7B and the Internal Review Reporting Page (DRP U5) are used to report matters relating to compliance, not matters of a competitive nature. Responses should not include situations involving employment related disputes between the firm and the individual.
If a "yes" answer is provided to the Internal Review Disclosure question, the individual whose name appears in Section 1 (GENERAL INFORMATION) of this form may provide a brief summary of the event on Part II of the Internal Review Disclosure Reporting Page (DRP U5).

8. SIGNATURE
All signatures required on the Form U5 filing must be made in this section. A "signature" includes a manual signature or an electronically transmitted equivalent.

Date
Enter the date that the form was signed by the Appropriate Signatory. The entry must be numeric (MM/DD/YYYY). Future dates may not be entered in this section.

Signature of Appropriate Signatory
NOTE: A signatory entry is required for all filings.
For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. Enter the full legal signature as it appears in typed or printed form. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.
For paper filers, enter the full legal signature as it appears in typed or printed form. The signatory's full legal name must also be displayed under the signature. The name must be typed or printed as it appears in the signature form.

Person to Contact for Further Information
Enter the name of the person to contact for additional information regarding the matters reported on this form. Include the telephone number for the person listed.

8A FIRM ACKNOWLEDGMENT
This section must be completed on all U5 form filings submitted by the firm.

8B INDIVIDUAL ACKNOWLEDGMENT AND CONSENT
This section must be completed on amendment U5 form filings where the individual is submitting changes to Part II of the INTERNAL REVIEW DRP or changes to Section 2 (CURRENT RESIDENTIAL ADDRESS).

APPENDIX
Drop-Down Pick Lists
Select as appropriate from the following pick lists the answers to the questions that contain drop-down choices. The choices below match the pick lists that appear on the electronic screens.

Termination
Reason for Termination: Discharged, Other, Permitted to Resign, Deceased, Voluntary.

General

DRPs
Customer Complaint/Arbitration/Civil Litigation
Customer's state of residence: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii,


**If the arbitration/reparation is not pending, what was the disposition?:** Award to Applicant (agent/representative), Award to Customer, Denied, Dismissed, Judgment (other than monetary), No Action, Other, Settled, Withdrawn.

**If the civil litigation is not pending, what was the disposition?:** Denied, Dismissed, Judgment (other than monetary), Monetary Judgment to Applicant (agent/representative), Monetary Judgment to Customer, No Action, Other, Settled, Withdrawn.

**Regulatory Action**

Sanctions Sought: Bar, Cease and Desist, Censure, Civil and Administrative Penalty(ies)/Fine(s), Denial, Disgorgement, Expulsion, Monetary Penalty other than Fines, Other, Prohibition, Reprimand, Requalification, Rescission, Restitution, Revocation, Suspension, Undertaking.


**How was matter resolved:** Acceptance, Waiver & Consent (AWC), Consent, Decision, Decision & Order of Offer of Settlement, Dismissed, Order, Other, Settled, Stipulation and Consent, Vacated, Vacated Nunc Pro Tunc/ab initio, Withdrawn.

**Termination**

Termination Type: Discharged, Permitted to Resign, Voluntary Resignation.


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**SPECIAL INSTRUCTIONS FOR PAPER FILERS**

To file the Form U5 on paper rather than electronically through Web CRD or IARD, please refer to the following instructions for paper filings. **These instructions should be read in conjunction with the other instructions (General**
Instructions, Specific Instructions, and the Explanation of Terms) contained in this Form U5. Please note that paper filings generally are not permitted for broker-dealer terminations.

Initial filings of the Form U5 on paper must be complete and contain responses to all the questions and data fields relating to the full or partial termination requested. Make permitted amendments (i.e., to Section 2 (CURRENT RESIDENTIAL ADDRESS), Section 7 (DISCLOSURE QUESTIONS) and Disclosure Reporting Pages (DRPs) by updating the appropriate sections on the paper version of Form U5. When making amendments, re-enter the information contained in Section 1 (GENERAL INFORMATION) so that the individual and firm can be properly identified. A copy of the Form U5, with original signatures, and all amendments must be retained by the filing firm and must be made available for inspection upon regulatory request.

1. GENERAL INFORMATION

**Firm Name.** Agents of issuers should enter the issuer name in the field that requests the firm name. Do not abbreviate, shorten, or modify the firm name in any way.

**Individual CRD Number.** Provide the individual’s CRD number that was generated by the CRD system for the individual. If the individual’s CRD number has not been generated or is not known, leave this item blank.

**Firm CRD Number.** Provide the firm’s CRD number that was generated by the CRD system for the firm. If the firm’s CRD number has not been generated or is not known, leave this item blank.

3. FULL TERMINATION

**Reason for Termination.** Select the Reason for Termination from the list of choices appended to this form.

5A. SRO PARTIAL TERMINATION

Paper filers should check the "Other" box only to terminate registration categories not listed on the Form U5.

5B. JURISDICTION PARTIAL TERMINATION

To terminate an Agent of an Issuer (AI) registration with one or more jurisdictions, contact the appropriate jurisdiction(s) for instructions. For purposes of a paper filing, select the box marked AI. To terminate the registration(s), enter the jurisdiction identification for the relevant jurisdiction(s).

6. AFFILIATED FIRMS TERMINATION

This section does not apply for paper filers.