

OMB APPROVAL

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SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549
Form 19b-4

File No. SR - 2007 - 036

Amendment No.

Proposed Rule Change by Financial Industry Regulatory Authority

Pursuant to Rule 19b-4 under the Securities Exchange Act of 1934

Initial <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>	Withdrawal <input type="checkbox"/>	Section 19(b)(2) <input type="checkbox"/>	Section 19(b)(3)(A) <input checked="" type="checkbox"/>	Section 19(b)(3)(B) <input type="checkbox"/>
			Rule		
			<input type="checkbox"/> 19b-4(f)(1) <input type="checkbox"/> 19b-4(f)(4)		
			<input type="checkbox"/> 19b-4(f)(2) <input type="checkbox"/> 19b-4(f)(5)		
			<input type="checkbox"/> 19b-4(f)(3) <input checked="" type="checkbox"/> 19b-4(f)(6)		

Exhibit 2 Sent As Paper Document



Exhibit 3 Sent As Paper Document

**Description**

Provide a brief description of the proposed rule change (limit 250 characters).

Proposed rule change to make technical amendments to the U4 and U5 and Branch Office Forms

Contact Information

Provide the name, telephone number and e-mail address of the person on the staff of the self-regulatory organization prepared to respond to questions and comments on the proposed rule change.

First Name Rachael Last Name Grad
Title Counsel
E-mail rachael.grad@finra.org
Telephone (202) 728-8290 Fax (202) 728-8034

Signature

Pursuant to the requirements of the Securities Exchange Act of 1934,

has duly caused this filing to be signed on its behalf by the undersigned thereunto duly authorized officer.

Date 12/18/2007

By Patrice Gliniecki

(Name)

Senior Vice President and Deputy General Counsel

(Title)

NOTE: Clicking the button at right will digitally sign and lock
this form. A digital signature is as legally binding as a physical
signature, and once signed, this form cannot be changed.

Patrice Gliniecki,

SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

For complete Form 19b-4 instructions please refer to the EFFS website.

Form 19b-4 Information

Add

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The self-regulatory organization must provide all required information, presented in a clear and comprehensible manner, to enable the public to provide meaningful comment on the proposal and for the Commission to determine whether the proposal is consistent with the Act and applicable rules and regulations under the Act.

Exhibit 1 - Notice of Proposed Rule Change

Add

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The Notice section of this Form 19b-4 must comply with the guidelines for publication in the Federal Register as well as any requirements for electronic filing as published by the Commission (if applicable). The Office of the Federal Register (OFR) offers guidance on Federal Register publication requirements in the Federal Register Document Drafting Handbook, October 1998 Revision. For example, all references to the federal securities laws must include the corresponding cite to the United States Code in a footnote. All references to SEC rules must include the corresponding cite to the Code of Federal Regulations in a footnote. All references to Securities Exchange Act Releases must include the release number, release date, Federal Register cite, Federal Register date, and corresponding file number (e.g., SR-[SRO]-xx-xx). A material failure to comply with these guidelines will result in the proposed rule change being deemed not properly filed. See also Rule 0-3 under the Act (17 CFR 240.0-3)

Exhibit 2 - Notices, Written Comments, Transcripts, Other Communications

Add

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Copies of notices, written comments, transcripts, other communications. If such documents cannot be filed electronically in accordance with Instruction F, they shall be filed in accordance with Instruction G.

Exhibit Sent As Paper Document

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Exhibit 3 - Form, Report, or Questionnaire

Add

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Copies of any form, report, or questionnaire that the self-regulatory organization proposes to use to help implement or operate the proposed rule change, or that is referred to by the proposed rule change.

Exhibit Sent As Paper Document

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Exhibit 4 - Marked Copies

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The full text shall be marked, in any convenient manner, to indicate additions to and deletions from the immediately preceding filing. The purpose of Exhibit 4 is to permit the staff to identify immediately the changes made from the text of the rule with which it has been working.

Exhibit 5 - Proposed Rule Text

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The self-regulatory organization may choose to attach as Exhibit 5 proposed changes to rule text in place of providing it in Item I and which may otherwise be more easily readable if provided separately from Form 19b-4. Exhibit 5 shall be considered part of the proposed rule change.

Partial Amendment

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If the self-regulatory organization is amending only part of the text of a lengthy proposed rule change, it may, with the Commission's permission, file only those portions of the text of the proposed rule change in which changes are being made if the filing (i.e. partial amendment) is clearly understandable on its face. Such partial amendment shall be clearly identified and marked to show deletions and additions.

1. Text of Proposed Rule Change

(a) Pursuant to the provisions of Section 19(b)(1) of the Securities Exchange Act of 1934 (“Act”),¹ Financial Industry Regulatory Authority, Inc. (“FINRA”) (f/k/a National Association of Securities Dealers, Inc. (“NASD”)) is filing with the Securities and Exchange Commission (“SEC” or “Commission”) a proposed rule change to make technical amendments to the Uniform Application for Securities Industry Registration or Transfer (“Form U4”), the Uniform Termination Notice for Securities Industry Registration (“Form U5”) and the Uniform Branch Office Form (“Form BR”) (hereinafter referred to as “Forms”).² The technical amendments, among other things, reflect NASD’s change in corporate name to FINRA and update the current list of self-regulatory organizations (“SROs”), government jurisdictions and registration categories listed on the Forms. The proposed revised Forms are attached as Exhibits 3a through 3c. FINRA is not proposing any changes to rule text with the proposed rule change.

(b) Not applicable.

(c) Not applicable.

¹ 15 U.S.C. 78s(b)(1).

² Representatives of broker-dealers, investment advisers or issuers of securities must use the Form U4 to become registered in the appropriate jurisdictions and/or with appropriate SROs. The Form U5 is used to terminate the registration of an individual in the various SROs and jurisdictions. The Form BR is used by broker-dealers and investment advisers for branch office registration, notification, closing or withdrawal.

2. Procedures of the Self-Regulatory Organization

The proposed rule change has been approved by the General Counsel of FINRA (or his officer designee) pursuant to delegated authority. No other action by FINRA is necessary for the filing of the proposed rule change.

FINRA is filing the proposed rule change for immediate effectiveness. FINRA will announce the implementation date of the proposed rule change in a Regulatory Notice. FINRA anticipates that the amended Forms will be available in February 2008.

3. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

(a) Purpose

The proposed rule change would make technical amendments to the Forms. First, the Forms would be amended to reflect changes in certain SRO names. In particular, references to NASD in the Forms would be replaced with references to FINRA, as appropriate.³ The SRO registration sections of the Forms U4 and U5 also would be amended to: (1) add "NQX", the acronym for the Nasdaq Stock Market LLC, which was approved by the Commission as a national securities exchange on January 13, 2006;⁴ and (2) reflect the name change of the Pacific Exchange, Inc. to NYSE Arca, Inc. by replacing "PCX" with "ARCA."⁵

³ FINRA was created on July 30, 2007 through the consolidation of NASD and the member regulation, enforcement and arbitration functions of NYSE Regulation.

⁴ See Securities Exchange Act Release No. 53128 (January 13, 2006), 71 FR 3550 (January 23, 2006).

⁵ See Securities Exchange Act Release No. 53615 (April 7, 2006), 71 FR 19226 (April 13, 2006) (File No. SR-PCX-2006-24) (Notice of Filing and Immediate Effectiveness of Proposed Rule Change and Amendments No. 1 and 2 Thereto To

Second, FINRA is proposing to amend Section 5 and Section 5(b) of the Forms U4 and U5, respectively, to update the list of government jurisdictions participating through the Central Registration Depository (CRD[®]) to include the U.S. Virgin Islands, which joined the CRD[®] system as a participating jurisdiction earlier this year. FINRA also is making conforming changes to the definition of “jurisdiction” to include the U.S. Virgin Islands. The SEC added the U.S. Virgin Islands as a jurisdiction on Forms BD and BDW in technical amendments to those forms in April 2007.⁶

Finally, FINRA is proposing to update the list of examination and registration categories to include: (1) MM – Market Maker Authorized Trader – Options (S44); (2) OT – Authorized Trader; and (3) MT – Market Maker Authorized Trader – Equities (S7).⁷ FINRA is proposing to remove the SF- Single Stock Futures (S43) registration category and the Series 43 examination option in Section 7 of Forms U4 and U5, as the category and examination were not developed by FINRA (then NASD); continuing education requirements have been deemed sufficient for registrants engaging in securities

Change the Names of the Pacific Exchange, Inc., PCX Equities, Inc., PCX Holdings, Inc., and the Archipelago Exchange, L.L.C.).

⁶ See Securities Exchange Act Release No. 55643 (April 23, 2007) 72 FR 20223 (April 24, 2007) (Technical Amendments to Form BD and Form BDW) (“Release”). In Footnote 6 of the Release, the SEC stated that adding the U.S. Virgin Islands to Forms BD and BDW will “facilitate the use of these forms by broker-dealers and would eliminate the need for separate paper filings of registration forms by broker-dealers in the United States Virgin Islands.” Similarly, the proposed changes to the Forms will enable firms to register their associated persons electronically through CRD.

⁷ See Securities Exchange Act Release No. 55446 (March 12, 2007), 72 FR 13155 (March 20, 2007) (SR-NYSEArca-2006-51) (Order Granting Approval of Propose Rule Change Relating to Amendments to Registration Rules of NYSE Arca, Inc.).

futures business.⁸ FINRA also is proposing to remove the Series 12 examination, which was rescinded by the NYSE in May 2007.⁹

As stated in Item 2, FINRA is filing the proposed rule change for immediate effectiveness. FINRA will announce the effective date of the proposed rule change in a Regulatory Notice. FINRA anticipates that the amended Forms will be available in February 2008.

(b) Statutory Basis

FINRA believes that the proposed rule change is consistent with the provisions of Section 15A(b)(6) of the Act,¹⁰ which requires, among other things, that FINRA rules must be designed to prevent fraudulent and manipulative acts and practices, to promote just and equitable principles of trade, and, in general, to protect investors and the public interest. FINRA is amending the Forms to, among other things, reflect its new corporate name and update the currently out-of-date list of SROs, government jurisdictions and registration categories listed in the Forms.

⁸ See Securities Exchange Act Release No. 48932 (December 16, 2003), 68 FR 74674 (December 24, 2003) (SR-NASD-2003-186) (Notice of Filing and Immediate Effectiveness of Proposed Rule Change by the National Association of Securities Dealers, Inc. Relating to the Administration of Qualification Examinations on Security Futures). See also Securities Exchange Act Release No. 54617 (October 17, 2006), 71 FR 62498 (October 25, 2006) (SR-NASD-2006-118) (Notice of Filing and Immediate Effectiveness of Proposed Rule Change to Extend the Date by Which Eligible Registrants Must Complete Firm-Element Continuing Education to Qualify to Engage in a Securities Futures Business).

⁹ See Securities Exchange Act Release No. 55670 (April 25, 2007), 72 FR 24350 (May 2, 2007). (SR-NYSE-2007-41) (Notice of Filing and Immediate Effectiveness of Proposed Rule Change to Eliminate the Securities Manager Examination (Series 12)).

¹⁰ 15 U.S.C. 78o-3(b)(6).

4. Self-Regulatory Organization's Statement on Burden on Competition

FINRA does not believe that the proposed rule change will result in any burden on competition that is not necessary or appropriate in furtherance of the purposes of the Act.

5. Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received from Members, Participants, or Others

Written comments were neither solicited nor received.

6. Extension of Time Period for Commission Action

Not applicable.

7. Basis for Summary Effectiveness Pursuant to Section 19(b)(3) or for Accelerated Effectiveness Pursuant to Section 19(b)(2)

The proposed rule change is effective upon filing pursuant to Section 19(b)(3) of the Act¹¹ and paragraph (f)(6) of Rule 19b-4 thereunder,¹² in that the proposed rule change does not significantly affect the protection of investors or the public interest; does not impose any significant burden on competition; and does not become operative for 30 days after filing. In accordance with Rule 19b-4,¹³ FINRA submitted written notice of its intent to file the proposed rule change, along with a brief description and text of the proposed rule change, at least five business days prior to the date of filing.

¹¹ 15 U.S.C. 78s(b)(3).

¹² 17 CFR 240.19b-4(f)(6).

¹³ 17 CFR 240.19b-4.

8. Proposed Rule Change Based on Rules of Another Self-Regulatory Organization or of the Commission

Not applicable.

9. Exhibits

Exhibit 1. Completed notice of proposed rule change for publication in the Federal Register.

Exhibit 3a. Revised Form U4.

Exhibit 3b. Revised Form U5.

Exhibit 3c. Revised Form BR.

EXHIBIT 1

SECURITIES AND EXCHANGE COMMISSION

(Release No. 34- ; File No. SR-FINRA-2007-036)

Self-Regulatory Organizations: Financial Industry Regulatory Authority, Inc.; Notice of Filing of Proposed Rule Change to Make Technical Amendments to the Uniform Application for Securities Industry Registration or Transfer ("Form U4"), the Uniform Termination Notice for Securities Industry Registration ("Form U5") and the Uniform Branch Office Form ("Form BR")

Pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 ("Act")¹ and Rule 19b-4 thereunder,² notice is hereby given that on , Financial Industry Regulatory Authority, Inc. ("FINRA") (f/k/a National Association of Securities Dealers, Inc. ("NASD")) filed with the Securities and Exchange Commission ("SEC" or "Commission") the proposed rule change as described in Items I, II, and III below, which Items have been prepared by FINRA. The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

FINRA is proposing to make technical amendments to the Uniform Application for Securities Industry Registration or Transfer ("Form U4"), the Uniform Termination Notice for Securities Industry Registration ("Form U5") and the Uniform Branch Office Form ("Form BR") (hereinafter referred to as "Forms").³ The technical amendments,

¹ 15 U.S.C. 78s(b)(1).

² 17 CFR 240.19b-4.

³ Representatives of broker-dealers, investment advisers or issuers of securities must use the Form U4 to become registered in the appropriate jurisdictions and/or with appropriate SROs. The Form U5 is used to terminate the registration of an individual in the various SROs and jurisdictions. The Form BR is used by broker-

among other things, reflect NASD's change in corporate name to FINRA and update the current list of self-regulatory organizations ("SROs"), government jurisdictions and registration categories listed on the Forms. The proposed revised Forms are attached as Exhibits 3a through 3c. FINRA is not proposing any changes to rule text with the proposed rule change.

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, FINRA included statements concerning the purpose of and basis for the proposed rule change and discussed any comments it received on the proposed rule change. The text of these statements may be examined at the places specified in Item IV below. FINRA has prepared summaries, set forth in sections A, B, and C below, of the most significant aspects of such statements.

A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

1. Purpose

The proposed rule change would make technical amendments to the Forms. First, the Forms would be amended to reflect changes in certain SRO names. In particular, references to NASD in the Forms would be replaced with references to FINRA, as appropriate.⁴ The SRO registration sections of the Forms U4 and U5 also would be amended to: (1) add "NQX", the acronym for the Nasdaq Stock Market LLC, which was

dealers and investment advisers for branch office registration, notification, closing or withdrawal.

⁴ FINRA was created on July 30, 2007 through the consolidation of NASD and the member regulation, enforcement and arbitration functions of NYSE Regulation.

approved by the Commission as a national securities exchange on January 13, 2006;⁵ and (2) reflect the name change of the Pacific Exchange, Inc. to NYSE Arca, Inc. by replacing “PCX” with “ARCA.”⁶

Second, FINRA is proposing to amend Section 5 and Section 5(b) of the Forms U4 and U5, respectively, to update the list of government jurisdictions participating through the Central Registration Depository (CRD[®]) to include the U.S. Virgin Islands, which joined the CRD[®] system as a participating jurisdiction earlier this year. FINRA also is making conforming changes to the definition of “jurisdiction” to include the U.S. Virgin Islands. The SEC added the U.S. Virgin Islands as a jurisdiction on Forms BD and BDW in technical amendments to those forms in April 2007.⁷

Finally, FINRA is proposing to update the list of examination and registration categories to include: (1) MM – Market Maker Authorized Trader – Options (S44); (2) OT – Authorized Trader; and (3) MT – Market Maker Authorized Trader – Equities

⁵ See Securities Exchange Act Release No. 53128 (January 13, 2006), 71 FR 3550 (January 23, 2006).

⁶ See Securities Exchange Act Release No. 53615 (April 7, 2006), 71 FR 19226 (April 13, 2006) (File No. SR-PCX-2006-24) (Notice of Filing and Immediate Effectiveness of Proposed Rule Change and Amendments No. 1 and 2 Thereto To Change the Names of the Pacific Exchange, Inc., PCX Equities, Inc., PCX Holdings, Inc., and the Archipelago Exchange, L.L.C.).

⁷ See Securities Exchange Act Release No. 55643 (April 23, 2007) 72 FR 20223 (April 24, 2007) (Technical Amendments to Form BD and Form BDW) (“Release”). In Footnote 6 of the Release, the SEC stated that adding the U.S. Virgin Islands to Forms BD and BDW will “facilitate the use of these forms by broker-dealers and would eliminate the need for separate paper filings of registration forms by broker-dealers in the United States Virgin Islands.” Similarly, the proposed changes to the Forms will enable firms to register their associated persons electronically through CRD.

(S7).⁸ FINRA is proposing to remove the SF- Single Stock Futures (S43) registration category and the Series 43 examination option in Section 7 of Forms U4 and U5, as the category and examination were not developed by FINRA (then NASD); continuing education requirements have been deemed sufficient for registrants engaging in securities futures business.⁹ FINRA also is proposing to remove the Series 12 examination, which was rescinded by the NYSE in May 2007.¹⁰

FINRA is filing the proposed rule change for immediate effectiveness. FINRA will announce the effective date of the proposed rule change in a Regulatory Notice. FINRA anticipates that the amended Forms will be available in February 2008.

2. Statutory Basis

FINRA believes that the proposed rule change is consistent with the provisions of Section 15A(b)(6) of the Act,¹¹ which requires, among other things, that FINRA rules

⁸ See Securities Exchange Act Release No. 55446 (March 12, 2007), 72 FR 13155 (March 20, 2007) (SR-NYSEArca-2006-51) (Order Granting Approval of Propose Rule Change Relating to Amendments to Registration Rules of NYSE Arca, Inc.).

⁹ See Securities Exchange Act Release No. 48932 (December 16, 2003), 68 FR 74674 (December 24, 2003) (SR-NASD-2003-186) (Notice of Filing and Immediate Effectiveness of Proposed Rule Change by the National Association of Securities Dealers, Inc. Relating to the Administration of Qualification Examinations on Security Futures). See also Securities Exchange Act Release No. 54617 (October 17, 2006), 71 FR 62498 (October 25, 2006) (SR-NASD-2006-118) (Notice of Filing and Immediate Effectiveness of Proposed Rule Change to Extend the Date by Which Eligible Registrants Must Complete Firm-Element Continuing Education to Qualify to Engage in a Securities Futures Business).

¹⁰ See Securities Exchange Act Release No. 55670 (April 25, 2007), 72 FR 24350 (May 2, 2007) (SR-NYSE-2007-41) (Notice of Filing and Immediate Effectiveness of Proposed Rule Change to Eliminate the Securities Manager Examination (Series 12)).

¹¹ 15 U.S.C. 78o-3(b)(6).

must be designed to prevent fraudulent and manipulative acts and practices, to promote just and equitable principles of trade, and, in general, to protect investors and the public interest. FINRA is amending the Forms to, among other things, reflect its new corporate name and update the currently out-of-date list of SROs, government jurisdictions and registration categories listed in the Forms.

B. Self-Regulatory Organization's Statement on Burden on Competition

FINRA does not believe that the proposed rule change will result in any burden on competition that is not necessary or appropriate in furtherance of the purposes of the Act.¹²

C. Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received from Members, Participants, or Others

Written comments were neither solicited nor received.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

Because the foregoing proposed rule change does not: (i) significantly affect the protection of investors or the public interest; (ii) impose any significant burden on competition; and (iii) become operative for 30 days from the date on which it was filed, or such shorter time as the Commission may designate, it has become effective pursuant to Section 19(b)(3)(A) of the Act¹³ and Rule 19b-4(f)(6) thereunder.¹⁴

At any time within 60 days of the filing of the proposed rule change, the Commission may summarily abrogate such rule change if it appears to the Commission

¹² 15 U.S.C. 78a.

¹³ 15 U.S.C. 78s(b)(3)(A).

¹⁴ 17 CFR 240.19b-4(f)(6).

that such action is necessary or appropriate in the public interest, for the protection of investors, or otherwise in furtherance of the purposes of the Act.

IV. Solicitation of Comments

Interested persons are invited to submit written data, views and arguments concerning the foregoing, including whether the proposed rule changes are consistent with the Act. Comments may be submitted by any of the following methods:

Electronic Comments:

- Use the Commission's Internet comment form (<http://www.sec.gov/rules/sro.shtml>); or
- Send an e-mail to rule-comments@sec.gov. Please include File Number SR-FINRA-2007-036 on the subject line.

Paper Comments:

- Send paper comments in triplicate to Nancy M. Morris, Secretary, Securities and Exchange Commission, 100 F Street, NE, Washington, DC 20549-1090.

All submissions should refer to File Number SR-FINRA-2007-036. This file number should be included on the subject line if e-mail is used. To help the Commission process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission's Internet Web site (<http://www.sec.gov/rules/sro.shtml>). Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld

from the public in accordance with the provisions of 5 U.S.C. 552, will be available for inspection and copying in the Commission's Public Reference Room. Copies of such filing also will be available for inspection and copying at the principal office of FINRA.

All comments received will be posted without change; the Commission does not edit personal identifying information from submissions. You should submit only information that you wish to make available publicly. All submissions should refer to File Number SR-FINRA-2007-036 and should be submitted on or before [insert date 21 days from publication in the Federal Register].

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.¹⁵

Nancy M. Morris

Secretary

¹⁵ 17 CFR 200.30-3(a)(12).

Form U4
Uniform Application
for
Securities Industry
Registration or Transfer

GENERAL INSTRUCTIONS

The Form U4 is the Uniform Application for Securities Industry Registration or Transfer. Representatives of broker-dealers, investment advisers, or issuers of securities must use this form to become registered in the appropriate *jurisdictions* and/or *SROs*. These instructions apply to the filing of Form U4 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.

Use the Disclosure Reporting Page(s) (DRPs U4) to provide details to the "Yes" answers on Section 14 (DISCLOSURE QUESTIONS). Upon request, you may be required to provide documents to clarify or support responses to the form.

An individual is under a continuing obligation to amend and update information required by Form U4 as changes occur. Amendments must be filed electronically (unless the filer is an approved paper filer) by updating the appropriate section of Form U4. A copy, with original signatures, of the initial Form U4 and amendments to DRPs U4 must be retained by the *filing firm* and must be made available for inspection upon regulatory request. Social Security Numbers are collected for regulatory purposes and may be publicly disclosed by certain *jurisdictions*.

The Sections of the Form U4 are as follows:

1. GENERAL INFORMATION
2. FINGERPRINT INFORMATION
3. REGISTRATION WITH UNAFFILIATED FIRMS
4. SRO REGISTRATIONS
5. JURISDICTION REGISTRATIONS
6. REGISTRATION REQUESTS WITH AFFILIATED FIRMS
7. EXAMINATION REQUESTS
8. PROFESSIONAL DESIGNATIONS
9. IDENTIFYING INFORMATION/NAME CHANGE
10. OTHER NAMES
11. RESIDENTIAL HISTORY
12. EMPLOYMENT HISTORY
13. OTHER BUSINESS
14. DISCLOSURE QUESTIONS
 - CRIMINAL DISCLOSURE (Questions 14A, 14B)
 - REGULATORY ACTION DISCLOSURE (Questions 14C, 14D, 14E, 14F,

- 14G)
 - CIVIL JUDICIAL DISCLOSURE (Question 14H)
 - CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DISCLOSURE (Question 14I)
 - TERMINATION DISCLOSURE (Question 14J)
 - FINANCIAL DISCLOSURE (Questions 14K, 14L, 14M)
- 15. SIGNATURE
 - 15A. INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT
 - 15B. FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS
 - 15C. TEMPORARY REGISTRATION ACKNOWLEDGMENT
 - 15D. AMENDMENT INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT
 - 15E. FIRM/APPROPRIATE SIGNATORY AMENDMENT REPRESENTATIONS
 - 15F. FIRM/APPROPRIATE SIGNATORY CONCURRENCE
- DISCLOSURE REPORTING PAGES (DRPs U4)
 - CRIMINAL DRP
 - REGULATORY ACTION DRP
 - INVESTIGATION DRP
 - CIVIL JUDICIAL DRP
 - CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DRP
 - TERMINATION DRP
 - BANKRUPTCY/SIPC/COMPROMISE WITH CREDITORS DRP
 - BOND DRP
 - JUDGMENT/LIEN DRP

Contact the appropriate *SRO* or *jurisdiction*, if you have questions about the Form U4.

EXPLANATION OF TERMS

The following definitions apply to terms that are italicized in Form U4.

AFFILIATED means under common ownership or control.

AFFILIATED FIRM means a broker-dealer under common ownership or control with the *filing firm*.

APPLICANT means the individual for whom the Form U4 is being filed. The term *applicant* may be used interchangeably with the term "individual." The instructions also refer to the individual *applicant* as "you" in various places because individuals independently may complete all or portions of the Form U4 before it is filed by a *firm* on the individual's behalf. For purposes of Form U4, an *applicant* is not a *firm*.

APPROPRIATE SIGNATORY means the individual the *firm* authorizes to execute the *applicant's* Form U4 on the *filing firm's* behalf. The *appropriate signatory* must meet the criteria established, if any, by the appropriate *SRO* or *jurisdiction*.

CHARGED means being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

CONTROL means the power to direct or cause the direction of the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any individual or *firm* that is a director, partner, or officer exercising executive responsibility (or having similar status or functions) or that directly or indirectly has the right to vote 25 percent or more of the voting securities or is entitled to 25 percent or more of the profits is presumed to control that company.

DESIGNATED ENTITY means the entity designated as the filing depository by the U.S. Securities and Exchange Commission pursuant to the Investment Advisers Act of 1940.

ENJOINED includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction or a temporary restraining order.

FEDERAL BANKING AGENCY shall include any Federal banking agency as defined in Section 3 of the Federal Deposit Insurance Act (12 U.S.C. 1813(q)).

FELONY, for *jurisdictions* that do not differentiate between a *felony* or *misdemeanor*, is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FILING FIRM means the *firm* named in Section 1 (GENERAL INFORMATION) on the Form U4.

FINAL ORDER, for purposes of Question 14D(2), means a written directive or declaratory statement issued by an appropriate federal or state agency (as identified in Question 14D(2)) pursuant to applicable statutory authority and procedures, that constitutes a final disposition or action by that federal or state agency.

FIRM means a broker-dealer, investment adviser, or issuer, as appropriate.

FIRM CRD NUMBER is a unique number assigned to each *firm* listed in the CRD or IARD systems.

FOREIGN FINANCIAL REGULATORY AUTHORITY includes a foreign securities authority; any other governmental body or foreign equivalent of a *self-regulatory organization* empowered by a foreign government to administer or enforce its laws relating to the regulation of *investment-related* activities; or a membership organization, a function of which is to regulate the participation of its members in *investment-related* activities listed above.

FOUND includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INDIVIDUAL CRD NUMBER is a unique number assigned to each individual listed in the CRD or IARD system.

INVESTIGATION includes: (a) grand jury investigations; (b) U.S. Securities and Exchange Commission investigations after the “Wells” notice has been given; (c) FINRA investigations after the “Wells” notice has been given or after a person associated with a member, as defined in the FINRA By-Laws, has been advised by the staff that it intends to recommend formal disciplinary action; (d) formal investigations by other *SROs*; or (e) actions or procedures designated as investigations by *jurisdictions*. The term *investigation* does not include subpoenas, preliminary or routine regulatory inquiries or requests for information, deficiency letters, “blue sheet” requests or other trading questionnaires, or examinations.

INVESTMENT-RELATED pertains to securities, commodities, banking, insurance, or real estate (including, but not limited to, acting as or being associated with a broker-dealer, issuer, investment company, investment adviser, futures sponsor, bank, or savings association).

INVOLVED means doing an act or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act.

JURISDICTION means a state, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, or any subdivision or regulatory body thereof.

MINOR RULE VIOLATION is a violation of a *self-regulatory organization* rule that has been designated as “minor” pursuant to a plan approved by the U.S. Securities and Exchange Commission. A rule violation **may** be designated as “minor” under a

plan if the sanction imposed consists of a fine of \$2,500.00 or less, and if the sanctioned person does not contest the fine. Check with the appropriate *self-regulatory organization* to determine if a particular rule violation has been designated as “minor” for these purposes.

MISDEMEANOR, for *jurisdictions* that do not differentiate between a *felony* or *misdemeanor*, is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER means a written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an order.

PROCEEDING includes a formal administrative or civil action initiated by a governmental agency, *self-regulatory organization* or *foreign financial regulatory authority*, a *felony* criminal indictment or information (or equivalent formal charge), or a *misdemeanor* criminal information (or equivalent formal charge), but does not include an arrest or similar charge effected in the absence of a formal criminal indictment or information (or equivalent formal charge). NOTE: *Investment-related* civil litigation, other than that specified above, is reportable under Question 14H on Form U4. An *investigation* is reportable under Question 14G on Form U4.

RESIGN or RESIGNED relates to separation from employment with any employer, is **not** restricted to *investment-related* employment, and includes any termination in which the allegations are a proximate cause of the separation, even if the individual initiated the separation.

SALES PRACTICE VIOLATIONS shall include any conduct directed at or involving a customer which would constitute a violation of: any rules for which a person could be disciplined by any *self-regulatory organization*; any provision of the Securities Exchange Act of 1934; or any state statute prohibiting fraudulent conduct in connection with the offer, sale or purchase of a security or in connection with the rendering of investment advice.

SELF-REGULATORY ORGANIZATION (‘SRO’) means any national securities or commodities exchange, any national securities association (e.g., FINRA), or any registered clearing agency.

SPECIFIC INSTRUCTIONS**Completing the Form U4****1. GENERAL INFORMATION****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.

Employment Date

Enter the month, day, and year of hire. Do not enter the date of application for registration. Your entry must be numeric (MM/DD/YYYY).

Firm Billing Code

Enter your *firm's* billing code. A billing code is an alpha/numeric value consisting of up to eight characters that your *firm* has established. If your *firm* does not use billing codes, leave this field blank.

Individual CRD Number

Enter the assigned individual CRD number.

Individual SSN

Enter the individual's Social Security Number. If the individual does not have a CRD number or a Social Security number, please contact FINRA's Gateway Call Center.

Independent Contractor

Indicate whether the individual will maintain an independent contractor relationship with the firm entered in the "*Firm Name*" field.

Office of Employment Address Street 1/Street 2 and Supervising Address, if different.

If the individual is applying for registration (or is already registered) with a broker-dealer, search and select all branch offices with which the individual will be physically located. The NYSE Branch Code Number (if applicable), Firm Billing Code, branch office address, and start/end dates will prepopulate based on information provided by the branch office on its Form BR.

If the individual is applying for registration (or is already registered) with a broker-dealer and will be physically located at a location that is **not** required to be registered/notice filed on Form BR, enter the business location's Street 1, Street 2, City, State, Country and Postal Code and search and select the branch office from which this individual is supervised.

If the individual is applying for registration (or is already registered) with only an investment-adviser enter the business location's Street 1, Street 2, City, State, Country and Postal Code.

Private Residence Check Box

Check this box if the Office of Employment address is a private residence.

2. FINGERPRINT INFORMATION

Electronic Filing Representation

Select the radio button to affirm the following: "By selecting this option, I represent that I am submitting, have submitted, or promptly will submit to the appropriate SRO a fingerprint card as required under applicable SRO rules; or, By selecting this option, I represent that I have been employed continuously by the *filing firm* since the last submission of a fingerprint card to CRD and am not required to resubmit a fingerprint card at this time; or, By selecting this option, I represent that I have been employed continuously by the *filing firm* and my fingerprints have been processed by an SRO other than FINRA. I am submitting, have submitted, or promptly will submit the processed results for posting to CRD." (Paper filers should skip this representation and should submit cards with their filing if required to do so.)

Fingerprint Bar Code

Enter the bar code as it appears on the individual's fingerprint card. Submission of the bar code is optional.

Exceptions to the Fingerprint Requirement

If the individual is not required to submit a fingerprint card with an initial Form U4, select the radio button that affirms, "By selecting one or more of the following two options, I affirm that I am exempt from the federal fingerprint requirement because I/filing firm currently satisfy(ies) the requirements of at least one of the permissive exemptions indicated below pursuant to Rule 17f-2 under the Securities Exchange Act of 1934, including any notice or application requirements specified therein:" and select one or more of the check boxes:

[Check box] Rule 17f-2(a)(1)(i)

[Check box] Rule 17f-2(a)(1)(iii)

Investment Adviser Representative Only Applicants

Contact the specific *jurisdiction* about any fingerprint requirements. Complete the following sections:

Investment adviser representative only representation

- I affirm that I am applying only as an investment adviser representative and that I am not also applying or have not also applied with this *firm* to become a broker-dealer representative. If this radio button/box is selected, continue below.

- I am applying for registration only in *jurisdictions* that do not have fingerprint card filing requirements, or
- I am applying for registration in *jurisdictions* that have fingerprint card filing requirements and I am submitting, have submitted, or promptly will submit the appropriate fingerprint card directly to the *jurisdictions* for processing pursuant to applicable *jurisdiction* rules.

3. REGISTRATION WITH UNAFFILIATED FIRMS

Some *jurisdictions* prohibit "dual registration," which occurs when an individual chooses to maintain a concurrent registration as a representative/agent with two or more *firms* (either BD or IA *firms*) that are not *affiliated*. *Jurisdictions* that prohibit dual registration would not, for example, permit a broker-dealer agent working with brokerage *firm* A to maintain a registration with brokerage *firm* B if *firms* A and B are not owned or controlled by a common parent. Before seeking a dual registration status, you should consult the applicable rules or statutes of the *jurisdictions* with which you seek registration for prohibitions on dual registrations or any liability provisions.

Please indicate whether the individual will maintain a "dual registration" status by answering the questions in this section. (Note: An individual should answer 'yes' only if the individual is currently registered and is seeking registration with a *firm* (either BD or IA) that is not *affiliated* with the individual's current employing *firm*. If this is an initial application, an individual must answer 'no' to these questions; a "dual registration" may be initiated only after an initial registration has been established). Answer "yes" or "no" to the following questions:

A. Will *applicant* maintain registration with a broker-dealer that is not *affiliated* with the *filing firm*?

If you answer "yes," list the *firm(s)* in Section 12 (EMPLOYMENT HISTORY).

B. Will *applicant* maintain registration with an investment adviser that is not *affiliated* with the *filing firm*?

If you answer "yes," list the *firm(s)* in Section 12 (EMPLOYMENT HISTORY).

4. SRO REGISTRATION

Investment adviser representative only *applicants* may skip this item.
Registration with SRO(s)

Indicate with which SRO(s) the individual seeks to register by selecting the appropriate SRO registration request box(es).

"Other" Box

See Special Instructions for Paper Filers.

5. JURISDICTION REGISTRATION

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

Select the appropriate *jurisdiction(s)* to register as an AG and/or RA.

Agent of an Issuer

If you are seeking registration as an Agent of an Issuer (AI), select the box marked AI, then enter the two-letter *jurisdiction* code for each *jurisdiction* in which you seek to register. (Note: This instruction applies to paper filers only.)

6. REGISTRATION REQUESTS WITH AFFILIATED FIRMS

If the individual seeks registration with *firm(s)* *affiliated* with the *filing firm*, complete the following to make a request for registration with the additional *affiliated firm(s)*.

Affiliated Firm CRD Number

Enter the *affiliated firm's* CRD Number.

Affiliated Firm Name

Enter the *affiliated firm's* name. This should be the name of the *affiliated firm* as listed on the Form BD or Form ADV. Agents of Issuers should enter the *affiliated* issuer name in this field. 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.

Employment Date with Affiliated Firm

Enter the month, day, and year of hire by the *affiliated firm*. Do not enter the date of application for registration. Your entry must be numeric (MM/DD/YYYY).

Affiliated Firm Billing Code

Enter your *firm's* billing code. A billing code is an alpha/numeric value consisting of up to eight characters that your *firm* has established. If your *firm* does not use billing codes, leave this field blank.

Independent Contractor

Indicate whether the individual will maintain an independent contractor relationship with the firm entered in the "Firm Name" field.

Office of Employment Address Street 1/Street 2 and Supervising Address, if different.

If the individual is applying for registration (or is already registered) with a broker-dealer, search and select all branch offices with which the individual will be physically located. The NYSE Branch Code Number (if applicable), Firm Billing Code, branch office address, and start/end dates will prepopulate based on information provided by the branch office on its Form BR.

If the individual is applying for registration (or is already registered) with a broker-dealer and will be physically located at a location that is **not** required to be registered/notice filed on Form BR, enter the business location's Street 1, Street 2, City, State, Country and Postal Code and search and select the branch office from which this individual is supervised.

If the individual is applying for registration (or is already registered) with only an investment-adviser enter the business location's Street 1, Street 2, City, State, Country and Postal Code.

Designation for Registrations with *SROs* and *Jurisdictions* Identical to *Filing Firm*

Select this radio button/box to indicate that you wish to register with the same *SROs* and *jurisdictions* that you registered with for association with the *filing firm*.

Designation for Registrations with *SROs* and *Jurisdictions* that Differ from Your Registrations with *Filing Firm*

For electronic filers, select the button/box if you wish to register with *SROs* and *jurisdictions* that differ from your *SRO* and *jurisdictions* registrations with the *filing firm*. After you make this designation, additional screens for *SROs* and *jurisdictions* will appear for you to complete as appropriate.

Fingerprint Information for *Affiliated Firms*

Electronic or Other Filing Representation

Select a radio button to affirm: "By selecting this option, I represent that I am submitting, have submitted, or promptly will submit to the appropriate *SRO* a fingerprint card as required under applicable *SRO* rules; or, By selecting this option, I represent that I have been employed continuously by the *affiliated firm* since the last submission of a fingerprint card to CRD and am not required to resubmit a fingerprint card at this time; or, I am not required to submit a fingerprint card at this time because the fingerprint card submitted by the *filing firm* applies; or, By selecting this option, I represent that I have been employed continuously by the *affiliated firm* and my fingerprints have been processed by an *SRO* other than FINRA. I am submitting, have submitted, or promptly will submit the processed results for posting to CRD.

Fingerprint Bar Code

Enter the bar code as it appears on the individual's fingerprint card. Submission of the bar code is optional.

Exceptions to the Fingerprint Requirement

If the individual is not required to submit a fingerprint card with an initial Form U4, select the radio button that affirms, "By selecting one or more of the following two options, I affirm that I am exempt from the federal fingerprint requirement because I/*filing firm* currently satisfy(ies) the requirements of at least one of the permissive exemptions indicated below pursuant to Rule 17f-2 under the Securities Exchange Act of 1934, including any notice or application requirements specified therein:" and select one or more of the check boxes:

[Check box] Rule 17f-2(a)(1)(i)

[Check box] Rule 17f-2(a)(1)(iii)

Investment Adviser Representative Only Applicants

- I affirm that I am applying only as an investment adviser representative and that I am not also applying or have not also applied with this *firm* to become a broker-dealer representative. If this radio button/box is selected, continue below.

- I am applying for registration only in *jurisdictions* that do not have fingerprint card filing requirements, or
- I am applying for registration in *jurisdictions* that have fingerprint card filing requirements and I am submitting, have submitted, or promptly will submit the appropriate fingerprint card directly to the *jurisdictions* for processing pursuant to applicable *jurisdiction* rules.

7. EXAMINATION REQUESTS

Scheduling or Rescheduling Examinations

Complete this section only if you are scheduling or rescheduling an examination or continuing education session. Do not select the Series 63 (S63) or Series 65 (S65) examinations in this section if you have completed Section 5 (JURISDICTION REGISTRATION) and have selected registration in a *jurisdiction*. If you have completed Section 5 (JURISDICTION REGISTRATION), and requested an AG registration in a *jurisdiction* that requires that you pass the S63 examination, an S63 examination will be automatically scheduled for you upon submission of this Form U4. If you have completed Section 5 (JURISDICTION REGISTRATION), and requested an RA registration in a *jurisdiction* that requires that you pass the S65 examination, an S65 examination will be automatically scheduled for you upon submission of this Form U4.

"Other" Box

Paper filers should check the "Other" box only to request other examinations not currently listed on the Form U4.

8. PROFESSIONAL DESIGNATIONS

Select the designation(s) you currently maintain. If you maintain one or more of the designations listed in Section 8 (PROFESSIONAL DESIGNATIONS), you may be eligible for a waiver from the examination(s) required to become an RA. Refer to the UNIFORM FORMS REFERENCE GUIDE for additional information about designations. Note: This field is optional unless you are seeking a waiver from the examination(s) required to become an RA.

9. IDENTIFYING INFORMATION/NAME CHANGE

This section will be pre-populated with the identifying information provided in Section 1 (GENERAL INFORMATION).

If the individual's name has changed, enter the new name.

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.

Date of Birth

Enter your date of birth. Your entry must be numeric (MM/DD/YYYY).

State/Province of Birth

Enter the name of the state or province where you were born.

Country of Birth

Enter the name of the country where you were born.

Sex

Select the appropriate button to indicate your gender.

Height (ft)/(in)

Enter your height, measured in feet and inches.

Weight (lbs)

Enter your weight, measured in pounds.

Hair Color

Enter your hair color.

Eye Color

Enter your eye color.

10. OTHER NAMES

Enter all other names that you have used or are using, or by which you are known or have been known, other than your legal name, since the age of 18. This field must include, for example, nicknames, aliases, and names used before or after marriage.

11. RESIDENTIAL HISTORY

Provide your residential addresses for the past five (5) years. Leave no gaps greater than three (3) months between addresses. Begin by entering your current residential address. Enter "Present" as the end date for your current address. Post Office boxes are not acceptable. Report changes as they occur.

From (MM/YYYY)

Enter the month and year you began residing at this address.

To (MM/YYYY)

Enter the month and year you stopped residing at this address. Enter "Present" as the end date for your current address.

Street Address 1/Street Address 2

Enter your 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. Continue on Street Address 2 if you need more space.

City

Enter your city.

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.

12. EMPLOYMENT HISTORY

Provide your employment and personal history for the past ten (10) years. Leave no gaps greater than three (3) months between entries. All entries must include the beginning and end dates of employment. Begin by entering your current employment. Enter "Present" as the end date for your current employment. Include in your response the *firm* named in Section 1 (GENERAL INFORMATION); the *firm(s)* named in Section 3 (REGISTRATION WITH UNAFFILIATED FIRMS); and the *firm(s)* named in Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS). Account for full-time and part-time employment, self-employment, military service, and homemaking. Include unemployment, full-time education, extended travel, and other similar statuses.

From (MM/YYYY)

Enter the month and year you started this position. Your entry must be numeric (MM/DD/YYYY).

To (MM/YYYY)

Enter the month and year you ended this position. Your entry must be numeric (MM/DD/YYYY). Enter "Present" as the end date for your current employment.

Name

Enter the name of the employing *firm* or company for this position.

City

Enter the name of the city where you are/were employed in this position.

State

Enter the name of the state where you are/were employed in this position. Paper filers should enter the two-character state identification.

Country

Enter the name of the country where you are/were employed in this position.

Investment-Related Business

Enter "yes" or "no" to indicate whether the employer is or was an *investment-related* business at the time of your employment, regardless of the position that you hold or held at the time of employment.

Position Held

Enter your last title or position held with this employer.

13. OTHER BUSINESS

Enter "yes" or "no" to indicate whether you currently are engaged in any other business, either as a proprietor, partner, officer, director, employee, trustee, agent, or otherwise. Exclude non-*investment-related* activity that is exclusively charitable, civic, religious or fraternal, and is recognized as tax exempt.

If you answer "yes" to this question, provide the following information:

- name and address of the other business

- the nature of the other business, including whether it is *investment-related*
- your position, title, or association with the other business, including your duties
- the start date of your relationship with the other business
- the approximate number of hours per month you devote to the other business
- the number of hours you devote to the other business during securities trading hours

14. DISCLOSURE QUESTIONS

Check the appropriate "yes" or "no" response for each question. Provide complete details explaining any "yes" answers on the appropriate Disclosure Reporting Pages (DRPs).

Note that an affirmative answer to certain disclosure questions may make an individual subject to a statutory disqualification as defined in Section 3(a)(39) and Section 15(b)(4) of the Securities Exchange Act of 1934.

Questions 14D(1) and 14D(2) are not mutually exclusive. For purposes of Question 14D(1), state regulatory agency means any state regulatory agency and is not limited to state financial regulatory agencies. For purposes of Question 14D(2), all terms have the same meanings as intended by Congress and interpreted by the U.S. Securities and Exchange Commission under parallel provisions contained in Section 3(a)(39) and Section 15(b)(4) of the Securities Exchange Act of 1934.

Criminal Disclosure

14A - *Felony* Criminal Disclosure

14B - *Misdemeanor* Criminal Disclosure

Regulatory Action Disclosure

14C - Regulatory Action by SEC or CFTC

14D(1) - Regulatory Action by other federal regulator, state regulator, or foreign financial regulator

14D(2) - Final order of state securities commission, state authority that supervises or examines banks, savings associations, or credit unions, state insurance commission, appropriate Federal Banking agency, or National Credit Union Administration

14E - Regulatory Action by SRO or commodities exchange

14F - Professional Suspension

14G - Formal Pending Action/*Investigation*

Civil Judicial Disclosure

14H - Civil Judicial Actions

Customer Complaint/Arbitration/Civil Litigation Disclosure

14I - Customer Complaints

Termination Disclosure

14J - Terminations for Cause

Financial Disclosure

14K - Bankruptcy, SIPC and Compromise with Creditors

14L - Bonding Payouts or Revocations

14M - Unsatisfied Judgments and Liens

15. SIGNATURES

Please Read Carefully

All signatures required on this Form U4 filing must be made in this section.

A "signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. 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.

The form includes signature fields for the individual/*applicant* and for the *Appropriate Signatory*. *Firms* are responsible for obtaining the individual/*applicant's* consent to the undertakings and attestations enumerated in Section 15A (INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT). *Firms* also are responsible for complying with all records retention requirements applicable to this form.

When making entries in this section, both the Date and Name/Signature fields must be completed as follows:

Date. For individual/*applicant*, enter the date that the application or amendment is being signed. For *Appropriate Signatory* entries, enter the date that the application or amendment is being filed. Entries must be numeric (MM/DD/YYYY). Future dates may not be entered in this section.

Name/Signature of Individual or Appropriate Signatory. Enter the name of the individual or the *Appropriate Signatory*. The signatory's full legal name must be displayed under the signature. The name must be typed or printed as it appears in signature form. By typing a name in this field, the signatory acknowledges that this entry constitutes in every way, use, or aspect, his or her legally binding signature.

15A INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT

This section must be completed on all initial or Temporary Registration form filings.

15B FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS

This section must be completed on all initial or Temporary Registration form filings.

15C TEMPORARY REGISTRATION ACKNOWLEDGMENT

This section must be completed on Temporary registration form filings to be able to receive Temporary Registration.

15D INDIVIDUAL/APPLICANT'S AMENDMENT ACKNOWLEDGMENT AND CONSENT

This section must be completed on any amendment filing that amends any information in Section 14 (Disclosure Questions) or any Disclosure Reporting Page (DRP).

15E FIRM/APPROPRIATE SIGNATORY AMENDMENT REPRESENTATIONS

This section must be completed on all amendment form filings.

15F FIRM/APPROPRIATE SIGNATORY CONCURRENCE

This section must be completed to concur with a U4 filing made by another

firm (IA/BD) on behalf of an individual that is also registered with that other firm (IA/BD).

APPENDIX Drop-Down Pick Lists

General

State: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virgin Islands, Virginia, Washington, West Virginia, Wisconsin, Wyoming.

Identifying Information/Name Changes

Hair Color: Bald, black, blonde or strawberry, brown, gray or partially gray, red/auburn, sandy, white, unknown, blue, green, orange, pink, purple.

Eye Color: Black, blue, brown, gray, green, hazel, maroon, multicolored, pink, unknown.

DRPs

Bankruptcy/SIPC/Compromise with Creditors

Action Type: Bankruptcy, compromise, declaration, liquidated, other, receivership.

If not pending, provide disposition type: Direct Payment Procedure, Discharged, Dismissed, Dissolved, Other, SIPA Trustee Appointed, Satisfied/Released.

Bond

Disposition Type: Denied, Payout, Revoked.

Civil Judicial

Principal relief sought: Cease and Desist, Civil Penalty(ies)/Fine(s), Disgorgement, Injunction, Money Damages (Private/Civil Complaint), Other, Restitution, Restraining Order.

Principal product type: Annuity(ies)-Fixed, Annuity(ies)-Variable, Banking Products (Other than CDs), CD(s), Commodity Option(s), Debt-Asset Backed, Debt-Corporate, Debt-Government, Debt-Municipal, Derivative(s), Direct Investment(s)-DDP & LP Interest(s), Equity-OTC, Equity Listed (Common & Preferred Stock), Futures-Commodity, Futures-Financial, Index Option(s), Insurance, Investment Contract(s),

Money Market Fund(s), Mutual Fund(s), No Product, Options, Other, Penny Stock(s), Unit Investment Trust(s).

How was matter resolved: Consent, Dismissed, Judgment Rendered, Opinion, Other, Settled, Withdrawn.

Customer Complaint/Arbitration/Civil Litigation

Customer's state of residence: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virgin Islands, Virginia, Washington, West Virginia, Wisconsin, Wyoming.

Principal product type: Annuity(ies)-Fixed, Annuity(ies)-Variable, Banking Products (Other than CDs), CD(s), Commodity Option(s), Debt-Asset Backed, Debt-Corporate, Debt-Government, Debt-Municipal, Derivative(s), Direct Investment(s)-DDP & LP Interest(s), Equity-OTC, Equity Listed (Common & Preferred Stock), Futures-Commodity, Futures-Financial, Index Option(s), Insurance, Investment Contract(s), Money Market Fund(s), Mutual Fund(s), No Product, Options, Other, Penny Stock(s), Unit Investment Trust(s).

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

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

Judgment/Lien

Judgment/Lien Type: Civil, Default, Tax.

If no, how was matter resolved?: Discharged, Released, Removed, Satisfied.

Regulatory Action

Principal Sanction: Cease and Desist, Civil Penalty(ies)/Fine(s), Disgorgement, Injunction, Money Damages (Private/Civil Complaint), Other, Restitution, Restraining Order.

Principal product type: Annuity(ies)-Fixed, Annuity(ies)-Variable, Banking Products (Other than CDs), CD(s), Commodity Option(s), Debt-Asset Backed, Debt-Corporate, Debt-Government, Debt-Municipal, Derivative(s), Direct Investment(s)-DDP & LP Interest(s), Equity-OTC, Equity Listed (Common & Preferred Stock), Futures-Commodity, Futures-Financial, Index Option(s), Insurance, Investment Contract(s),

Money Market Fund(s), Mutual Fund(s), No Product, Options, Other, Penny Stock(s), Unit Investment Trust(s).

How was matter resolved: Acceptance, Waiver & Consent (AWC), Consent, Decision, Decision & Order of Offer of Settlement, Dismissed, Order, Other, Settled, Stipulation and Consent, Vacated, Withdrawn.

Termination

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

Principal product type: Annuity(ies)-Fixed, Annuity(ies)-Variable, Banking Products (Other than CDs), CD(s), Commodity Option(s), Debt-Asset Backed, Debt-Corporate, Debt-Government, Debt-Municipal, Derivative(s), Direct Investment(s)-DDP & LP Interest(s), Equity-OTC, Equity Listed (Common & Preferred Stock), Futures-Commodity, Futures-Financial, Index Option(s), Insurance, Investment Contract(s), Money Market Fund(s), Mutual Fund(s), No Product, Options, Other, Penny Stock(s), Unit Investment Trust(s).

SPECIAL INSTRUCTIONS FOR PAPER FILERS

If you plan to file the Form U4 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 U4. Please note that paper filings generally are not permitted for broker-dealer registrations.

Submission of Forms

When applying for the first time, you must file a complete Form U4. To amend your Form U4, you must:

- Complete Section 1 (GENERAL INFORMATION).
- Update/amend the appropriate section(s) of the Form U4.
- Update/amend the appropriate Disclosure Reporting Pages.
- Include necessary signatures.
- Submit the amendment to the appropriate *SRO* or *jurisdictions*.

The *firm* must retain and, upon request, must make available for regulatory inspection, a copy of the signed initial Form U4 and a copy of each amendment to the Form U4.

1. GENERAL INFORMATION

You should note the following:

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.

Firm Name. If you are an Agent of an Issuer, enter in the field labeled "*Firm Name*" the name of the issuer of the securities whom you represent. Do not abbreviate, shorten, or modify the name in any way.

CRD Branch Number. This is not a required field.

2. FINGERPRINT INFORMATION

You must submit to the appropriate *SRO* or *jurisdiction* fingerprint cards if required to do so.

4. & 5. REGISTRATIONS

- Select the appropriate *SRO* or *jurisdiction* registration category with whom you are seeking registration by selecting the appropriate request box(es).
- If you are an Agent of an Issuer (AI), select the box marked AI; then enter the two-letter *jurisdiction* identification for the relevant state(s). Contact the appropriate *jurisdiction* for instructions regarding AI registration processing.
- Use the "Other" box only to request registration categories not listed on the Form U4.
- Applicable fees should be submitted with your filing.

6. REGISTRATION REQUESTS WITH AFFILIATED FIRMS

This section does not apply for paper filers.

7. EXAMINATION REQUESTS

Check the "other" box only to request examination categories not listed on the Form U4.

9. IDENTIFYING INFORMATION/NAME CHANGE

Hair Color. Enter your hair color from the list of choices appended to this form.

Eye Color. Enter your eye color from the list of choices appended to this form.

15F. FIRM/APPROPRIATE SIGNATORY CONCURRENCE

This section does not apply for paper filers.

LASTNAME, FIRSTNAME :

SSN: 111-11-1111

FIRM NAME : 1

Reference #:

1. GENERAL INFORMATION

First Name: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>	Suffix: <input type="text"/>
Firm CRD #: <input type="text"/>	Firm Name: <input type="text"/>	Employment Date (MM/DD/YYYY): <input type="text"/>	
Firm Billing Code: <input type="text"/>	Individual CRD #: <input type="text"/>	Individual SSN: <input type="text"/>	

Do you have an independent contractor relationship with the above named firm?☐ Yes ☐ No**Office of Employment Address:**

Registered	CRD Branch #:	NYSE Branch Code #:	Firm Billing Code:	Located At	Start Date:
Non-Registered				Supervised From	End Date:

Office of Employment Address Street 1: City: State: Country: Postal Code:

Office of Employment Address Street 2:

Private Residence Check Box: If the Office of Employment address is a private residence, check this box.

Registered	CRD Branch #:	NYSE Branch Code #:	Firm Billing Code:	Located At	Start Date:
Non-Registered				Supervised From	End Date:

Office of Employment Address Street 1: City: State: Country: Postal Code:

Office of Employment Address Street 2:

Private Residence Check Box: If the Office of Employment address is a private residence, check this box.**2. FINGERPRINT INFORMATION**Electronic Filing Representation

☐ By selecting this option, I represent that I am submitting, have submitted, or promptly will submit to the appropriate *SRO* a fingerprint card as required under applicable *SRO* rules; or

Fingerprint card barcode

☐ By selecting this option, I represent that I have been employed continuously by the *filing firm* since the last submission of a fingerprint card to CRD and am not required to resubmit a fingerprint card at this time; or,

☐ By selecting this option, I represent that I have been employed continuously by the *filing firm* and my fingerprints have been processed by an *SRO* other than FINRA. I am submitting, have submitted, or promptly will submit the processed results for posting to CRD.

Exceptions to the Fingerprint Requirement

- ☐ By selecting one or more of the following two options, I affirm that I am exempt from the federal fingerprint requirement because I/*filing firm* currently satisfy(ies) the requirements of at least one of the permissive exemptions indicated below pursuant to Rule 17f-2 under the Securities Exchange Act of 1934, including any notice or application requirements specified therein:
- ☐ Rule 17f-2(a)(1)(i)
 - ☐ Rule 17f-2(a)(1)(iii)

Investment Adviser Representative Only Applicants

- ☐ I affirm that I am applying only as an investment adviser representative and that I am not also applying or have not also applied with this *firm* to become a broker-dealer representative. If this radio button/box is selected, continue below.
- ☐ I am applying for registration only in *jurisdictions* that do not have fingerprint card filing requirements, or
 - ☐ I am applying for registration in *jurisdictions* that have fingerprint card filing requirements and I am submitting, have submitted, or promptly will submit the appropriate fingerprint card directly to the *jurisdictions* for processing pursuant to applicable *jurisdiction* rules.

3. REGISTRATION WITH UNAFFILIATED FIRMS

Some *jurisdictions* prohibit "dual registration," which occurs when an individual chooses to maintain a concurrent registration as a representative/agent with two or more *firms* (either BD or IA *firms*) that are not *affiliated*. *Jurisdictions* that prohibit dual registration would not, for example, permit a broker-dealer agent working with brokerage *firm* A to maintain a registration with brokerage *firm* B if *firms* A and B are not owned or controlled by a common parent. Before seeking a dual registration status, you should consult the applicable rules or statutes of the *jurisdictions* with which you seek registration for prohibitions on dual registrations or any liability provisions.

Please indicate whether the individual will maintain a "dual registration" status by answering the questions in this section. (Note: An individual should answer 'yes' only if the individual is currently registered and is seeking registration with a *firm* (either BD or IA) that is not *affiliated* with the individual's current employing *firm*. If this is an initial application, an individual must answer 'no' to these questions; a "dual registration" may be initiated only after an initial registration has been established).

Answer "yes" or "no" to the following questions:	Yes	No
Will <i>applicant</i> maintain registration with a broker-dealer that is not	<input type="radio"/>	<input type="radio"/>
A. <i>affiliated</i> with the <i>filing firm</i> ? If you answer "yes," list the <i>firm</i> (s) in Section 12 (Employment History).		
B. Will <i>applicant</i> maintain registration with an investment adviser that is not	<input type="radio"/>	<input type="radio"/>

affiliated with the filing firm? If you answer "yes," list the *firm(s)* in Section 12 (Employment History).

4. SRO REGISTRATIONS

Check appropriate *SRO* Registration requests.

Qualifying examinations will be automatically scheduled if needed. If you are only scheduling or re-scheduling an exam, skip this section and complete Section 7 (EXAMINATION REQUESTS).

REGISTRATION CATEGORY	FINRA	NYSE	AMEX	BSE	NSX	ARCA	CBOE	CHX	PHLX	ISE	NQX
OP - Registered Options Principal (S4)											
IR - Investment Company and Variable Contracts Products Rep. (S6)											
GS - Full Registration/General Securities Representative (S7)											
TR - Securities Trader (S7)											
TS - Trading Supervisor (S7)											
SU - General Securities Sales Supervisor (S9 and S10)											
BM - Branch Office Manager (S9 and S10)											
SM - Securities Manager											
AR - Assistant Representative/Order Processing (S11)											
IE - United Kingdom - Limited General Securities Registered Representative (S17)											
DR - Direct Participation Program Representative (S22)											

GP - General
Securities Principal
(S24)

IP - Investment
Company and
Variable Contracts
Products Principal
(S26)

FA - Foreign
Associate

FN - Financial and
Operations Principal
(S27)

FI - Introducing
Broker-
Dealer/Financial and
Operations Principal
(S28)

RS - Research
Analyst (S86, S87)

RP - Research
Principal

DP - Direct
Participation Program
Principal (S39)

OR - Options
Representative (S42)

MR - Municipal
Securities
Representative (S52)

MP - Municipal
Securities Principal
(S53)

CS - Corporate
Securities
Representative (S62)

RG - Government
Securities
Representative (S72)

PG - Government
Securities Principal
(S73)

SA - Supervisory
Analyst (S16)

PR - Limited

Representative -
Private Securities
Offerings (S82)
CD - Canada-Limited
General Securities
Registered
Representative (S37)
CN - Canada-Limited
General Securities
Registered
Representative (S38)
ET - Equity Trader
(S55)
AM - Allied Member
AP - Approved
Person
LE - Securities
Lending
Representative
LS - Securities
Lending Supervisor
ME - Member
Exchange
FE - Floor Employee
OF - Officer
CO - Compliance
Official (S14)
CF - Compliance
Official Specialist
(S14A)
PM - Floor Member
Conducting Public
Business
PC - Floor Clerk
Conducting Public
Business
SC - Specialist Clerk
(S21)
TA - Trading
Assistant (S25)
FP - Municipal Fund
(S51)
MM – Market Maker
Authorized Trader-

Options (S44)

FB – Floor Broker

MB - Market Maker
acting as a Floor
BrokerOT - Authorized
TraderMT – Market Maker
Authorized Trader –
Equities (S7)IF - In-Firm Delivery
Proctor

Other

(Paper Form Only)

5. JURISDICTION REGISTRATION**Check appropriate *jurisdiction(s)* for broker-dealer agent (AG) and/or investment adviser representative (RA) registration requests.**

JURISDICTION	AG	RA	JURISDICTION	AG	RA	JURISDICTION	AG	RA	JURISDICTION	AG	RA
Alabama	<input type="checkbox"/>	<input type="checkbox"/>	Illinois	<input type="checkbox"/>	<input type="checkbox"/>	Montana	<input type="checkbox"/>	<input type="checkbox"/>	Puerto Rico	<input type="checkbox"/>	<input type="checkbox"/>
Alaska	<input type="checkbox"/>	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	<input type="checkbox"/>	Rhode Island	<input type="checkbox"/>	<input type="checkbox"/>
Arizona	<input type="checkbox"/>	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	<input type="checkbox"/>	South Carolina	<input type="checkbox"/>	<input type="checkbox"/>
Arkansas	<input type="checkbox"/>	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	South Dakota	<input type="checkbox"/>	<input type="checkbox"/>
California	<input type="checkbox"/>	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>	<input type="checkbox"/>	Tennessee	<input type="checkbox"/>	<input type="checkbox"/>
Colorado	<input type="checkbox"/>	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	<input type="checkbox"/>	Texas	<input type="checkbox"/>	<input type="checkbox"/>
Connecticut	<input type="checkbox"/>	<input type="checkbox"/>	Maine	<input type="checkbox"/>	<input type="checkbox"/>	New York	<input type="checkbox"/>	<input type="checkbox"/>	Utah	<input type="checkbox"/>	<input type="checkbox"/>
Delaware	<input type="checkbox"/>	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	<input type="checkbox"/>	Vermont	<input type="checkbox"/>	<input type="checkbox"/>
District of Columbia	<input type="checkbox"/>	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	<input type="checkbox"/>	Virgin Islands	<input type="checkbox"/>	<input type="checkbox"/>
Florida	<input type="checkbox"/>	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	<input type="checkbox"/>	Virginia	<input type="checkbox"/>	<input type="checkbox"/>
Georgia	<input type="checkbox"/>	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	<input type="checkbox"/>	Washington	<input type="checkbox"/>	<input type="checkbox"/>
Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	<input type="checkbox"/>	West Virginia	<input type="checkbox"/>	<input type="checkbox"/>
Idaho	<input type="checkbox"/>	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>	<input type="checkbox"/>	Wisconsin	<input type="checkbox"/>	<input type="checkbox"/>
									Wyoming	<input type="checkbox"/>	<input type="checkbox"/>

AGENT OF THE ISSUER REGISTRATION (AI) Indicate 2 letter *jurisdiction* code(s): _____**6. REGISTRATION REQUESTS WITH AFFILIATED FIRMS**

Will *applicant* maintain registration with *firm(s)* under common ownership or control with the *filing firm*?

If "yes", fill in the details to indicate a request for registration with additional *firm(s)*.

☐ Yes ☐ No

If the individual seeks registration with *firm(s)* *affiliated* with the *filing firm*, complete the following to make a request for registration with the additional *affiliated firm(s)* other than the *filing firm*.

Affiliated Firm Name:		Employment Date
<input type="text"/>		(MM/DD/YYYY):
Affiliated Firm CRD #:	Affiliated Firm Billing Code:	<input type="text"/>
<input type="text"/>	<input type="text"/>	

Do you have an independent contractor relationship with the above named firm?

☐ Yes ☐ No

Office of Employment Address:

Registered CRD Branch #: NYSE Branch Code #: *Firm Billing Code:* Located At Start Date:
Non-Registered Supervised From End Date:

Office of Employment Address Street 1: City: State: Country: Postal Code:

Office of Employment Address Street 2:

Private Residence Check Box: If the Office of Employment address is a private residence, check this box.

Registered CRD Branch #: NYSE Branch Code #: *Firm Billing Code:* Located At Start Date:
Non-Registered Supervised From End Date:

Office of Employment Address Street 1: City: State: Country: Postal Code:

Office of Employment Address Street 2:

Private Residence Check Box: If the Office of Employment address is a private residence, check this box.

☐ Check here to request the same *SRO* and *jurisdiction* registrations for this *affiliated firm* that are requested on this application for the *filing firm*.

☐ Check here to request different *SRO* and *jurisdiction* registrations than requested on this application for your *filing firm*.

Affiliated Firm Fingerprint Information

Electronic Filing Representation

- ☐ I am not required to submit a fingerprint card at this time because the fingerprint card submitted by the *filing firm* applies; or,

By selecting this option, I represent that I am submitting, have submitted, or promptly will submit to the appropriate *SRO* a fingerprint card as required under applicable *SRO* rules; or

☐

Fingerprint card barcode

- ☐ By selecting this option, I represent that I have been employed continuously by the *affiliated firm* since the last submission of a fingerprint card to CRD and am not required to resubmit a fingerprint card at this time; or,
[I am not required to submit a fingerprint card at this time because the fingerprint card submitted by the *filing firm* applies; or,]
- ☐ By selecting this option, I represent that I have been employed continuously by the *affiliated firm* and my fingerprints have been processed by an *SRO* other than FINRA. I am submitting, have submitted, or promptly will submit the processed results for posting to CRD.

Exceptions to the Fingerprint Requirement

- ☐ By selecting one or more of the following two options, I affirm that I am exempt from the federal fingerprint requirement because I/*filing firm* currently satisfy(ies) the requirements of at least one of the permissive exemptions indicated below pursuant to Rule 17f-2 under the Securities Exchange Act of 1934, including any notice or application requirements specified therein:
 - ☐ Rule 17f-2(a)(1)(i)
 - ☐ Rule 17f-2(a)(1)(iii)

Investment Adviser Representative Only Applicants

- ☐ I affirm that I am applying only as an investment adviser representative and that I am not also applying or have not also applied with this *firm* to become a broker-dealer representative. If this radio button/box is selected, continue below.
 - ☐ I am applying for registration only in *jurisdictions* that do not have fingerprint card filing requirements, or
 - ☐ I am applying for registration in *jurisdictions* that have fingerprint card filing requirements and I am submitting, have submitted, or promptly will submit the appropriate fingerprint card directly to the *jurisdictions* for processing pursuant to applicable *jurisdiction* rules.

7. EXAMINATION REQUESTS

Scheduling or Rescheduling Examinations Complete this section only if you are scheduling or rescheduling an examination or continuing education session. Do not select the Series 63 (S63) or Series 65 (S65) examinations in this section if you have completed Section 5 (JURISDICTION REGISTRATION) and have selected registration in a

jurisdiction. If you have completed Section 5 (JURISDICTION REGISTRATION), and requested an AG registration in a *jurisdiction* that requires that you pass the S63 examination, an S63 examination will be automatically scheduled for you upon submission of this Form U4. If you have completed Section 5 (JURISDICTION REGISTRATION), and requested an RA registration in a *jurisdiction* that requires that you pass the S65 examination, an S65 examination will be automatically scheduled for you upon submission of this Form U4.

- | | | | | | |
|------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> S3 | <input type="checkbox"/> S11 | <input type="checkbox"/> S22 | <input type="checkbox"/> S31 | <input type="checkbox"/> S45 | <input type="checkbox"/> S66 |
| <input type="checkbox"/> S4 | <input type="checkbox"/> S14 | <input type="checkbox"/> S23 | <input type="checkbox"/> S32 | <input type="checkbox"/> S46 | <input type="checkbox"/> S72 |
| <input type="checkbox"/> S5 | <input type="checkbox"/> S14A | <input type="checkbox"/> S24 | <input type="checkbox"/> S33 | <input type="checkbox"/> S51 | <input type="checkbox"/> S73 |
| <input type="checkbox"/> S6 | <input type="checkbox"/> S15 | <input type="checkbox"/> S25 | <input type="checkbox"/> S37 | <input type="checkbox"/> S52 | <input type="checkbox"/> S82 |
| <input type="checkbox"/> S7 | <input type="checkbox"/> S16 | <input type="checkbox"/> S26 | <input type="checkbox"/> S38 | <input type="checkbox"/> S53 | <input type="checkbox"/> S86 |
| <input type="checkbox"/> S7A | <input type="checkbox"/> S17 | <input type="checkbox"/> S27 | <input type="checkbox"/> S39 | <input type="checkbox"/> S55 | <input type="checkbox"/> S87 |
| <input type="checkbox"/> S9 | <input type="checkbox"/> S21 | <input type="checkbox"/> S28 | <input type="checkbox"/> S42 | <input type="checkbox"/> S62 | <input type="checkbox"/> S101 |
| <input type="checkbox"/> S10 | | <input type="checkbox"/> S30 | <input type="checkbox"/> S44 | <input type="checkbox"/> S63 | <input type="checkbox"/> S106 |
| | | | | <input type="checkbox"/> S65 | <input type="checkbox"/> S201 |

Other _____ (Paper Form Only)

OPTIONAL: Foreign Exam City _____

Date (MM/DD/YYYY) _____

If you have taken an exam prior to registering through the CRD system please enter the exam type and date taken.

Exam type:

Date taken (MM/DD/YYYY):

8. PROFESSIONAL DESIGNATIONS

Select each designation you currently maintain.

- ☐ **Certified Financial Planner**
- ☐ **Chartered Financial Consultant (ChFC)**
- ☐ **Personal Financial Specialist (PFS)**
- ☐ **Chartered Financial Analyst (CFA)**
- ☐ **Chartered Investment Counselor (CIC)**

9. IDENTIFYING INFORMATION/NAME CHANGE

First Name:

Middle Name:

Last Name:

Suffix:

**Date of Birth
(MM/DD/YYYY)**

State/Province of Birth

Country of Birth

Sex

O Male O Female

Height (ft)**Height (in)****Weight (lbs)****Hair Color****Eye Color****10. OTHER NAMES**

Enter all other names that you have used or are using, or by which you are known or have been known, other than your legal name, since the age of 18. This field should include, for example, nicknames, aliases, and names used before or after marriage.

First Name**Middle Name****Last Name****Suffix****11. RESIDENTIAL HISTORY**

Starting with the current address, give all addresses for the past 5 years. Report changes as they occur.

From (MM/YYYY)**To (MM/YYYY)****Address Street 1****Address Street 2****City****State****Country****Postal Code****12. EMPLOYMENT HISTORY**

Provide complete employment history for the past 10 years. Include the *firm(s)* noted in Section 1 (GENERAL INFORMATION) and Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS). Include all *firm(s)* from Section 3 (REGISTRATION WITH UNAFFILIATED FIRMS). Account for all time including full and part-time employments, self-employment, military service, and homemaking. Also include statuses such as unemployed, full-time education, extended travel, or other similar statuses.

Report changes as they occur.

From (MM/YYYY)**To (MM/YYYY)****Name of *Firm* or Company****City****State****Country****Investment-Related Business?**

☐ Yes ☐ No

Position Held**13. OTHER BUSINESS**

Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non *investment-related*

activity that is exclusively charitable, civic, religious or fraternal and is recognized as tax exempt.) If YES, please provide the following details: the name of the other business, whether the business is *investment-related*, the address of the other business, the nature of the other business, your position, title, or relationship with the other business, the start date of your relationship, the approximate number of hours/month you devote to the other business, the number of hours you devote to the other business during securities trading hours, and briefly describe your duties relating to the other business.

☐ Yes ☐ No

If 'Yes', please enter details below.

14. DISCLOSURE QUESTIONS

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS 'YES', COMPLETE DETAILS OF ALL EVENTS OR PROCEEDINGS ON APPROPRIATE DRP(S)

**REFER TO THE EXPLANATION OF TERMS SECTION OF FORM U4
INSTRUCTIONS FOR EXPLANATIONS OF ITALICIZED TERMS.**

Criminal Disclosure

14A. (1) Have you ever:	YES	NO
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
(b) been <i>charged</i> with any <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
(2) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:		
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
(b) been <i>charged</i> with any <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
14B. (1) Have you ever:		
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a <i>misdemeanor involving</i> : investments or an <i>investment-related</i> business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	<input type="radio"/>	<input type="radio"/>
(b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="radio"/>	<input type="radio"/>
(2) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:		
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to a <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="radio"/>	<input type="radio"/>

(b) been *charged* with a *misdemeanor* specified in 14B(1)(a)? ☐ YES ☐ NO

Regulatory Action Disclosure

14C. **Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:** YES NO

- (1) *found* you to have made a false statement or omission? ☐ YES ☐ NO
- (2) *found* you to have been *involved* in a violation of its regulations or statutes? ☐ YES ☐ NO
- (3) *found* you to have been a cause of an *investment-related* business having its authorization to do business denied, suspended, revoked, or restricted? ☐ YES ☐ NO
- (4) entered an *order* against you in connection with *investment-related* activity? ☐ YES ☐ NO
- (5) imposed a civil money penalty on you, or *ordered* you to cease and desist from any activity? ☐ YES ☐ NO

14D(1) **Has any other Federal regulatory agency or any state regulatory agency or foreign financial regulatory authority ever:**

- (a) *found* you to have made a false statement or omission or been dishonest, unfair or unethical? ☐ YES ☐ NO
- (b) *found* you to have been *involved* in a violation of *investment-related* regulation(s) or statute(s)? ☐ YES ☐ NO
- (c) *found* you to have been a cause of an *investment-related* business having its authorization to do business denied, suspended, revoked or restricted? ☐ YES ☐ NO
- (d) entered an *order* against you in connection with an *investment-related* activity? ☐ YES ☐ NO
- (e) denied, suspended, or revoked your registration or license or otherwise, by *order*, prevented you from associating with an *investment-related* business or restricted your activities? ☐ YES ☐ NO

14D(2) **Have you been subject to any *final order* of a state securities commission (or any agency or officer performing like functions), state authority that supervises or examines banks, savings associations, or credit unions, state insurance commission (or any agency or office performing like functions), an appropriate federal banking agency, or the National Credit Union Administration, that:**

- (a) bars you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in the business of securities, insurance, banking, savings association activities, or credit union activities; or ☐ YES ☐ NO
- (b) constitutes a *final order* based on violations of any laws or ☐ YES ☐ NO

regulations that prohibit fraudulent, manipulative, or deceptive conduct?

- 14E. Has any self-regulatory organization or commodities exchange ever:**
- (1) *found* you to have made a false statement or omission? ☐ ☐
 - (2) *found* you to have been *involved* in a violation of its rules (other than a violation designated as a "*minor rule violation*" under a plan approved by the U.S. Securities and Exchange Commission)? ☐ ☐
 - (3) *found* you to have been the cause of an *investment-related* business having its authorization to do business denied, suspended, revoked or restricted? ☐ ☐
 - (4) disciplined you by expelling or suspending you from membership, barring or suspending your association with its members, or restricting your activities? ☐ ☐
- 14F. Have you ever had an authorization to act as an attorney, accountant or federal contractor that was revoked or suspended?** ☐ ☐
- 14G. Have you been notified, in writing, that you are now the subject of any:**
- (1) regulatory complaint or *proceeding* that could result in a "yes" answer to any part of 14C, D or E? (*If yes, complete the Regulatory Action Disclosure Reporting Page.*) ☐ ☐
 - (2) *investigation* that could result in a "yes" answer to any part of 14A, B, C, D or E? (*If yes, complete the Investigation Disclosure Reporting Page.*) ☐ ☐

Civil Judicial Disclosure

- 14H. (1) Has any domestic or foreign court ever:** **YES NO**
- (a) *enjoined* you in connection with any *investment-related* activity? ☐ ☐
 - (b) *found* that you were *involved* in a violation of any *investment-related* statute(s) or regulation(s)? ☐ ☐
 - (c) dismissed, pursuant to a settlement agreement, an *investment-related* civil action brought against you by a state or *foreign financial regulatory authority*? ☐ ☐
- (2) Are you named in any pending *investment-related* civil action that could result in a "yes" answer to any part of 14H(1)? ☐ ☐

Customer Complaint/Arbitration/Civil Litigation Disclosure

- 14I. (1) Have you ever been named as a respondent/defendant in an investment-related, consumer-initiated arbitration or civil litigation which alleged that you were involved in one or more sales practice violations and which:** **YES NO**

- (a) is still pending, or; ☐ ☐
- (b) resulted in an arbitration award or civil judgment against you, ☐ ☐
regardless of amount, or;
- (c) was settled for an amount of \$10,000 or more? ☐ ☐
- (2) Have you ever been the subject of an *investment-related*, consumer-initiated complaint, not otherwise reported under question 14I(1) above, which alleged that you were *involved* in one or more *sales practice violations*, and which complaint was settled for an amount of \$10,000 or more? ☐ ☐
- (3) Within the past twenty four (24) months, have you been the subject of an *investment-related*, consumer-initiated, written complaint, not otherwise reported under question 14I(1) or (2) above, which:
- (a) alleged that you were *involved* in one or more *sales practice violations* and contained a claim for compensatory damages of \$5,000 or more (if no damage amount is alleged, the complaint must be reported unless the *firm* has made a good faith determination that the damages from the alleged conduct would be less than \$5,000), or; ☐ ☐
- (b) alleged that you were *involved* in forgery, theft, misappropriation or conversion of funds or securities? ☐ ☐

Termination Disclosure

- 14J. Have you ever voluntarily *resigned*, been discharged or permitted to *resign* after allegations were made that accused you of: YES NO
- (1) violating *investment-related* statutes, regulations, rules, or industry standards of conduct? ☐ ☐
- (2) fraud or the wrongful taking of property? ☐ ☐
- (3) failure to supervise in connection with *investment-related* statutes, regulations, rules or industry standards of conduct? ☐ ☐

Financial Disclosure

- 14K. Within the past 10 years: YES NO
- (1) have you made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition? ☐ ☐
- (2) based upon events that occurred while you exercised *control* over it, has an organization made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition? ☐ ☐
- (3) based upon events that occurred while you exercised *control* over it, has a broker or dealer been the subject of an involuntary bankruptcy petition, or had a trustee appointed, or had a direct payment procedure initiated under the Securities Investor Protection Act? ☐ ☐

- 14L. Has a bonding company ever denied, paid out on, or revoked a bond ☐ ☐

for you?

14M. Do you have any unsatisfied judgments or liens against you?

O O

15. SIGNATURES

Please Read Carefully.

All signatures required on this Form U4 filing must be made in this section.

A "signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. 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.

15A INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT

This section must be completed on all initial or Temporary Registration form filings.

15B FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS

This section must be completed on all initial or Temporary Registration form filings.

15C TEMPORARY REGISTRATION ACKNOWLEDGMENT

This section must be completed on Temporary Registration form filings to be able to receive Temporary Registration.

15D INDIVIDUAL/APPLICANT'S AMENDMENT ACKNOWLEDGMENT AND CONSENT

This section must be completed on any amendment filing that amends any information in Section 14 (Disclosure Questions) or any Disclosure Reporting Page (DRP).

15E FIRM/APPROPRIATE SIGNATORY AMENDMENT REPRESENTATIONS

This section must be completed on all amendment form filings.

15F FIRM/APPROPRIATE SIGNATORY CONCURRENCE

This section must be completed to concur with a U4 filing made by another *firm* (IA/BD) on behalf of an individual that is also registered with that other *firm* (IA/BD).

15A. INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT

1. I swear or affirm that I have read and understand the items and instructions on this form and that my answers (including attachments) are true and complete to the best of my knowledge. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers.
2. I apply for registration with the *jurisdictions* and *SROs* indicated in Section 4 (SRO REGISTRATION) and Section 5 (JURISDICTION REGISTRATION) as may be amended from time to time and, in consideration of the *jurisdictions* and *SROs* receiving and considering my application, I submit to the authority of the *jurisdictions* and *SROs* and agree to comply with all provisions, conditions and covenants of the statutes, constitutions, certificates of incorporation, by-laws and rules and regulations of the *jurisdictions* and *SROs* as they are or may be adopted, or amended from time to time. I further agree to be subject to and comply with all requirements, rulings, orders, directives and decisions of, and penalties, prohibitions and limitations imposed by the *jurisdictions* and *SROs*, subject to right of appeal or review as provided by law.

3. I agree that neither the *jurisdictions* or *SROs* nor any person acting on their behalf shall be liable to me for action taken or omitted to be taken in official capacity or in the scope of employment, except as otherwise provided in the statutes, constitutions, certificates of incorporation, by-laws or the rules and regulations of the *jurisdictions* and *SROs*.
4. I authorize the *jurisdictions*, *SROs*, and the *designated entity* to give any information they may have concerning me to any employer or prospective employer, any federal, state or municipal agency, or any other *SRO* and I release the *jurisdictions*, *SROs*, and the *designated entity*, and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I agree to arbitrate any dispute, claim or controversy that may arise between me and my *firm*, or a customer, or any other person, that is required to be arbitrated under the rules, constitutions, or by-laws of the *SROs* indicated in Section 4 (SRO REGISTRATION) as may be amended from time to time and that any arbitration award rendered against me may be entered as a judgment in any court of competent *jurisdiction*.
6. For the purpose of complying with the laws relating to the offer or sale of securities or commodities or investment advisory activities, I irrevocably appoint the administrator of each *jurisdiction* indicated in Section 5 (JURISDICTION REGISTRATION) as may be amended from time to time, or such other person designated by law, and the successors in such office, my attorney upon whom may be served any notice, process, pleading, subpoena or other document in any action or *proceeding* against me arising out of or in connection with the offer or sale of securities or commodities, or investment advisory activities or out of the violation or alleged violation of the laws of such *jurisdictions*. I consent that any such action or *proceeding* against me may be commenced in any court of competent *jurisdiction* and proper venue by service of process upon the appointee as if I were a resident of, and had been lawfully served with process in the *jurisdiction*. I request that a copy of any notice, process, pleading, subpoena or other document served hereunder be mailed to my current residential address as reflected in this form or any amendment thereto.
7. I consent that the service of any process, pleading, subpoena, or other document in any *investigation* or administrative *proceeding* conducted by the SEC, CFTC or a *jurisdiction* or in any civil action in which the SEC, CFTC or a *jurisdiction* are plaintiffs, or the notice of any *investigation* or *proceeding* by any *SRO* against the *applicant*, may be made by personal service or by regular, registered or certified mail or confirmed telegram to me at my most recent business or home address as reflected in this Form U4, or any amendment thereto, by leaving such documents or notice at such address, or by any other legally permissible means.

I further stipulate and agree that any civil action or administrative *proceeding* instituted by the SEC, CFTC or a *jurisdiction* may be commenced by the service of process as described herein, and that service of an administrative subpoena shall be effected by such service, and that service as aforesaid shall be taken and held in all courts and administrative tribunals to be valid and binding as if personal service thereof had been made.

8. I authorize all my employers and any other person to furnish to any *jurisdiction*, *SRO*, *designated entity*, employer, prospective employer, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination. Moreover, I release each employer, former employer and each other person from any and all liability, of whatever nature, by reason of furnishing any of the above information, including that

information reported on the Uniform Termination Notice for Securities Industry Registration (Form U5). I recognize that I may be the subject of an investigative consumer report and waive any requirement of notification with respect to any investigative consumer report ordered by any *jurisdiction, SRO, designated entity*, employer, or prospective employer. I understand that I have the right to request complete and accurate disclosure by the *jurisdiction, SRO, designated entity*, employer or prospective employer of the nature and scope of the requested investigative consumer report.

9. I understand and certify that the representations in this form apply to all employers with whom I seek registration as indicated in Section 1 (GENERAL INFORMATION) or Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS) of this form. I agree to update this form by causing an amendment to be filed on a timely basis whenever changes occur to answers previously reported. Further, I represent that, to the extent any information previously submitted is not amended, the information provided in this form is currently accurate and complete.
10. I authorize any employer or prospective employer to file electronically on my behalf any information required in this form or any amendment thereto; I certify that I have reviewed and approved the information to be submitted to any *jurisdiction* or *SRO* on this Form U4 Application; I agree that I will review and approve all disclosure information that will be filed electronically on my behalf; I further agree to waive any objection to the admissibility of the electronically filed records in any criminal, civil, or administrative *proceeding*.

Applicant or *applicant's* agent has typed *applicant's* name under this section to attest to the completeness and accuracy of this record. The *applicant* recognizes that this typed name constitutes, in every way, use or aspect, his or her legally binding signature.

Date (MM/DD/YYYY)

Signature of *Applicant*

Printed Name

15B. FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS

To the best of my knowledge and belief, the *applicant* is currently bonded where required, and, at the time of approval, will be familiar with the statutes, constitution(s), rules and by-laws of the agency, *jurisdiction* or *SRO* with which this application is being filed, and the rules governing registered persons, and will be fully qualified for the position for which application is being made herein. I agree that, notwithstanding the approval of such agency, *jurisdiction* or *SRO* which hereby is requested, I will not employ the *applicant* in the capacity stated herein without first receiving the approval of any authority that may be required by law.

This *firm* has communicated with all of the *applicant's* previous employers for the past three years and has documentation on file with the names of the persons contacted and the date of contact. In addition, I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application.

I have provided the *applicant* an opportunity to review the information contained herein and the *applicant* has approved this information and signed the Form U4.

Date (MM/DD/YYYY)

Signature of *Appropriate Signatory*

Printed Name

15C. TEMPORARY REGISTRATION ACKNOWLEDGMENT

If an *applicant* has been registered in a *jurisdiction* or *self regulatory organization (SRO)* in the 30 days prior to the date an application for registration is filed with the Central Registration Depository or Investment Adviser Registration Depository, he or she may qualify for a Temporary Registration to conduct securities business in that *jurisdiction* or *SRO* if this acknowledgment is executed and filed with the Form U4 at the *applicant's firm*.

This acknowledgment must be signed only if the *applicant* intends to apply for a Temporary Registration while the application for registration is under review.

I request a Temporary Registration in each *jurisdiction* and/or *SRO* requested on this Form U4, while my registration with the *jurisdiction(s)* and/or *SRO(s)* requested is under review;

I am requesting a Temporary Registration with the *firm* filing on my behalf for the *jurisdiction(s)* and/or *SRO(s)* noted in Section 4 (SRO REGISTRATION) and/or Section 5 (JURISDICTION REGISTRATION) of this Form U4;

I understand that I may request a Temporary Registration only in those *jurisdiction(s)* and/or *SRO(s)* in which I have been registered with my prior *firm* within the previous 30 days;

I understand that I may not engage in any securities activities requiring registration in a *jurisdiction* and/or *SRO* until I have received notice from the CRD or IARD that I have been granted a Temporary Registration in that *jurisdiction* and/or *SRO*;

I agree that until the Temporary Registration has been replaced by a registration, any *jurisdiction* and/or *SRO* in which I have applied for registration may withdraw the Temporary Registration;

If a *jurisdiction* or *SRO* withdraws my Temporary Registration, my application will then be held pending in that *jurisdiction* and/or *SRO* until its review is complete and the registration is granted or denied, or the application is withdrawn;

I understand and agree that, in the event my Temporary Registration is withdrawn by a *jurisdiction* and/or *SRO*, I must immediately cease any securities activities requiring a registration in that *jurisdiction* and/or *SRO* until it grants my registration;

I understand that by executing this Acknowledgment I am agreeing not to challenge the withdrawal of a Temporary Registration; however, I do not waive any right I may have in any *jurisdiction* and/or *SRO* with respect to any decision by that *jurisdiction* and/or *SRO* to deny my application for registration.

Date (MM/DD/YYYY)

Signature of *Applicant*

Printed Name

15D. AMENDMENT INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT

Date (MM/DD/YYYY)

Signature of *Applicant*

Printed Name

**15E. FIRM/APPROPRIATE SIGNATORY AMENDMENT
REPRESENTATIONS**

Date (MM/DD/YYYY)

Signature of *Applicant*

Printed Name

15F. FIRM/APPROPRIATE SIGNATORY CONCURRENCE

By typing an appropriate signatory's name in this field, I swear or affirm that I have reviewed and that I concur with this filing.

Date (MM/DD/YYYY)

Signature of *Applicant*

Printed Name

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), 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 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. 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

EXPLANATION OF TERMS

The following definitions apply to terms that are italicized in this form.

AFFILIATED means under common ownership or control.

APPROPRIATE SIGNATORY means the individual the *firm* authorizes to execute the individual's Form U5 on the *filing firm's* behalf. The *appropriate signatory* must meet the criteria established, if any, by the appropriate *SRO* or *jurisdiction*.

CHARGED means being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

DATE TERMINATED means the effective date of the termination of the registration or, in cases where registration has not yet been made effective, the date of the withdrawal of the application for registration.

DISCIPLINARY ACTION includes a formal action such as denial, revocation or suspension of a registration, or a censure, fine, cease and desist order, order of prohibition, temporary restraining order, injunction, bar or expulsion, but does not include a *minor rule violation*, deficiency letter, examination report, memorandum of understanding, letter of caution, admonishment, and similar informal resolutions of matters.

FEDERAL BANKING AGENCY shall include any Federal banking agency as defined in Section 3 of the Federal Deposit Insurance Act (12 U.S.C. 1813(q)).

FELONY, for *jurisdictions* that do not differentiate between a *felony* or *misdemeanor*, is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FILING FIRM means the *firm* named in Section 1 (GENERAL INFORMATION) on the Form U5.

FIRM means a broker-dealer, investment adviser, or issuer, as appropriate.

FIRM CRD NUMBER is a unique number assigned to each *firm* listed in the CRD or IARD systems.

FOREIGN FINANCIAL REGULATORY AUTHORITY includes a foreign securities authority; any other governmental body or foreign equivalent of a *self-regulatory organization* empowered by a foreign government to administer or enforce its laws relating to the regulation of *investment-related* activities; or a membership organization, a function of which is to regulate the participation of its members in *investment-related* activities listed above.

FULL TERMINATION means the termination of registration with all *self-regulatory organizations* and all *jurisdictions*.

INDIVIDUAL CRD NUMBER is a unique number assigned to each individual listed in the CRD or IARD system.

INVESTIGATION includes: (a) grand jury investigations; (b) U.S. Securities and Exchange Commission investigations after the "Wells" notice has been given; (c) FINRA investigations after the "Wells" notice has been given or after a person associated with a member, as defined in the FINRA By-Laws, has been advised by the staff that it intends to recommend formal disciplinary action; (d) formal investigations by other *SROs*; or (e) actions or procedures designated as investigations by *jurisdictions*. The term *investigation* does not include subpoenas, preliminary or routine regulatory inquiries or requests for information, deficiency letters, "blue sheet" requests or other trading questionnaires, or examinations.

INVESTMENT-RELATED pertains to securities, commodities, banking, insurance, or real estate (including, but not limited to, acting as or being associated with a broker-dealer, issuer, investment company, investment adviser, futures sponsor, bank, or savings association).

INVOLVED means doing an act or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act.

JURISDICTION means a state, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, or any subdivision or regulatory body thereof.

MINOR RULE VIOLATION is a violation of a *self-regulatory organization* rule that has been designated as "minor" pursuant to a plan approved by the U.S. Securities and Exchange Commission. A rule violation **may** be designated as "minor" under a plan if the sanction imposed consists of a fine of \$2,500.00 or less, and if the sanctioned person does not contest the fine. Check with the appropriate *self-regulatory organization* to determine if a particular rule violation has been designated as "minor" for these purposes.

MISDEMEANOR, for *jurisdictions* that do not differentiate between a *felony* or *misdemeanor*, is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

MULTIPLE TERMINATION applies when an individual is to be terminated with more than one *firm* under common ownership or control. To effect a multiple termination, list the primary *firm* in Section 1 (GENERAL INFORMATION) and list all other affiliates with which the individual is registered in Section 6 (AFFILIATED FIRM TERMINATION). *Multiple termination* is available only to those *firms* who have reported such common ownership under Form BD Item 10 and Schedule D.

PARTIAL TERMINATION means the termination of registration or registration category with one or more, but not all, *SROs* or *jurisdictions*.

PROCEEDING includes a formal administrative or civil action initiated by a governmental agency, *self-regulatory organization* or *foreign financial regulatory authority*, a *felony* criminal indictment or information (or equivalent formal charge), or a *misdemeanor* criminal information (or equivalent formal charge), but does not include an arrest or similar charge effected in the absence of a formal criminal indictment or information (or equivalent formal charge).

RESIGN or **RESIGNED** relates to separation from employment with any employer, is **not** restricted to *investment-related* employment, and includes any termination in which the allegations are a proximate cause of the separation, even if the individual initiated the separation.

SALES PRACTICE VIOLATIONS shall include any conduct directed at or involving a customer which would constitute a violation of: any rules for which a person could be disciplined by any *self-regulatory organization*; any provision of the Securities and Exchange Act of 1934; or any state statute prohibiting fraudulent conduct in connection with the offer, sale or purchase of a security or in connection with the rendering of investment advice.

SELF-REGULATORY ORGANIZATION ("SRO") means any national securities or commodities exchange, any national securities association (e.g., FINRA), or any registered clearing agency.

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.

NOTICE TO THE FIRM

This is the last reported residential address. If this is not current, please enter the current residential address.

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.

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 Section 4 (DATE TERMINATED). Do not complete Section 5 (PARTIAL TERMINATION). For a *partial termination*, check "no" and complete Section 5 (PARTIAL TERMINATION).

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.

4. DATE TERMINATED (Full and Partial Terminations)

For both *full* and *partial terminations*, enter the actual date that the termination is effective. Fill in the month, day, and year (MM/DD/YYYY). A complete entry must be made in this section.

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.

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

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 relating to disputes between the *firm* and the individual over ownership or possession of information or records pertaining to business conducted by 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

State: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virgin Islands, Virginia, Washington, West Virginia, Wisconsin, Wyoming.

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, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virgin Islands, Virginia, Washington, West Virginia, Wisconsin, Wyoming.

Principal product type: Annuity(ies)-Fixed, Annuity(ies)-Variable, Banking Products (other than CDs), CD(s), Commodity Option(s), Debt-Asset Backed, Debt-Corporate, Debt-Government, Debt-Municipal, Derivative(s), Direct Investment(s)-DDP & LP Interest(s), Equity-OTC, Equity Listed (Common & Preferred Stock), Futures-Commodity, Futures-Financial, Index Option(s), Insurance, Investment Contract(s), Money Market Fund(s), Mutual Fund(s), No Product, Options, Other, Penny Stock(s), Unit Investment Trust(s).

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

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

Regulatory Action

Principal Sanction: Bar, Cease and Desist, Censure, Civil and Administrative Penalty(ies)/Fine(s), Denial, Disgorgement, Expulsion, Injunction, Other, Prohibition, Reprimand, Restitution, Revocation, Suspension, Undertaking.

Principal product type: Annuity(ies)-Fixed, Annuity(ies)-Variable, Banking Products (other than CDs), CD(s), Commodity Option(s), Debt-Asset Backed, Debt-Corporate, Debt-Government, Debt-Municipal, Derivative(s), Direct Investment(s)-DDP & LP Interest(s), Equity-OTC, Equity Listed (Common & Preferred Stock), Futures-Commodity, Futures-Financial, Index Option(s), Insurance, Investment Contract(s), Money Market Fund(s), Mutual Fund(s), No Product, Options, Other, Penny Stock(s), Unit Investment Trust(s).

How was matter resolved: Acceptance, Waiver & Consent (AWC), Consent, Decision, Decision & Order of Offer of Settlement, Dismissed, Order, Other, Settled, Stipulation and Consent, Vacated, Withdrawn.

Termination

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

Principal product type: Annuity(ies)-Fixed, Annuity(ies)-Variable, Banking Products (Other than CDs), CD(s), Commodity Option(s), Debt-Asset Backed, Debt-Corporate, Debt-Government, Debt-Municipal, Derivative(s), Direct Investment(s)-DDP & LP Interest(s), Equity-OTC, Equity Listed (Common & Preferred Stock), Futures-Commodity, Futures-Financial, Index Option(s), Insurance, Investment Contract(s), Money Market Fund(s), Mutual Fund(s), No Product, Options, Other, Penny Stock(s), Unit Investment Trust(s).

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.

Rev. Form U5 (2/2008)

LASTNAME, FIRSTNAME :

SSN: 111-11-1111

FIRM NAME : 1

Reference #:

NOTICE TO THE INDIVIDUAL WHO IS THE SUBJECT OF THIS FILING

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, P.O. Box 9495, Gaithersburg, MD 20898-9495.

1. GENERAL INFORMATION

First Name:

Middle Name:

Last Name:

Suffix:

Firm CRD #:

Firm Name:

Firm NFA #:

Individual SSN:

Individual NFA #:

Individual CRD #

Firm Billing Code:

Office of Employment Address:

Registered CRD Branch #: NYSE Branch Code #: Firm Billing Code: Located At Start Date:
Non-Registered Supervised From End Date:

Office of Employment Address Street 1: City: State: Country: Postal Code:

Office of Employment Address Street 2:

Private Residence Check Box: If the Office of Employment address is a private residence, check this box.

Registered CRD Branch #: NYSE Branch Code #: Firm Billing Code: Located At Start Date:
Non-Registered Supervised From End Date:

Office of Employment Address Street 1: City: State: Country: Postal Code:

Office of Employment Address Street 2:

Private Residence Check Box: If the Office of Employment address is a private residence, check this box.

2. CURRENT RESIDENTIAL ADDRESS**NOTICE TO THE FIRM**

This is the last reported residential address. If this is not current, please enter the current residential address.

From (MM/YYYY)	To (MM/YYYY)		
<input type="text"/>	<input type="text"/>		
Address Street 1	Address Street 2		
<input type="text"/>	<input type="text"/>		
City	State	Country	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Rev. Form U5 (2/2008)

LASTNAME, FIRSTNAME :

SSN: 111-11-1111

FIRM NAME : 1

Reference #:

3. FULL TERMINATION

Is this a **FULL TERMINATION**? ☐ Yes ☐ No

Note: A "Yes" response will terminate ALL registrations with all *SROs* and all *jurisdictions*.

Reason for Termination:

☐ Discharged ☐ Other ☐ Permitted to Resign ☐ Deceased ☐ Voluntary

* Provide an explanation below

4. DATE OF TERMINATION

Date Terminated (MM/DD/YYYY):

A complete date of termination is required for full or partial termination. This date represents the actual date that the termination of registration is effective.

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

If this is a **PARTIAL TERMINATION**, mark the appropriate *SRO* registration categories to be terminated.

REGISTRATION CATEGORY	FINRA NYSE AMEX BSE NSX ARCA CBOE CHX PHLX ISE NQX
OP - Registered Options Principal (S4)	
IR - Investment Company and	

Variable Contracts
Products Rep. (S6)
GS - Full
Registration/General
Securities
Representative (S7)
TR - Securities
Trader (S7)
TS - Trading
Supervisor (S7)
SU - General
Securities Sales
Supervisor (S9 and
S10)
BM - Branch Office
Manager (S9 and
S10)
SM - Securities
Manager
AR - Assistant
Representative/Order
Processing (S11)
IE - United Kingdom
- Limited General
Securities Registered
Representative (S17)
DR - Direct
Participation
Program
Representative (S22)
GP - General
Securities Principal
(S24)
IP - Investment
Company and
Variable Contracts
Products Principal
(S26)
FA - Foreign
Associate
FN - Financial and
Operations Principal
(S27)
FI - Introducing
Broker-

Dealer/Financial and
Operations Principal
(S28)

RS - Research
Analyst (S86, S87)

RP - Research
Principal

DP - Direct
Participation
Program Principal
(S39)

OR - Options
Representative (S42)

MR - Municipal
Securities
Representative (S52)

MP - Municipal
Securities Principal
(S53)

CS - Corporate
Securities
Representative (S62)

RG - Government
Securities
Representative (S72)

PG - Government
Securities Principal
(S73)

SA - Supervisory
Analyst (S16)

PR - Limited
Representative -
Private Securities
Offerings (S82)

CD - Canada-
Limited General
Securities Registered
Representative (S37)

CN - Canada-
Limited General
Securities Registered
Representative (S38)

ET - Equity Trader
(S55)

AM - Allied Member

AP - Approved
Person

LE - Securities
Lending
Representative

LS - Securities
Lending Supervisor

ME - Member
Exchange

FE - Floor Employee

OF - Officer

CO - Compliance
Official (S14)

CF - Compliance
Official Specialist
(S14A)

PM - Floor Member
Conducting Public
Business

PC - Floor Clerk
Conducting Public
Business

SC - Specialist Clerk
(S21)

TA - Trading
Assistant (S25)

FP - Municipal Fund
(S51)

MM – Market Maker
Authorized Trader –
Options (S44)

FB – Floor Broker

MB – Market Maker
acting as a Floor
Broker

OT- Authorized
Trader

MT – Market Maker
Authorized Trader –
Equities (S7)

IF - In-Firm Delivery
Proctor

Other

(Paper Form Only)

5B. JURISDICTION PARTIAL TERMINATION

Check appropriate *jurisdiction(s)* for broker-dealer agent (AG) and/or investment adviser representative (RA) termination.

		JURISDICTION	AG RA	JURISDICTION	AG RA	JURISDICTION	AG RA
JURISDICTION	AG RA	Illinois	<input type="checkbox"/> <input type="checkbox"/>	Montana	<input type="checkbox"/> <input type="checkbox"/>	Puerto Rico	<input type="checkbox"/> <input type="checkbox"/>
		Indiana	<input type="checkbox"/> <input type="checkbox"/>	Nebraska	<input type="checkbox"/> <input type="checkbox"/>	Rhode Island	<input type="checkbox"/> <input type="checkbox"/>
Alabama	<input type="checkbox"/> <input type="checkbox"/>	Iowa	<input type="checkbox"/> <input type="checkbox"/>	Nevada	<input type="checkbox"/> <input type="checkbox"/>	South	<input type="checkbox"/> <input type="checkbox"/>
Alaska	<input type="checkbox"/> <input type="checkbox"/>	Kansas	<input type="checkbox"/> <input type="checkbox"/>	New	<input type="checkbox"/> <input type="checkbox"/>	Carolina	
Arizona	<input type="checkbox"/> <input type="checkbox"/>	Kentucky	<input type="checkbox"/> <input type="checkbox"/>	Hampshire		South	<input type="checkbox"/> <input type="checkbox"/>
Arkansas	<input type="checkbox"/> <input type="checkbox"/>	Louisiana	<input type="checkbox"/> <input type="checkbox"/>	New Jersey	<input type="checkbox"/> <input type="checkbox"/>	Dakota	
California	<input type="checkbox"/> <input type="checkbox"/>	Maine	<input type="checkbox"/> <input type="checkbox"/>	New Mexico	<input type="checkbox"/> <input type="checkbox"/>	Tennessee	<input type="checkbox"/> <input type="checkbox"/>
Colorado	<input type="checkbox"/> <input type="checkbox"/>	Maryland	<input type="checkbox"/> <input type="checkbox"/>	New York	<input type="checkbox"/> <input type="checkbox"/>	Texas	<input type="checkbox"/> <input type="checkbox"/>
Connecticut	<input type="checkbox"/> <input type="checkbox"/>	Massachusetts	<input type="checkbox"/> <input type="checkbox"/>	North	<input type="checkbox"/> <input type="checkbox"/>	Utah	<input type="checkbox"/> <input type="checkbox"/>
Delaware	<input type="checkbox"/> <input type="checkbox"/>	Michigan	<input type="checkbox"/> <input type="checkbox"/>	Carolina		Vermont	<input type="checkbox"/> <input type="checkbox"/>
District of	<input type="checkbox"/> <input type="checkbox"/>	Minnesota	<input type="checkbox"/> <input type="checkbox"/>	North	<input type="checkbox"/> <input type="checkbox"/>	Virgin	<input type="checkbox"/> <input type="checkbox"/>
Columbia		Mississippi	<input type="checkbox"/> <input type="checkbox"/>	Dakota		Islands	
Florida	<input type="checkbox"/> <input type="checkbox"/>	Missouri	<input type="checkbox"/> <input type="checkbox"/>	Ohio	<input type="checkbox"/> <input type="checkbox"/>	Virginia	<input type="checkbox"/> <input type="checkbox"/>
Georgia	<input type="checkbox"/> <input type="checkbox"/>			Oklahoma	<input type="checkbox"/> <input type="checkbox"/>	Washington	<input type="checkbox"/> <input type="checkbox"/>
Hawaii	<input type="checkbox"/> <input type="checkbox"/>			Oregon	<input type="checkbox"/> <input type="checkbox"/>	West	<input type="checkbox"/> <input type="checkbox"/>
Idaho	<input type="checkbox"/> <input type="checkbox"/>			Pennsylvania		Virginia	
						Wisconsin	<input type="checkbox"/> <input type="checkbox"/>
						Wyoming	<input type="checkbox"/> <input type="checkbox"/>

AGENT OF THE ISSUER TERMINATION (AI) Indicate 2 letter *jurisdiction* code(s): _____

6. AFFILIATED FIRM TERMINATION

Is this a *multiple termination* with one or more *firms affiliated* with the *filing firm*?

O Yes O No

If "yes" to the above question and the termination requests for the *filing firm* are identical to the termination requests of each *affiliated firm*, then mark the same termination request for each affiliate. If the termination requests of the *affiliated firm(s)* differ from those of the *filing firm*, complete the *SRO* and/or *jurisdiction* sections for each *affiliated firm*.

Affiliated Firm CRD #**Affiliated Firm Name****Affiliated Firm Billing Code****Office of Employment Address:**

Registered CRD Branch #: NYSE Branch Code #: Firm Billing Code: Located At Start Date:
 Non-Registered Supervised From End Date:

Office of Employment Address Street 1: City: State: Country: Postal Code:
 Office of Employment Address Street 2:

Private Residence Check Box: If the Office of Employment address is a private residence, check this box.

Registered CRD Branch #: NYSE Branch Code #: Firm Billing Code: Located At Start Date:
 Non-Registered Supervised From End Date:

Office of Employment Address Street 1: City: State: Country: Postal Code:
 Office of Employment Address Street 2:

Private Residence Check Box: If the Office of Employment address is a private residence, check this box.

7. DISCLOSURE QUESTIONS

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IN SECTION 7 IS 'YES', COMPLETE DETAILS OF ALL EVENTS OR PROCEEDINGS ON APPROPRIATE DRP(S). IF THE INFORMATION IN SECTION 7 HAS ALREADY BEEN REPORTED ON FORM U4 OR FORM U5, DO NOT RESUBMIT DRPs FOR THESE ITEMS. REFER TO THE EXPLANATION OF TERMS SECTION OF FORM U5 INSTRUCTIONS FOR EXPLANATION OF ITALICIZED WORDS.

Investigation Disclosure

- 7A. Currently is, or at termination was, the individual the subject of an *investigation* or *proceeding* by a domestic or foreign governmental body or *self-regulatory organization* with jurisdiction over *investment-related* businesses? (Note: Provide details of an *investigation* on an Investigation Disclosure Reporting Page and details regarding a *proceeding* on a Regulatory Action Disclosure Reporting Page.)
- YES NO
O O

Internal Review Disclosure

- 7B. Currently is, or at termination was, the individual under internal review for fraud or wrongful taking of property, or violating *investment-related* statutes, regulations, rules or industry standards of conduct?
- YES NO
O O

Criminal Disclosure

- 7C. While employed by or associated with your *firm*, or in connection with events that occurred while the individual was employed by or associated with your *firm*, was the individual:
1. convicted of or did the individual plead guilty or nolo contendere ("no O O

- contest") in a domestic, foreign or military court to any *felony*?
2. *charged* with any *felony*? O O
3. convicted of or did the individual plead guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a *misdemeanor involving*: investments or an *investment-related* business, or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses? O O
4. *charged* with a *misdemeanor* specified in 7(C)(3)? O O

Regulatory Action Disclosure

- YES NO
- 7D. While employed by or associated with your *firm*, or in connection with events that occurred while the individual was employed by or associated with your *firm*, was the individual *involved* in any *disciplinary action* by a domestic or foreign governmental body or *self-regulatory organization* (other than those designated as a "*minor rule violation*" under a plan approved by the U.S. Securities and Exchange Commission) with jurisdiction over the *investment-related* businesses? O O

Customer Complaint/Arbitration/Civil Litigation Disclosure

- YES NO
- 7E. 1. In connection with events that occurred while the individual was employed by or associated with your *firm*, was the individual named as a respondent/defendant in an *investment-related*, consumer-initiated arbitration or civil litigation which alleged that the individual was *involved* in one or more *sales practice violations* and which:
- (a) is still pending, or; O O
- (b) resulted in an arbitration award or civil judgment against the individual, regardless of amount, or; O O
- (c) was settled for an amount of \$10,000 or more. O O
2. In connection with events that occurred while the individual was employed by or associated with your *firm*, was the individual the subject of an *investment-related*, consumer-initiated complaint, not otherwise reported under question 7(E)(1) above, which alleged that the individual was *involved* in one or more *sales practice violations*, and which complaint was settled for an amount of \$10,000 or more? O O
3. In connection with events that occurred while the individual was employed or associated with your *firm*, was the individual the subject of an *investment-related*, consumer-initiated, written complaint, not otherwise reported under questions 7(E)(1) or 7(E)(2) above, which:

- (a) would be reportable under question 14I(3)(a) on Form U4, if the individual were still employed by your *firm*, but which has not previously been reported on the individual's Form U4 by your *firm*; ☐ ☐
- or
- (b) would be reportable under question 14I(3)(b) on Form U4, if the individual were still employed by your *firm*, but which has not previously been reported on the individual's Form U4 by your *firm*. ☐ ☐

Termination Disclosure

- | | YES | NO |
|---|-----------------------|-----------------------|
| 7F. Did the individual voluntarily <i>resign</i> from your firm, or was the individual discharged or permitted to <i>resign</i> from your firm, after allegations were made that accused the individual of: | | |
| 1. violating <i>investment-related</i> statutes, regulations, rules or industry standards of conduct? | <input type="radio"/> | <input type="radio"/> |
| 2. fraud or the wrongful taking of property? | <input type="radio"/> | <input type="radio"/> |
| 3. failure to supervise in connection with <i>investment-related</i> statutes, regulations, rules or industry standards of conduct? | <input type="radio"/> | <input type="radio"/> |

8. SIGNATURE

Please Read Carefully

All signatures required on this Form U5 filing must be made in this section.

A "Signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. 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.

8A. FIRM ACKNOWLEDGMENT

This section must be completed on all U5 form filings submitted by the *firm*.

INDIVIDUAL ACKNOWLEDGMENT AND CONSENT

- 8B. 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).

8A. FIRM ACKNOWLEDGMENT

I VERIFY THE ACCURACY AND COMPLETENESS OF THE INFORMATION CONTAINED IN AND WITH THIS FORM.

Person to contact for further information

Telephone # of person to contact

Signature of *Appropriate Signatory*

Date (MM/DD/YYYY)

Type or Print Name of Appropriate Signatory

8B. INDIVIDUAL ACKNOWLEDGMENT AND CONSENT

I VERIFY THE ACCURACY AND COMPLETENESS OF THE INFORMATION CONTAINED IN SECTION 2 (CURRENT RESIDENTIAL ADDRESS) AND/OR IN PART II OF THE INTERNAL REVIEW DRP.

Individual Signature

Date (MM/DD/YYYY)

Type or Print Name of Individual

Uniform Branch Office Form

GENERAL INSTRUCTIONS

The Uniform Branch Office Form (Form BR) is the form used for branch office registration, notification, *closing* or *withdrawal*. Broker-dealers and investment advisers must use this form to register or notice file their branch offices in the appropriate *jurisdictions* and/or with *SROs*. These instructions apply to the filing of Form BR electronically with the Central Registration Depository ("CRD®"). Filers submitting paper filings should read the Special Instructions For Paper Filers (*Jurisdictions* Only) in conjunction with the other instructions to the form. In addition, paper filers should contact the appropriate *jurisdiction* for specific filing instructions or requirements.

Filers must answer all questions and submit all requested information, unless otherwise directed in the Specific Instructions. The questions in Section 6 (NYSE Branch Information) are required to be completed only by *applicants* that are seeking registration, or are currently registered, with the New York Stock Exchange (NYSE).

Upon request, you may be required to provide documents to clarify or support responses to the form.

An *applicant* is under a continuing obligation to promptly update Form BR whenever the information becomes inaccurate or incomplete. Amendments must be filed electronically (unless the filer is an approved paper filer) by promptly updating the appropriate section of Form BR. **Note: The *SROs* and most *jurisdictions* require that an amendment be filed not later than 30 days after the *applicant* learns of the facts and circumstances giving rise to the amendment.**

NYSE and some *jurisdictions* require approval of a branch office before business can be conducted at a branch location.

Contact the appropriate *SRO* or *jurisdiction*, if you have questions about Form BR.

Electronic Filing Instructions

A complete Form BR is required when the *applicant* is registering or notice filing a branch office with the CRD system for the first time. All questions must be answered and all sections/fields requiring a response must be completed before the filing will be accepted. Section 6 (NYSE Branch Information) is required to be completed only by *applicants* that are seeking registration, or are currently registered, with NYSE. The *applicant* must complete Section 9 (Signature) to certify that Form BR and amendments thereto have been executed properly and that the information contained therein is accurate and complete. To amend information, the *applicant* must update the appropriate Form BR sections. A signed copy, with original

signatures, of the initial Form BR filing and amendments thereto must be retained by the *applicant* and be made available for inspection upon a regulatory request.

Special Instructions For Paper Filers (*Jurisdictions* Only)

Some *jurisdictions* may require a separate paper filing of Form BR. The *applicant* should contact the appropriate *jurisdiction(s)* for specific filing requirements. Attach Section 9 (Signature) with original manual signatures to an initial Form BR filing. Type applicable information. Provide the name of the *applicant* and the date on each page. Use only the current version of Form BR, or a reproduction of the form. For an amendment to Form BR, circle the number of any item for which you are changing your response. Complete Section 9 (Signature) for all amendment filings.

The Sections of Form BR are as follows:

1. GENERAL INFORMATION
2. REGISTRATION/NOTICE FILING/TYPE OF OFFICE
3. TYPES OF ACTIVITIES/OTHER BUSINESS NAMES/WEBSITES
4. BRANCH OFFICE ARRANGEMENTS
5. ASSOCIATED INDIVIDUALS
6. NYSE BRANCH INFORMATION
7. BRANCH *CLOSING*
8. BRANCH *WITHDRAWAL* (PENDING APPLICATION)
9. SIGNATURE

SPECIFIC INSTRUCTIONS

Completing the Form BR

1. GENERAL INFORMATION

Applicant CRD Number The *applicant's* CRD Number will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

Applicant Name

The *applicant's* name will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

Address Street 1/Street 2

The address where the *applicant's* principal place of business is physically located. This information will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

City

The name of the city where the *applicant's* principal place of business is physically located. This information will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

State

The name of the state where the *applicant's* principal place of business is physically located. This information will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

Country

The country where the *applicant's* principal place of business is physically located. This information will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

Postal Code

The postal code where the *applicant's* principal place of business is physically located. This information will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

Firm Billing Code

Enter an optional firm branch designation established by the *applicant*. A firm billing code consists of up to eight alpha/numeric characters. If the *applicant* does not use billing codes, leave this field blank.

NYSE Branch Code Number

A mandatory number selected by the *applicant*, unique to each of its locations, to identify an *applicant's* branch office. The NYSE Branch Code Number can be up to fifteen alpha/numeric characters, and may be the same as the Firm Billing Code.

CRD Branch Number

The CRD branch number is assigned by the CRD system to identify an *applicant's* branch office. If your branch office or office of employment does not have a CRD branch number, leave this field blank.

Branch Address Street 1/Street 2

Enter the address where the branch office is physically located. A complete address must be furnished. Post office boxes are not acceptable. You may enter additional identifying information) in Branch Address Street 2, if necessary. Note: If *applicant* files a Form BR amendment to relocate this branch to another state, the amendment filing represents *applicant's* acknowledgement that it is *closing* the branch in the current state. In addition, if *applicant* is relocating this branch to a state that requires branch registration or notice filing, the amendment filing represents

applicant's acknowledgement that it is requesting branch registration or notice filing in that state.

City

Enter the name of the city where the branch office is physically located.

State

Enter the state where the branch office is physically located.

Country

Enter the name of the country where the branch office is physically located.

Postal Code

Enter the postal code where the branch office is physically located.

Branch Telephone Number

Enter the telephone number of the branch office.

Branch Facsimile Number

Enter the facsimile number of the branch office.

Private Residence Check Box

Check this box if the Branch Address is a private residence.

2. REGISTRATION/NOTICE FILING/TYPE OF OFFICE

Register/Notice File Branch with *SRO/Jurisdiction*

The CRD system will populate the applicable *SRO* and/or *jurisdiction* with which you may be required to register or notice file the branch office based on the *applicant's* current registrations. If *applicant* is not required to register or notice file the branch office with an *SRO* and/or *jurisdiction* that has been populated, you may remove that registration request. If you remove the NYSE registration request, you must also select the box to acknowledge there is no registration requirement for this branch under NYSE rules. Note: If *applicant* files a Form BR amendment to relocate this branch to another state, the amendment filing represents *applicant's* acknowledgement that it is *closing* the branch in the current state. In addition, if *applicant* is relocating this branch to a state that requires branch registration or notice filing, the amendment filing represents *applicant's* acknowledgement that it is requesting branch registration or notice filing in that state.

Type of Branch Office

If you are registering or notice filing this branch with a *jurisdiction*, select the type of registration/notification you are seeking: Broker-dealer and/or Investment Adviser.

FINRA Office of Supervisory Jurisdiction

Answer "yes" if this branch office is a FINRA *Office of Supervisory Jurisdiction (OSJ)*. If this branch office is not a FINRA *OSJ*, indicate the CRD branch number, or firm billing code, for the *OSJ* that has supervisory responsibility for this branch, and the CRD Number for the supervisor in charge of that *OSJ*.

NYSE Type of Office

Select the type of office as required by NYSE Rule 342. If *small branch* is selected, indicate the CRD branch number, NYSE branch code number or firm billing code of the location from which the branch is supervised, and the supervisor's CRD number.

Supervisor/Person-in-Charge

Select the *supervisor(s)* or *person(s)-in-charge* who will supervise the activities at the branch office. Enter the name and/or CRD# of *all supervisors/persons-in-charge* of the branch office.

3. TYPES OF ACTIVITIES/OTHER BUSINESS NAMES/WEBSITES

Types of Activities

Indicate at least one type of financial industry activity conducted by the *applicant* at this office. Indicate whether any associated person conducts, at this branch, *investment-related* activities in addition to the activities indicated by the *applicant* in the above question.

Other Business Names

Enter all other names under which *investment-related* activities will be conducted by associated persons at this branch, other than those names disclosed on *applicant's* Form BD and/or Form ADV.

Website Addresses

Enter all website addresses used by this branch, other than the primary website address used by the *applicant*.

4. BRANCH OFFICE ARRANGEMENTS

Indicate whether the branch office will have an office sharing arrangement by answering the questions and providing any details if necessary in this section.

5. ASSOCIATED INDIVIDUALS

Initial Filings Only: Enter the name and/or CRD# of all registered individuals, other than the *supervisor(s)/person(s)-in-charge* listed in Section 2 (Registration/Notice Filing/Type of Office), who will be associated with the branch office upon the opening of the branch office.

Note: This section will appear and be required to be completed only for initial branch office filings. To associate a registered individual with a branch office after the initial branch office filing, update the office of employment address on that individual's Form U4.

6. NYSE BRANCH INFORMATION

THIS SECTION SHOULD BE COMPLETED ONLY FOR NYSE BRANCH REGISTRATION

Anticipated Date of Opening

This item will only be completed for initial filings. Enter the month, day, and year the branch office is anticipated to open and provide an explanation if the date is prior to the date of application for registration.

Estimated Cost of Opening and Equipping Office

This item will only be completed for initial filings. Indicate whether or not the estimated cost of opening and equipping this office is over 10% of the *applicant's* most recent excess net capital. The *applicant's* most recent excess net capital should be based on the most recently filed FOCUS report. If "yes", enter the estimated cost of opening and equipping this office.

Estimated Number of Active Accounts

This item will only be completed for initial filings. Enter the estimated number of active accounts.

Branch Office Acquired from Another Broker-dealer or Other Financial Institution

This item will only be completed for initial filings. Indicate whether this branch office was acquired from another broker-dealer or other financial institution. If "yes", enter the name of the organization and date of the transaction.

On-Site Supervisor/Person-In-Charge

Enter the CRD# of the individual who is responsible for the supervision of business at this location.

Options Business

Indicate whether options business will be conducted from this location. If "yes", enter the CRD# of the individual who is responsible for the supervision of options business at this location.

Research and Investment Banking Business

If both research and investment banking activities are selected under Section 3 (Types of Activities/Other Business Names/Websites), indicate whether the *applicant* has information barriers in place.

Location of Books and Records (if maintained elsewhere)

Enter the address of the location where the books and records for this branch office will be maintained, if other than the branch or the main office.

Address Street 1/Street 2 where NYSE Certificate should be sent

Enter the name and address where the certificate for the branch office should be sent, if different from the branch office address. You may enter additional identifying information in Office of Employment Address Street 2, if necessary.

City

Enter the name of the city where the certificate for the branch office should be sent.

State

Enter the state where the certificate for the branch office should be sent.

Country

Enter the country where the certificate for the branch office should be sent.

Postal Code

Enter the postal code where the certificate for the branch office should be sent.

NYSE Bulletin

Indicate whether the branch office should be listed in the NYSE Bulletin.

NYSE Space Sharing

Enter the name of the entity and CRD number, if applicable, with whom the NYSE member or member organization *applicant* intends to share space. Select the type of arrangement, related to the specific entity, under which the *applicant* is seeking approval by checking the applicable box(es). Enter the floor number on which the proposed office sharing arrangement will be located. Comments are required to be entered in the available comment field when at least one of the available arrangement sections are incomplete. Comments will not be allowed when any of the arrangement sections are complete. If multiple space sharing arrangements are intended by the *applicant*, this section is to be answered for each separate entity with information specific to each arrangement.

7. BRANCH CLOSING

If you are closing a branch office registered with an SRO or jurisdiction, complete the following information.

Select the type of registration you are terminating: Broker-dealer and/or Investment Adviser.

Date operations ceased, or will cease, at the branch office

Enter the month, day, and year the branch closed or intends to close.

Location of Books and Records

Address Street 1/Street 2

Enter the address of the location (or locations, if more than one) of the books and records for the branch office.

City

Enter the name of the city of the location (or locations, if more than one) of the books and records for the branch office.

State

Enter the state of the location (or locations, if more than one) of the books and records for the branch office.

Country

Enter the country of the location (or locations, if more than one) of the books and records for the branch office.

Postal Code

Enter the postal code of the location (or locations, if more than one) of the books and records for the branch office.

Contact Name and Telephone Number

Name

Enter the name of the individual that can be contacted regarding information on the books and records for the branch office.

Daytime Telephone Number

Enter the daytime telephone number of the individual that can be contacted regarding information on the books and records for the branch office.

8. BRANCH WITHDRAWAL

If you are withdrawing a pending application, complete the following information:

Date of *Withdrawal*

Enter the month, day, and year of *withdrawal*.

Reason for *Withdrawal*

Enter the reason for *withdrawal*.

Contact Name and Telephone Number

Name

Enter the name of the natural person that can be contacted regarding information on the *withdrawal* of this branch office.

Daytime Telephone Number

Enter the daytime telephone number of the individual that can be contacted regarding information on the *withdrawal* of this branch office.

9. SIGNATURE

Please Read Carefully

All signatures required on this Form BR filing must be made in this section. A "signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. 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.

Signature of *Appropriate Signatory*. Enter the name of the *Appropriate Signatory*. The name must be typed or printed (if paper filing) as it appears in signature form. By typing a name in this field, the signatory acknowledges that this entry constitutes in every way, use, or aspect, his or her legally binding signature.

Name/Title/Telephone Number of Person Filing the Form. Enter the name, title, and telephone number of the person filing the form.

Date. Enter the month, day, and year that the application or amendment is being signed. Future dates may not be entered in this section.

EXPLANATION OF TERMS

The following definitions apply to terms that are italicized in Form BR.

APPLICANT – The broker-dealer or state registered investment adviser filing or amending this form.

APPROPRIATE SIGNATORY – The individual the *applicant* authorizes to execute the *applicant's* Form BR on the *applicant's* behalf. The *appropriate signatory* must meet the criteria established, if any, by the appropriate *self-regulatory organization* and/or *jurisdiction*.

CLOSING – An *applicant's* request to terminate a branch office registration when an *applicant* intends to cease, or has ceased, operations at a branch office.

INVESTMENT-RELATED - Pertains to securities, commodities, banking, insurance, or real estate (including, but not limited to, acting as or being associated with a broker-dealer, issuer, investment company, investment adviser, futures sponsor, bank, or savings association).

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, or any subdivision or regulatory body thereof.

OFFICE OF SUPERVISORY JURISDICTION (OSJ) – A location as defined by NASD Rule 3010.

PERSON – An individual, partnership, corporation, trust, or other organization.

PERSON-IN-CHARGE – A natural person registered with an *SRO* who is physically located at the branch office and who has been designated by the *applicant* to supervise the activities of the individuals working at the branch office. The *person-in-charge* is not required to be registered in a principal capacity.

REGULAR BRANCH – For purposes of registering with the New York Stock Exchange (NYSE) as a branch office, a location that has an NYSE-properly approved, exam-qualified manager at that location.

SELF-REGULATORY ORGANIZATION (SRO) – Any national securities or commodities exchange or registered securities association, or registered clearing agency.

SMALL BRANCH – For purposes of registering with the NYSE as a branch office, a location that does not have an NYSE-properly approved, exam-qualified manager at that location.

SUPERVISOR – A natural person registered in a principal capacity with an *SRO* who is physically located at an *OSJ* or who, for purposes of registering with the NYSE as a branch office, meets the requirements in NYSE Rule 342.

WITHDRAWAL – An *applicant's* request to withdraw an initial Form BR filing prior to approval of the branch office identified in that filing. *Withdrawal* applies only for *jurisdictions/SROs* that register branches.

FIRM NAME:

CRD#:

1. GENERAL INFORMATION

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law applying to the conduct of business as a broker-dealer or investment adviser would violate the federal securities laws, *self-regulatory organization* rules, and the laws of the *jurisdictions*, and may result in disciplinary, administrative, injunctive, or criminal action.

Applicant CRD #:

Name and principal place of business of firm filing this form:

Applicant Name:

Address Street 1:

Address Street 2:

City:

State:

Country:

Postal Code:

Firm Billing Code (Firm Branch Designation):

NYSE Branch Code Number:

CRD Branch Number:

Branch Office Location

Branch Address Street 1:

Branch Address Street 2:

City :

State:

Country:

Postal Code:

By filing this amendment to relocate this branch from, and/or to, a state that requires registration or notice filing of branch offices, *applicant* acknowledges that it is *closing* the branch in ____ [and requesting branch registration or notice filing in ____].

Private Residence Check Box:

If this address is a private residence, check this box.

☐

Branch Telephone Number:

Branch Facsimile Number:

FIRM NAME:

CRD#:

2. REGISTRATION/NOTICE FILING/TYPE OF OFFICE

Register/Notice File Branch with *SRO/Jurisdiction*:

☐ FINRA ☐ NYSE ☐ Jurisdiction: _____

By filing an amendment to relocate this branch to another state, *applicant* acknowledges that submission of this amendment closes this branch in _____ [and requests branch registration in _____] [and requests notice filing in _____].

☐ **By unchecking NYSE registration and checking this box, *applicant* attests that it is not required under NYSE rules to register this branch location with the NYSE.**

Type of Branch Office Registration:

☐ Broker-dealer ☐ Investment Adviser

Is this a FINRA *Office of Supervisory Jurisdiction (OSJ)*?:

☐ Yes ☐ No

If not, indicate the CRD branch number, or firm billing code, for the *OSJ* that has supervisory responsibility for this branch, and the CRD Number of the supervisor in charge of that *OSJ*.

CRD Branch Number:

Firm Billing Code (Firm Branch Designation):

OSJ Supervisor CRD Number:

NYSE Type of Office:

☐ Small Branch ☐ Regular Branch

If this is an NYSE Small Branch, indicate the CRD branch number, NYSE branch code number or firm billing code of the location from which this branch is supervised, and the supervisor's CRD number:

If this is a *Regular Branch*, enter in the *Supervisor/Person-in-Charge* section below

the *supervisor* located at the branch office.

CRD Branch Number:

NYSE Branch Code Number:

Firm Billing Code (Firm Branch Designation):

Supervisor CRD Number:

Enter the name and/or CRD # of each *supervisor(s)/person(s)-in-charge*:

Name	CRD#	Type	Delete
			<input type="checkbox"/>
			<input type="checkbox"/>

FIRM NAME:

CRD#:

3. TYPES OF ACTIVITIES/OTHER BUSINESS NAMES/WEBSITES

Indicate the types of financial industry activities conducted by the *applicant* at this branch (Check all that apply):

- ☐ Sales
- ☐ Investment Advisory Services
- ☐ Investment Banking
- ☐ Research
- ☐ Market Making
- ☐ Back Office Operations
- ☐ Underwriting

Does any associated person conduct, at this branch, *investment-related* activities in addition to the activities indicated above?

Yes___ No___

If yes, provide description:

Will any associated person of this branch office conduct any *investment-related* activities at this branch office under any name other than those names disclosed on the *applicant's* Form BD or Form ADV?:

O Yes O No

If yes, provide all other business names for this location:

Name	Delete
	<input type="checkbox"/>
	<input type="checkbox"/>

Does this branch office use a website other than the primary website address used by the *applicant*?:

O Yes O No

If yes, provide the website address(es):

Website Address	Delete
	<input type="checkbox"/>
	<input type="checkbox"/>

FIRM NAME:

CRD#:

4. BRANCH OFFICE ARRANGEMENTS

Does the branch office occupy or share space with or jointly market with a bank, savings bank, savings association, credit union, or other federally insured depository institution?:

☐ Yes ☐ No

If yes, enter the name of the institution(s):

Is this a business location that will operate pursuant to a written agreement or contract (other than an insurance agency agreement) with the main office?:

☐ Yes ☐ No

If yes, provide the name(s) of the entity(ies) and/or *person(s)* with whom the agreement or contract was entered:

Will the branch office have primary responsibility for decisions relating to the employment and remuneration of its registered representatives?:

☐ Yes ☐ No

Does the branch office assume liability for its own expenses?:

☐ Yes ☐ No

Does any *person* other than the *applicant* have responsibility, directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities?:

☐ Yes ☐ No

If yes:

(1) Provide the following information for each entity or *person* responsible

for expenses or with a financial interest:

Name	Entity Type	CRD#	Registered (Y/N)
------	-------------	------	------------------

(2) Provide an explanation of the expense payment/financial interest arrangement:

--

FIRM NAME:

CRD#:

5. ASSOCIATED INDIVIDUALS

Complete this section for initial filings only.

List all registered individuals other than the *supervisor(s)/person(s)-in-charge* that will be associated with this branch:

Individual Name	CRD#
-----------------	------

FIRM NAME:

CRD#:

6. NYSE BRANCH INFORMATION

NYSE Rule 342(c) requires prior consent of each branch office location with each such location having a qualified person-in-charge acceptable to the NYSE.

Complete the items in this section for initial filings only.

1. Anticipated Date of Opening:

If Anticipated Date of Opening is prior to the date the application is filed, explain:

2. Is the estimated cost of opening and equipping this branch office greater than 10% of the *applicant's* most recent excess net capital? O Yes O No

If yes, enter the cost of opening and equipping the office:\$

3. What is the estimated number of active accounts to be serviced (if applicable)?

4. Has this branch office been acquired from another broker/dealer or other financial institution?

O Yes O No

If yes, state the name of the organization:

Date of transaction:

Complete the following items on all filings.

5. Enter the CRD number of the on-site *Supervisor/Person-in-Charge*

6. Will Options Business be conducted from this location? O Yes O No

If yes, enter the CRD number of the registered Options Principal (OP) or Branch Office Manager (BM) who is responsible for the supervision of the Options business.

7. If both the Research and Investment Banking activities are indicated on the activity section of this form answer the following question:

Does the *applicant* have information barriers in place?

O Yes O No

8. Other than the main office, are any of the records pertaining to this office maintained at any other location? O Yes O No

If yes, provide the location(s):

Address	Telephone Number	Delete
		<input type="checkbox"/>
		<input type="checkbox"/>

9. Name and address where branch office certificates will be sent, if different from this branch office address:

Name:

Certificate Address Street 1

Certificate Address Street 2

City:

State:

Country:

Postal Code:

10. Is this office to be listed in the NYSE Bulletin?

O Yes O No

11. Will the office be shared with any other organization?

O Yes O No

If Yes, complete the "NYSE Office Space Sharing Form" to enter a description of how the arrangement will comply with NYSE Rule 343.

NYSE Office Space Sharing Form - Rule 343

Rule 343:

No office or foreign incorporated branch of an NYSE member or member organization shall be jointly occupied with any other broker or dealer, investment advisor, or other

person who conducts a securities or commodities business with the public unless such member or member organization submits, and receives NYSE approval of, an attestation that the office space sharing arrangement conforms with Rule 343.

FIRM NAME:

CRD#:

6. NYSE BRANCH INFORMATION - OFFICE SHARING

Name of Entity with whom the member or member organization *applicant* intends to share space:

Name:

CRD#:

A space sharing arrangement is permissible if it completely conforms to at least one of the four descriptions outlined in the sections listed below. If the arrangement does not comply with all provisions of any given section, check all applicable representations and include any additional extenuating circumstances which may warrant approval of the arrangement in the 'comments' dialogue box provided.

Select the type of arrangement under which the *applicant* is seeking approval by checking the applicable box(es).

1. ☐ As a clearing member organization we intend to furnish office space, telephone or other facilities to our introducing non-clearing member organization.

--or--

2. We understand that a member or member organization may share office space with a broker or dealer, investment advisor or other person who conducts a securities or commodities business with the public if certain conditions are met. Accordingly, we attest that:

- ☐ the arrangement is not contrary to the rules of any *self-regulatory organization*; and
- ☐ there is little or no customer traffic in the office of either organization; and
- ☐ sufficient separation exists to enable customers who do visit to identify the individual or organization with which they are transacting business; and
- ☐ employees can be clearly identified as to their respective employer; and
- ☐ clearance has been obtained from the member organization's fidelity insurance carrier and auditors.

--or--

3. We understand that a member or member organization may share office space with another broker or dealer, investment advisor or other person who conducts a securities or commodities business with the public if certain conditions are met. Accordingly, we attest that:

- ☐ such space is separated by ceiling-high solid walls; and
- ☐ such space has direct access to a public hall, main corridor or street; and
- ☐ the name of each organization is placed on the door to such space; and
- ☐ there are no connecting doors or windows between the space to be jointly occupied; and
- ☐ the names are not listed under the same telephone number, and the telephone number of the member is not used on the letterhead or on any advertising of any other member or non-member. (Also see Rule 36.60)

--or--

4. ☐ We intend to share office space with a person who is neither a broker nor a dealer, nor an investment advisor, nor a person who otherwise conducts securities or commodities business with the public.

The proposed office space-sharing arrangement will be located on floor #:

Additional Comments:

FIRM NAME:

CRD#:

7. BRANCH CLOSING

Date operations ceased or will cease at the branch office:

Location of Books and Records

Address (Street/City/State/Postal Code)

Contact Name and Telephone Number

First Name:

Last Name:

Daytime Telephone Number:

FIRM NAME:

CRD#:

8. BRANCH WITHDRAWAL

Date of *Withdrawal*:

Reason for *Withdrawal*:

Contact Name and Telephone Number

First Name:

Last Name:

Daytime Telephone Number:

FIRM NAME:

CRD#:

9. SIGNATURE

The undersigned certifies that he/she has executed this form on behalf of, and with the authority of, the *applicant*. The undersigned and the *applicant* represent that the information and statements contained herein, and all materials filed in connection with this form, are current, true and complete. The undersigned and the *applicant* further represent that to the extent any information previously submitted is not amended, such information is accurate and complete. False statements on this application or any amendment thereto shall constitute a violation of the rules of the applicable *SRO(s)* and/or *jurisdiction(s)*.

A "signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. The *applicant* or *applicant's* agent has typed the *applicant's* name under this section to attest to the completeness and accuracy of this record. 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.

Signature of *Appropriate Signatory*:

Name of Person Filing Form:

Title of Person Filing Form:

Telephone Number of Person Filing Form:

Date: