UNIFORM TERMINATION NOTICE FOR SECURITIES INDUSTRY REGISTRATION

INDIVIDUAL NAME:	INDIVIDUAL CRD #:
FIRM NAME:	FIRM CRD #:

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 CRD #:	INDIVIDUAL SSN:	*INDIVIDUAL* NFA#:	FIRM Billing Code:

Office of Employment Address:

O Registered O Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE#:	FIRM BILLING CODE:	O Located At O Supervised From	START DATE:	END DATE:

OFFICE OF EMPLOYMENT ADDRESS STREET 1:	CITY:	STATE:
OFFICE OF EMPLOYMENT ADDRESS STREET 2:	COUNTRY:	POSTAL CODE:

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

O Registered O Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE#:	FIRM BILLING CODE:	O Located At O Supervised From	START DATE:	END DATE:

OFFICE OF EMPLOYMENT ADDRESS STREET 1:	CITY:	STATE:
OFFICE OF EMPLOYMENT ADDRESS STREET 2:	COUNTRY:	POSTAL CODE:

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

O Registered O Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE#:	FIRM BILLING CODE:	O Located At O Supervised From	START DATE:	END DATE:

OFFICE OF EMPLOYMENT ADDRESS STREET 1:	CITY:	STATE:
OFFICE OF EMPLOYMENT ADDRESS STREET 2:	COUNTRY:	POSTAL CODE:

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):
ADDRESS STREET 1:	CITY:	STATE:
ADDRESS STREET 2:	COUNTRY:	POSTAL CODE:

3. FULL TERMINATION

Is this a *FULL TERMINATION*? O Yes O No
Note: A "Yes" response will terminate ALL registrations with all *SROs* and all *jurisdictions*.

INDIVIDUAL NAME:	**INDIVIDUAL CRD #:**
FIRM NAME:	**FIRM CRD #:**

Reason For Termination:

O Discharged O Other O Permitted to Resign O Deceased O Voluntary

Termination Explanation:

If the Reason for Termination entered above is Permitted to Resign, Discharged or Other, provide an explanation below:

If amending the Reason for Termination and/or termination explanation, provide an explanation below:

4. DATE OF TERMINATION

Date Terminated (MM/DD/YYYY): ______________________________

A complete date of termination is required for *full termination*. This date represents the date the *firm* terminated the individual's association with the *firm* in a capacity for which registration is required.

For *partial termination*, the date of termination is only applicable to post-dated termination requests during the renewal period.

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

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

If amending the Date of Termination, provide an explanation below:

INDIVIDUAL NAME:	**INDIVIDUAL CRD #:**
FIRM NAME:	**FIRM CRD #:**

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.

REPRESENTATIVE LEVEL REGISTRATION CATEGORIES

REGISTRATION CATEGORIES	FINRA	NYSE	NYSE-AMER	NYSE-ARCA	NYSE-TEX	NYSE-NAT	CBOE	CBOE C2	CBOE BYX	CBOE BZX	CBOE EDGA	CBOE EDGX	NQX	BX	ISE	ISE GEMX	ISE MRX	PHLX	MIAX EMERALD	MIAX OPTIONS	MIAX PEARL	MIAX SAPPHIRE	BOX	IEX	LTSE	MEMX	24X	TXSE
IR - Investment Company and Variable Contracts Products Rep. (S6TO)																												
GS - Full Registration/General Securities Representative (S7TO)																												
DR – Direct Participation Program Representative (S22TO)																												
MR – Municipal Securities Representative (S52TO)																												
TD – Securities Trader (S57TO)																												
IB – Investment Banking Representative (S79TO)																												
PR – Limited Representative – Private Securities Offerings (S82TO)																												
RS – Research Analyst (S86 and S87)																												
OS – Operations Professional (S99TO)																												
Other____________________ (Paper Form Only)																												
RETIRED REGISTRATION CATEGORIES																												
AR – Assistant Representative/Order Processing																												
CD – Canada-Limited General Securities Registered Representative																												
CN – Canada-Limited General Securities Registered Representative																												
CS – Corporate Securities Representative																												
FA - Foreign Associate																												
IE – United Kingdom - Limited General Securities Registered Representative																												
OR – Options Representative																												
RG – Government Securities Representative																												

PRINCIPAL LEVEL REGISTRATION CATEGORIES

REGISTRATION CATEGORIES	FINRA	NYSE	NYSE-AMER	NYSE-ARCA	NYSE-TEX	NYSE-NAT	CBOE	CBOE C2	CBOE BYX	CBOE BZX	CBOE EDGA	CBOE EDGX	NQX	BX	ISE	ISE GEMX	ISE MRX	PHLX	MIAX EMERALD	MIAX OPTIONS	MIAX PEARL	MIAX SAPPHIRE	BOX	IEX	LTSE	MEMX	24X	TXSE
OP – Registered Options Principal (S4)																												
SU – General Securities Sales Supervisor (S9 and S10)																												
CO – Compliance Official (S14)																												
CR – Compliance Officer (S14)																												
SA – Supervisory Analyst (S16)																												
GP – General Securities Principal (S24)																												
RP – Research Principal (S24)																												
BP – Investment Banking Principal (S24)																												

UNIFORM TERMINATION NOTICE FOR SECURITIES INDUSTRY REGISTRATION

INDIVIDUAL NAME:	INDIVIDUAL CRD #:
FIRM NAME:	FIRM CRD #:

REGISTRATION CATEGORIES	FINRA	NYSE	NYSE-AMER	NYSE-ARCA	NYSE-TEX	NYSE-NAT	CBOE	CBOE C2	CBOE BYX	CBOE BZX	CBOE EDGA	CBOE EDGX	NQX	BX	ISE	ISE GEMX	ISE MRX	PHLX	MIAX EMERALD	MIAX OPTIONS	MIAX PEARL	MIAX SAPPHIRE	BOX	IEX	LTSE	MEMX	24X	TXSE
TP – Securities Trader Principal (S24)																												
PO – Private Securities Offerings Principal (S24)																												
IP – Investment Company and Variable Contracts Products Principal (S26)																												
FN – Financial and Operations Principal (S27)																												
FI – Introducing Broker-Dealer/Financial and Operations Principal (S28)																												
DP – Direct Participation Program Principal (S39)																												
FP – Municipal Fund (S51)																												
MP – Municipal Securities Principal (S53)																												
PG – Government Securities Principal																												
Other_______________________________ (Paper Form Only)																												
RETIRED REGISTRATION CATEGORIES																												
SM – Securities Manager																												

EXCHANGE-SPECIFIC REGISTRATION CATEGORIES

REGISTRATION CATEGORIES	FINRA	NYSE	NYSE-AMER	NYSE-ARCA	NYSE-TEX	NYSE-NAT	CBOE	CBOE C2	CBOE BYX	CBOE BZX	CBOE EDGA	CBOE EDGX	NQX	BX	ISE	ISE GEMX	ISE MRX	PHLX	MIAX EMERALD	MIAX OPTIONS	MIAX PEARL	MIAX SAPPHIRE	BOX	IEX	LTSE	MEMX	24X	TXSE
AP – Approved Person																												
CF – Compliance Official Specialist																												
FE – Floor Employee																												
LE – Securities Lending Representative																												
LS – Securities Lending Supervisor																												
ME - Member Exchange																												
MT – Market Maker Authorized Trader-Equities																												
OM – Options Member (S57TO)																												
CT – Securities Trader Compliance Officer (S14)																												
FL – Floor Clerk – Equities (S19)																												

INDIVIDUAL NAME:	**INDIVIDUAL CRD #:**
FIRM NAME:	**FIRM CRD #:**

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

☐AGENT OF THE ISSUER REGISTRATION (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 Ye s 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:

O Registered **O Non-Registered**	**CRD BRANCH #:**	**NYSE BRANCH CODE#:**	**FIRM BILLING CODE:**	**O Located At** **O Supervised From**	**START DATE:**	**END DATE:**
OFFICE OF EMPLOYMENT ADDRESS STREET 1:			**CITY:**		**STATE:**	
OFFICE OF EMPLOYMENT ADDRESS STREET 2:			**COUNTRY:**		**POSTAL CODE:**	

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

O Registered **O Non-Registered**	**CRD BRANCH #:**	**NYSE BRANCH CODE#:**	**FIRM BILLING CODE:**	**O Located At** **O Supervised From**	**START DATE:**	**END DATE:**
OFFICE OF EMPLOYMENT ADDRESS STREET 1:			**CITY:**		**STATE:**	
OFFICE OF EMPLOYMENT ADDRESS STREET 2:			**COUNTRY:**		**POSTAL CODE:**	

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

O Registered **O Non-Registered**	**CRD BRANCH #:**	**NYSE BRANCH CODE#:**	**FIRM BILLING CODE:**	**O Located At** **O Supervised From**	**START DATE:**	**END DATE:**
OFFICE OF EMPLOYMENT ADDRESS STREET 1:			**CITY:**		**STATE:**	
OFFICE OF EMPLOYMENT ADDRESS STREET 2:			**COUNTRY:**		**POSTAL CODE:**	

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

INDIVIDUAL NAME:	INDIVIDUAL CRD #:
FIRM NAME:	FIRM CRD #:

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.

Disclosure Certification Checkbox (optional): ☐

By selecting the Disclosure Certification Checkbox, the *firm* certifies that (1) there is no additional information to be reported at this time; (2) details relating to Questions 7A, 7C, 7D and 7E have been previously reported on behalf of the individual via Form U4 and/or amendments to Form U4 (if applicable**)**; and (3) updated information will be provided, if needed, as it becomes available to the firm.
Note: Use of "Disclosure Certification Checkbox" is optional.

		Yes	No
	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.)	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?	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 contest") in a domestic, foreign or military court to any *felony*?	O	O
	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 item 7(C)(3)?	O	O
	Regulatory Action Disclosure		
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		
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, prior to 05/18/2009, for an amount of $10,000 or more, or;	O	O
	(d) was settled, on or after 05/18/2009, for an amount of $15,000 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 (written or oral) complaint, which alleged that the individual was *involved* in one or more *sales practice violations*, and which		
	(a) was settled, prior to 05/18/2009, for an amount of $10,000 or more, or;	O	O
	(b) was settled, on or after 05/18/2009, for an amount of $15,000 or more?	O	O

INDIVIDUAL NAME:	INDIVIDUAL CRD #:
FIRM NAME:	FIRM CRD #:

7. DISCLOSURE QUESTIONS (CONTINUED)

	Yes	No
3. 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, written complaint, not otherwise reported under questions 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	O	O
(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*.	O	O
Answer questions (4) and (5) below only for arbitration claims or civil litigation filed on or after 05/18/2009		
4. 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, arbitration claim or civil litigation which alleged that the individual was *involved* in one or more *sales practice violations*, and which:		
(a) was settled for an amount of $15,000 or more, or;	O	O
(b) resulted in an arbitration award of civil judgment against any named respondent(s)/defendant(s), regardless of amount?	O	O
5. 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, arbitration claim or civil litigation not otherwise reported under question 7E(4) above, which:		
(a) would be reportable under question 14I(5)(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	O	O
(b) would be reportable under question 14I(5)(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*.	O	O
Termination Disclosure		
7F. Did the individual voluntarily *resign* from your *firm*, or was the individual discharged or permitted to *resign* from your *firm*, after allegations were made that accused the individual of:		
1. violating *investment-related* statutes, regulations, rules or industry standards of conduct?	O	O
2. fraud or the wrongful taking of property?	O	O
3. failure to supervise in connection with *investment-related* statutes, regulations, rules or industry standards of conduct?	O	O

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*.

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).

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*	

INDIVIDUAL NAME:	**INDIVIDUAL CRD #:**
FIRM NAME:	**FIRM CRD #:**

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

INDIVIDUAL NAME:	**INDIVIDUAL CRD #:**
FIRM NAME:	**FIRM CRD #:**

DISCLOSURE REPORTING PAGES

U5 – CRIMINAL DRP

Rev. DRP (05/2009)

This Disclosure Reporting Page is an ☐**INITIAL** or ☐**AMENDED** response to report details for affirmative response to ***Question(s) 7C*** on Form U5;

Check the question(s) you are responding to, regardless of whether you are answering the question(s) "yes" or amending the answer(s) to "no":

☐**7C(1)** ☐**7C(2)** ☐**7C(3)** ☐**7C(4)**

Use this DRP to report all charges arising out of the same event. One event may result in more than one affirmative answer to the above items. Multiple counts of the same charge arising out of the same event should be reported on the same DRP. Unrelated criminal actions, including separate cases arising out of the same event, must be reported on separate DRPs.

Applicable court documents (i.e., criminal complaint, information or indictment as well as judgment of conviction or sentencing documents) must be provided to the CRD if not previously submitted.

1. Formal action was brought in:

   O Federal Court O State Court O Military Court O Foreign Court O Other:________________________

   A. Name of Court (Federal, State, Military, Foreign or Other):____

   B. Location of Court (City or County and State or Country):____

   C. Docket/Case#:______________

2. Event Status:

   A. Current status of the Event? O Pending O On Appeal O Final

   B. Event Status Date (complete unless status is pending) (MM/DD/YYYY):_________________ O Exact O Explanation

   If not exact, provide explanation:

3. Event and Disposition Disclosure Detail (Use this for both organizational and individual charges.):

   A. Date First Charged (MM/DD/YYYY):___________________________ O Exact O Explanation

   If not exact, provide explanation:

   B. Event and Disposition Detail:

Charge Details (complete every field for each charge.)

Formal Charge/Description:

No. of Counts:________

Felony or *Misdemeanor*: O *Felony* O *Misdemeanor*

Plea for each Charge:____

Disposition of Charge:

O Acquitted	O Dismissed	O Pre-trial Intervention
O Amended	O Found not guilty	O Reduced
O Convicted	O Pled guilty	O Other (requires explanation)
O Deferred Adjudication	O Pled not guilty	

Explanation:

INDIVIDUAL NAME:	**INDIVIDUAL CRD #:**
FIRM NAME:	**FIRM CRD #:**

Date of Amended Charge, if applicable:_________________

U5 - CRIMINAL DRP (CONTINUED)

Rev. DRP (05/2009)

If original charge was amended or reduced, specify new charge (i.e., list amended charge or reduced charge):

No. of Counts (for amended or reduced charge):________

Specify if amended or reduced charge is a *Felony* or *Misdemeanor*: O *Felony* O *Misdemeanor* O Other:_________________

Plea for each amended or reduced charge:____

Disposition of amended or reduced charge:

O Acquitted
O Dismissed
O Pre-trial Intervention
O Amended
O Found not guilty
O Reduced
O Convicted
O Pled guilty
O Other (requires explanation)
O Deferred Adjudication
O Pled not guilty

Explanation:

Charge Details (complete every field for each charge.)

Formal Charge/Description:

No. of Counts:________

Felony or *Misdemeanor*: O *Felony* O *Misdemeanor*

Plea for each Charge:____

Disposition of Charge:

O Acquitted
O Dismissed
O Pre-trial Intervention
O Amended
O Found not guilty
O Reduced
O Convicted
O Pled guilty
O Other (requires explanation)
O Deferred Adjudication
O Pled not guilty

Explanation:

INDIVIDUAL NAME:	INDIVIDUAL CRD #:
FIRM NAME:	FIRM CRD #:

Date of Amended Charge, if applicable:_________________

If original charge was amended or reduced, specify new charge (i.e., list amended charge or reduced charge):

No. of Counts (for amended or reduced charge):________

Specify if amended or reduced charge is a *Felony* or *Misdemeanor*: O *Felony* O *Misdemeanor* O Other:_________________

Plea for each amended or reduced charge:____

Disposition of amended or reduced charge:

O Acquitted
O Amended
O Convicted
O Deferred Adjudication
O Dismissed
O Found not guilty
O Pled guilty
O Pled not guilty
O Pre-trial Intervention
O Reduced
O Other (requires explanation)

Explanation:

INDIVIDUAL NAME:	**INDIVIDUAL CRD #:**
FIRM NAME:	**FIRM CRD #:**

U5 - CRIMINAL DRP (CONTINUED) Rev. DRP (05/2009)

Charge Details (complete every field for each charge.)

Formal Charge/Description:

No. of Counts:________

Felony or *Misdemeanor*: O *Felony* O *Misdemeanor*

Plea for each Charge:____

Disposition of Charge:

O Acquitted
O Dismissed
O Pre-trial Intervention
O Amended
O Found not guilty
O Reduced
O Convicted
O Pled guilty
O Other (requires explanation)
O Deferred Adjudication
O Pled not guilty

Explanation:

Date of Amended Charge, if applicable:_________________

If original charge was amended or reduced, specify new charge (i.e., list amended charge or reduced charge):

No. of Counts (for amended or reduced charge):________

Specify if amended or reduced charge is a *Felony* or *Misdemeanor*: O *Felony* O *Misdemeanor* O Other:_________________

Plea for each amended or reduced charge:____

Disposition of amended or reduced charge:

O Acquitted
O Dismissed
O Pre-trial Intervention
O Amended
O Found not guilty
O Reduced
O Convicted
O Pled guilty
O Other (requires explanation)
O Deferred Adjudication
O Pled not guilty

Explanation:

C. Date of Disposition (MM/DD/YYYY):___________________________ O Exact O Explanation

If not exact, provide explanation:

D. Sentence/Penalty; Duration (if suspension, probation, etc): Start Date of Penalty: (MM/DD/YYYY); End date of Penalty: (MM/DD/YYYY); If Monetary penalty/fine – Amount paid; Date monetary/penalty fine paid: (MM/DD/YYYY) if not exact, provide explanation.

INDIVIDUAL NAME:	**INDIVIDUAL CRD #:**
FIRM NAME:	**FIRM CRD #:**

4. Comment (Optional). You may use this field to provide a brief summary of the circumstances leading to the charge(s) as well as the current status or final disposition. Your information must fit within the space provided.

U5 - CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DRP

Rev. DRP (05/2009)

This Disclosure Reporting Page is an ☐ **INITIAL** or ☐**AMENDED** response to report details for affirmative response to ***Question(s) 7E*** on Form U5;

Check the question(s) you are responding to, regardless of whether you are answering the question(s) "yes" or amending the answer(s) to "no":

☐**7E(1)(a)**	☐**7E(2)(a)**	☐**7E(3)(a)**	☐**7E(4)(a)**	☐**7E(5)(a)**
☐**7E(1)(b)**	☐**7E(2)(b)**	☐**7E(3)(b)**	☐**7E(4)(b)**	☐**7E(5)(b)**
☐**7E(1)(c)**				
☐**7E(1)(d)**				

One matter may result in more than one affirmative answer to the above items. Use a single DRP to report details relating to a particular matter (i.e., a customer complaint/arbitration/CFTC reparation/civil litigation). Use a separate DRP for each matter.

DRP Instructions:

- Complete items 1-6 for all matters (i.e., customer complaints, arbitrations/CFTC reparations and civil litigation in which a customer alleges that the individual was *involved* in *sales practice violations* and the individual is <u>not</u> named as a party, as well as arbitrations/CFTC reparations and civil litigation in which the individual <u>is</u> named as a party).
- If the matter involves a customer complaint, or an arbitration/CFTC reparation or civil litigation in which a customer alleges that the individual was *involved* in *sales practice violations* and the individual is <u>not</u> named as a party, complete items 7-11 as appropriate.
- If a customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.
- If the matter involves an arbitration/CFTC reparation in which the individual is a named party, complete items 12-16, as appropriate.
- If the matter involves a civil litigation in which the individual is a named party, complete items 17-23.
- Item 24 is an optional field and applies to all event types (i.e., customer complaint, arbitration/CFTC reparation, civil litigation).

Complete items 1-6 for all matters (i.e., customer complaints, arbitrations/CFTC reparations, civil litigation).

1. Customer Name(s):____

2. A. Customer(s) State of Residence (select "not on list" when the customer's residence is a foreign address):______________________________
   B. Other state(s) of residence/detail:

3. Employing *Firm* when activities occurred which led to the customer complaint, arbitration, CFTC reparation or civil litigation:

4. Allegation(s) and a brief summary of events related to the allegation(s) including dates when activities leading to the allegation(s) occurred:

5. Product Type(s): (select all that apply)

INDIVIDUAL NAME:	INDIVIDUAL CRD #:
FIRM NAME:	FIRM CRD #:

☐No Product
☐Annuity-Charitable
☐Annuity-Fixed
☐Annuity-Variable
☐Banking Product (other than CD)
☐CD
☐Commodity Option
☐Debt-Asset Backed
☐Debt-Corporate
☐Debt-Government
☐Debt-Municipal
☐Derivative
☐Direct Investment-DPP & LP Interest
☐Equipment Leasing
☐Equity Listed (Common & Preferred Stock)
☐Equity-OTC
☐Futures Commodity
☐Futures-Financial
☐Index Option
☐Insurance
☐Investment Contract
☐Money Market Fund
☐Mutual Fund
☐Oil & Gas
☐Options
☐Penny Stock
☐Prime Bank Instrument
☐Promissory Note
☐Real Estate Security
☐Security Futures
☐Unit Investment Trust
☐Viatical Settlement
☐Other:____________________

6. Alleged Compensatory Damage Amount:$______________________

O Exact O Explanation (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):

U5 - CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DRP (CONTINUED)

Rev. DRP (05/2009)

If the matter involves a customer complaint, arbitration/CFTC reparation or civil litigation in which a customer alleges that the individual was *involved* in *sales practice violations* and the individual is not named as a party, complete items 7-11 as appropriate.

7. A. Is this an oral complaint? O Yes O No
   B. Is this an written complaint? O Yes O No
   C. Is this an arbitration/CFTC reparation or civil litigation? O Yes O No
   If yes, provide:
   i. Arbitration/reparation forum or court name and location:_______________________________
   ii. Docket/Case#:______________________________
   iii. Filing date of arbitration/CFTC reparation or civil litigation (MM/DD/YYYY):_______________
   D. Date received by/served on *firm* (MM/DD/YYYY):_______________ O Exact O Explanation
   If not exact, provide explanation:

8. Is the complaint, arbitration/CFTC reparation or civil litigation pending? Yes No
   If "No", complete item 9.

9. If the complaint, arbitration/CFTC reparation or civil litigation is not pending, provide status:
   ☐ Closed/No Action ☐ Withdrawn ☐ Denied ☐ Settled
   ☐ Arbitration Award/Monetary Judgment (for claimants/plaintiffs)
   ☐ Arbitration Award/Monetary Judgment (for respondents/defendants)
   ☐ Evolved into Arbitration/CFTC reparation (the individual is a named party)
   ☐ Evolved into Civil Litigation (the individual is a named party)
   ☐ Closed/No Action

If status is arbitration/CFTC reparation in which the individual is not a named party, provide details in item 7C.
If status is arbitration/CFTC reparation in which the individual is a named party, complete items 12-16.
If status is civil litigation in which the individual is a named party, complete items 17-23.

10. Status Date (MM/DD/YYYY):_______________ O Exact O Explanation
    If not exact, provide explanation:

11. Settlement/Award/Monetary Judgment:
    A. Settlement/Award/Monetary Judgment amount: $_________________

INDIVIDUAL NAME:	INDIVIDUAL CRD #:
FIRM NAME:	FIRM CRD #:

B. Individual Contribution Amount: $_______________

If the matter involves arbitration or CFTC reparation in which the individual is a named respondent, complete items 12-16, as appropriate.

12. A. Arbitration/CFTC reparation claim filed with (FINRA, AAA, CFTC, etc.):_______________
B. Docket/Case#:_______________
C. Date notice/process was served (MM/DD/YYYY):_______________ O Exact O Explanation
If not exact, provide explanation:

13. Is arbitration/ CFTC reparation pending? O Yes O No
If "No", complete item 14.

14. If the complaint, arbitration/CFTC reparation or civil litigation is not pending, provide status:
☐ Award to Applicant (Agent/Representative) ☐ Award to Customer ☐ Denied ☐ Dismissed
☐ Judgment (other than monetary) ☐ No Action ☐ Settled ☐ Withdrawn
☐ Other:_______________

15. Disposition Date (MM/DD/YYYY):_______________ O Exact O Explanation
If not exact, provide explanation:

U5 - CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DRP (CONTINUED) Rev. DRP (05/2009)

16. Monetary Compensation Details (award, settlement, reparation amount):
A. Total Amount: $_______________
B. Individual Contribution Amount: $_______________

If the matter involves a civil litigation in which the individual is a defendant, complete items 17-23.

17. Formal Action was brought in:
O Federal Court O State Court O Foreign Court O Military Court O Other:_______________
A. Name of Court:_______________
B. Location of Court (City or County and State or Country):_______________
C. Docket/Case#:_______________

18. Status Date (MM/DD/YYYY):_______________ O Exact O Explanation
If not exact, provide explanation:

19. Is the civil litigation pending? O Yes O No
If "No", complete item 20.

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

21. Disposition Date (MM/DD/YYYY):_______________ O Exact O Explanation
If not exact, provide explanation:

22. Monetary Compensation Details (judgment, restitution, settlement amount):
A. Total Amount: $_______________
B. Individual Contribution Amount: $_______________

INDIVIDUAL NAME:	**INDIVIDUAL CRD #:**
FIRM NAME:	**FIRM CRD #:**

23. If action is currently on appeal:
    A. Enter date appeal filed (MM/DD/YYYY):_______________
    If not exact, provide explanation: O Exact O Explanation

    B. Court appeal filed in:
    O Federal Court O State Court O Foreign Court O Military Court O Other:_________________________
    i. Name of Court:____
    ii. Location of Court (City or County and State or Country):____________________________________
    iii. Docket/Case#:______________

24. Comment (Optional). You may use this field to provide a brief summary of the circumstances leading to the customer complaint, arbitration/CFTC reparation and/or civil litigation as well as the current status or final disposition(s). Your information must fit within the space provided.

U5 - INTERNAL REVIEW DRP

Rev. DRP (05/2009)

This Disclosure Reporting Page is an ☐**INITIAL** or ☐**AMENDED** response to report details for affirmative response to Question(s) **7B** on Form U5;

Check the question(s) you are responding to, regardless of whether you are answering the question(s) "yes" or amending the answer(s) to "no":

☐**7B**

If the individual has been notified that the internal review has been concluded without formal action, complete items 3 and 4 of this DRP to update.

PART I

1. Notice Received From: (Name of firm initiating the internal review):____

2. Date internal review initiated (MM/DD/YYYY):________________________________ O Exact O Explanation
   If not exact, provide explanation:

3. Describe briefly the nature of the internal review or details of the conclusion. (The information must fit within the space provided.):

4. Is internal review pending? O Yes O No
   If no, complete item 5. If yes, skip to item 6.

5. Resolution Details:
   A. Date internal review concluded (MM/DD/YYYY):________________________________ O Exact O Explanation
   If not exact, provide explanation:

   B. How was internal review concluded (provide details of the conclusion)?

INDIVIDUAL NAME:	**INDIVIDUAL CRD #:**
FIRM NAME:	**FIRM CRD #:**

6. Comment (Optional). You may use this field to provide a brief summary of the circumstances leading to the action, as well as the current status or final disposition. Your information must fit within the space provided.

PART II

INDIVIDUAL SUBJECT MAY USE THIS SPACE FOR DETAILS TO AFFIRMATIVE ANSWERS OF ITEM 7(B) ONLY

The individual who is the subject of the internal review may provide a brief summary of this event limited to 4000 characters. The summary may be submitted electronically to the Registration and Disclosure Department by the terminating firm or may be sent via hard copy to:

Registration and Disclosure
FINRA
P.O. Box 9495
Gaithersburg, MD 20898-9495

Note: **Section 8B. INDIVIDUAL ACKNOWLEDGEMENT AND CONSENT** of the Form U5 **requires** individuals to verify the accuracy and completeness of the information in Part II of the Internal Review DRP. An executed (i.e. signed and dated) acknowledgement and consent must be submitted with the summary.

U5 - INVESTIGATION DRP

Rev. DRP (05/2009)

This Disclosure Reporting Page is an ☐**INITIAL** or ☐**AMENDED** response to report details for affirmative response **to Question(s) 7A** on Form U5;
Check the question(s) you are responding to, regardless of whether you are answering the question(s) "yes" or amending the answer(s) to "no":

☐**7A**

Complete this DRP only if you are answering "yes" to Item 14G(2). If you answered "yes" to Item 14G(1), complete the Regulatory Action DRP. If you have been notified that the investigation has been concluded without formal action, complete items 4 and 5 of this DRP to update. One event may result in more than one investigation. If more than one authority is investigating you, use a separate DRP to provide details.

1. *Investigation* initiated by:
   A. Notice Received From (select appropriate item):
   O *SRO* O *Foreign Financial Regulatory Authority* O *Jurisdiction* O SEC O Other Federal Agency
   O Other:________________________________
   B. Full name of regulator (other than SEC) that initiated the *investigation*:____

2. Notice Date (MM/DD/YYYY):______________________________ O Exact O Explanation
   If not exact, provide explanation:

3. Describe briefly the nature of the *investigation*, if known, or details of the resolution. (Your information must fit within the space provided.):

4. Is *investigation* pending? O Yes O No
   If no, complete item 5. If yes, skip to item 6.

INDIVIDUAL NAME:	**INDIVIDUAL CRD #:**
FIRM NAME:	**FIRM CRD #:**

5. Resolution Details:
   A. Date Resolved (MM/DD/YYYY):________________________________ O Exact O Explanation
   If not exact, provide explanation:

   B. How was investigation resolved? (select appropriate item):
   O Closed Without Further Action O Closed - Regulatory Action Initiated O Other:________________________________

6. Comment (Optional). You may use this field to provide a brief summary of the circumstances leading to the investigation, as well as the current status or final disposition and/or finding(s). Your information must fit within the space provided.

U5 - REGULATORY ACTION DRP

Rev. DRP (05/2009)

This Disclosure Reporting Page is an ☐ **INITIAL** or ☐**AMENDED** response to report details for affirmative response to ***Question(s) 7A and 7D*** on Form U5;

Check the question(s) you are responding to, regardless of whether you are answering the question(s) "yes" or amending the answer(s) to "no":

☐**7A** ☐**7D**

One event may result in more than one affirmative answer within each of the above items. Use only one DRP to report details to the same event. If an event gives rise to actions by more than one regulator, provide details to each action on a separate DRP.

1. Regulatory Action initiated by:
   A. (Select appropriate item):
   O SEC O Other Federal Agency O *Jurisdiction* O *SRO* O CFTC O *Foreign Financial Regulatory Authority*
   O *Federal Banking Agency* O National Credit Union Administration O Other:______________________________

   B. Full name of regulator (if other than the SEC) that initiated the action:____

2. Sanction(s) Sought (select all that apply):

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

3. Date Initiated (MM/DD/YYYY):____________________ O Exact O Explanation
   If not exact, provide explanation:

4. Docket/Case #:____

5. Employing *Firm* when activity occurred which led to the regulatory action:____

INDIVIDUAL NAME:	**INDIVIDUAL CRD #:**
FIRM NAME:	**FIRM CRD #:**

6. Product Type(s): (select all that apply)

☐No Product ☐Derivative ☐Mutual Fund
☐Annuity-Charitable ☐Direct Investment-DPP & LP Interest ☐Oil & Gas
☐Annuity-Fixed ☐Equipment Leasing ☐Options
☐Annuity-Variable ☐Equity Listed (Common & Preferred Stock) ☐Penny Stock
☐Banking Product (other than CD) ☐Equity-OTC ☐Prime Bank Instrument
☐CD ☐Futures Commodity ☐Promissory Note
☐Commodity Option ☐Futures-Financial ☐Real Estate Security
☐Debt-Asset Backed ☐Index Option ☐Security Futures
☐Debt-Corporate ☐Insurance ☐Unit Investment Trust
☐Debt-Government ☐Investment Contract ☐Viatical Settlement
☐Debt-Municipal ☐Money Market Fund ☐Other:____________________

7. Describe the allegations related to this regulatory action. (Your information must fit within the space provided.):

8. Current Status? O Pending O On Appeal O Final

9. If pending, are there any limitations or restrictions currently in effect? O Yes O No
If the answer is 'yes', provide details:

U5 - REGULATORY ACTION DRP (CONTINUED)

Rev. DRP (05/2009)

10. If on appeal:
A. Action appealed to:
O SEC O *SRO* O CFTC O Federal Court O State Agency or Commission O State Court
O Other:________________________________
B. Date appeal filed (MM/DD/YYYY):____________________ O Exact O Explanation
If not exact, provide explanation:

C. Are there any limitations or restrictions currently in effect while on appeal? O Yes O No
If the answer is 'yes', provide details:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

11. Resolution Detail:
A. How was matter resolved? (select appropriate item):
O Acceptance, Waiver & Consent (AWC) O Consent O Decision
O Decision & Order of Offer of Settlement O Dismissed O Order
O Settled O Stipulation and Consent O Vacated
O Vacated Nunc Pro Tunc/ab initio O Withdrawn
O Other:____________________________

B. Resolution Date (MM/DD/YYYY):____________________ O Exact O Explanation
If not exact, provide explanation:

12. Sanction Detail:
A. Were any of the following sanctions ordered? (Select all appropriate items):
☐Bar (Permanent) ☐Bar (Temporary/Time Limited) ☐Cease and Desist

INDIVIDUAL NAME:	**INDIVIDUAL CRD #:**
FIRM NAME:	**FIRM CRD #:**

☐Censure ☐Civil and Administrative Penalty(ies)/Fine(s) ☐Denial
☐Disgorgement ☐Expulsion ☐Letter of Reprimand
☐Monetary Penalty other than Fines ☐Prohibition ☐Requalification
☐Rescission ☐Restitution ☐Revocation
☐Suspension ☐Undertaking

B. Other sanctions ordered:____

C. If the regulator provided in Question 1A above is the SEC, CFTC, an *SRO*, did the action result in a finding of a willful violation or failure to supervise? O Yes O No

If yes, was the individual *found* to have:

(1) willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board, or to have been unable to comply with any provision of such Act, rule or regulation? O Yes O No

(2) willfully aided, abetted, counseled, commanded, induced, or procured the violation by any person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board? O Yes O No

(3) failed reasonably to supervise another person subject to the individual's supervision, with a view to preventing the violation by such person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board? O Yes O No

INDIVIDUAL NAME:	**INDIVIDUAL CRD #:**
FIRM NAME:	**FIRM CRD #:**

U5 - REGULATORY ACTION DRP (CONTINUED) Rev. DRP (05/2009)

D. If suspended or barred, provide:

Sanction Details

Sanction type: O Bar (Permanent) O Bar (Temporary/Time Limited) O Suspension

Registration Capacities affected (e.g., General Securities Principal, Financial Operations Principal, All Capacities, etc.):

Duration (length of time):__________________ O Exact O Explanation

If not exact, provide explanation:

Start Date (MM/DD/YYYY):_____________________ O Exact O Explanation

If not exact, provide explanation:

End Date (MM/DD/YYYY):_____________________ O Exact O Explanation

If not exact, provide explanation:

Sanction Details

Sanction type: O Bar (Permanent) O Bar (Temporary/Time Limited) O Suspension

Registration Capacities affected (e.g., General Securities Principal, Financial Operations Principal, All Capacities, etc.):

Duration (length of time):__________________ O Exact O Explanation

If not exact, provide explanation:

Start Date (MM/DD/YYYY):_____________________ O Exact O Explanation

If not exact, provide explanation:

End Date (MM/DD/YYYY):_____________________ O Exact O Explanation

If not exact, provide explanation:

Sanction Details

Sanction type: O Bar (Permanent) O Bar (Temporary/Time Limited) O Suspension

Registration Capacities affected (e.g., General Securities Principal, Financial Operations Principal, All Capacities, etc.):

Duration (length of time):__________________ O Exact O Explanation

If not exact, provide explanation:

Start Date (MM/DD/YYYY):_____________________ O Exact O Explanation

If not exact, provide explanation:

INDIVIDUAL NAME:	**INDIVIDUAL CRD #:**
FIRM NAME:	**FIRM CRD #:**

U5 - REGULATORY ACTION DRP (CONTINUED)

Rev. DRP (05/2009)

End Date (MM/DD/YYYY):____________________ O Exact O Explanation
If not exact, provide explanation:

E. If requalification by exam/retraining was a condition of the sanction, provide:

Requalification Details

Requalification type: O Requalification by Exam O Re-Training O Other
Length of time given to requalify/retrain:_________________
Type of Exam required:____
Has condition been satisfied? O Yes O No
Explanation:

Requalification Details

Requalification type: O Requalification by Exam O Re-Training O Other
Length of time given to requalify/retrain:_________________
Type of Exam required:____
Has condition been satisfied? O Yes O No
Explanation:

Requalification Details

Requalification type: O Requalification by Exam O Re-Training O Other
Length of time given to requalify/retrain:_________________
Type of Exam required:____
Has condition been satisfied? O Yes O No
Explanation:

F. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide:

Monetary Sanction Details

Monetary Related Sanction Type: O Civil and Administrative Penalty(ies)/Fine(s) O Disgorgement O Monetary Penalty other than Fines O Restitution

Total Amount: $________________
Portion Levied against the individual: $________________
Payment Plan:
Is Payment Plan Current? O Yes O No
Date Paid by the individual (MM/DD/YYYY):_________________ O Exact O Explanation
If not exact, provide explanation:

Was any portion of penalty waived? O Yes O No
If yes, amount: $________________

INDIVIDUAL NAME:	**INDIVIDUAL CRD #:**
FIRM NAME:	**FIRM CRD #:**

U5 - REGULATORY ACTION DRP (CONTINUED)

Rev. DRP (05/2009)

Monetary Sanction Details

Monetary Related Sanction Type: O Civil and Administrative Penalty(ies)/Fine(s) O Disgorgement O Monetary Penalty other than Fines O Restitution

Total Amount: $_________________

Portion Levied against the individual: $_________________

Payment Plan:

Is Payment Plan Current? O Yes O No

Date Paid by the individual (MM/DD/YYYY):__________________ O Exact O Explanation

If not exact, provide explanation:

Was any portion of penalty waived? O Yes O No

If yes, amount: $_________________

Monetary Sanction Details

Monetary Related Sanction Type: O Civil and Administrative Penalty(ies)/Fine(s) O Disgorgement O Monetary Penalty other than Fines O Restitution

Total Amount: $_________________

Portion Levied against the individual: $_________________

Payment Plan:

Is Payment Plan Current? O Yes O No

Date Paid by the individual (MM/DD/YYYY):__________________ O Exact O Explanation

If not exact, provide explanation:

Was any portion of penalty waived? O Yes O No

If yes, amount: $_________________

13. Comment (Optional). You may use this field to provide a brief summary of the circumstances leading to the action as well as the current status or disposition and/or finding(s). Your information must fit within the space provided.

INDIVIDUAL NAME:	**INDIVIDUAL CRD #:**
FIRM NAME:	**FIRM CRD #:**

U5 - TERMINATION DRP

Rev. DRP (05/2009)

This Disclosure Reporting Page is an ☐ **INITIAL** or ☐ **AMENDED** response to report details for affirmative response to ***Question(s) 7F*** on Form U5

Check the question(s) you are responding to, regardless of whether you are answering the question(s) "yes" or amending the answer(s) to "no":

☐ **7F(1)** ☐ **7F(2)** ☐ **7F(3)**

One event may result in more than one affirmative answer to the above items. Use only one DRP to report details related to the same termination. Use a separate DRP for each termination reported.

1.Firm Name:____

2.Termination Type:

O Discharged O Permitted to Resign O Voluntary Resignation

3. Termination Date (MM/DD/YYYY):______________________ O Exact O Explanation

If not exact, provide explanation:

4. Allegation(s):

5. Product Type(s): (select all that apply)

☐No Product	☐Derivative	☐Mutual Fund
☐Annuity-Charitable	☐Direct Investment-DPP & LP Interest	☐Oil & Gas
☐Annuity-Fixed	☐Equipment Leasing	☐Options
☐Annuity-Variable	☐Equity Listed (Common & Preferred Stock)	☐Penny Stock
☐Banking Product (other than CD)	☐Equity-OTC	☐Prime Bank Instrument
☐CD	☐Futures Commodity	☐Promissory Note
☐Commodity Option	☐Futures-Financial	☐Real Estate Security
☐Debt-Asset Backed	☐Index Option	☐Security Futures
☐Debt-Corporate	☐Insurance	☐Unit Investment Trust
☐Debt-Government	☐Investment Contract	☐Viatical Settlement
☐Debt-Municipal	☐Money Market Fund	☐Other:____________________

6. Comment (Optional). You may use this field to provide a brief summary of the circumstances leading to the termination. Your information must fit within the space provided.