

**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.

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.

Residential Supervisory Location

If the Office of Employment address is a non-registered location and designated as a private residence, enter "yes" or "no" to indicate whether the Office of Employment address is a residential supervisory location (RSL) as defined in FINRA Rule 3110. (Note: this question can be answered only if the Private Residence Check Box has been checked.)

If "yes" is selected, the *firm* confirms that this location is designated as an RSL as defined in FINRA Rule 3110.

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.
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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.

Private Residence Check Box

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

Residential Supervisory Location

If the Office of Employment address is a non-registered location and designated as a private residence, enter "yes" or "no" to indicate whether the Office of Employment address is a residential supervisory location (RSL) as defined in FINRA Rule 3110. (Note: this question can be answered only if the Private Residence Check Box has been checked.)

If "yes" is selected, the *filing firm* confirms that this location is designated as an RSL as defined in FINRA Rule 3110.

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.

Questions 14I(4) or 14I(5) should be answered "yes" if the individual was not named as a respondent/defendant but (1) the Statement of Claim or Complaint specifically mentions the individual by name and alleges the individual was *involved* in one or more *sales practice violations* or (2) the Statement of Claim or Complaint does not mention the individual by name, but the *firm* has made a good faith determination that the *sales practice violation(s)* alleged *involves* one or more particular individuals.

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* 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

Relief sought: Cease and Desist, Civil and Administrative Penalty(ies)/Fine(s), Disgorgement, Injunction, Monetary Penalty other than fines , Other, Restitution, Restraining Order.

Product type(s): 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-OTC, Equity Listed (Common & Preferred Stock), 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.

How was matter resolved: Consent, Dismissed, Judgment Rendered, Other, Settled, Vacated, Vacated Nunc Pro Tunc/ab initio, 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.

Product type(s): 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(s), Equipment Leasing, Equity-OTC, Equity Listed (Common & Preferred Stock), Futures-Commodity, Futures-Financial, Index Option, Insurance, Investment Contract, Money Market Fund, Mutual Fund, Oil & Gas Options, Other, Penny Stock, Prime Bank Instrument, Promissory Note, Real Estate Security, Security Futures, Unit Investment Trust, Viatical Settlement, Other.

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

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

Judgment/Lien

Judgment/Lien Type: Civil, Tax.

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

Regulatory Action

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

Product type(s): 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-OTC, Equity Listed (Common & Preferred Stock), 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.

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

Termination

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

Product type(s): 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-OTC, Equity Listed (Common & Preferred Stock), 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.

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.