

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:

<input type="radio"/> Registered	CRD BRANCH #:	NYSE BRANCH CODE#:	FIRM BILLING CODE:	<input type="radio"/> Located At	START DATE:	END DATE:
<input type="radio"/> Non-Registered				<input type="radio"/> Supervised From		

OFFICE OF EMPLOYMENT ADDRESS STREET 1:	CITY:	STATE:
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OFFICE OF EMPLOYMENT ADDRESS STREET 2:	COUNTRY:	POSTAL CODE:
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Private Residence Check Box: If the Office of Employment address is a private residence, check this box.

<input type="radio"/> Registered	CRD BRANCH #:	NYSE BRANCH CODE#:	FIRM BILLING CODE:	<input type="radio"/> Located At	START DATE:	END DATE:
<input type="radio"/> Non-Registered				<input type="radio"/> Supervised From		

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

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:

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

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.

5A. SRO PARTIAL TERMINATION

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

REGISTRATION CATEGORY	FINRA	NYSE	NYSE-MKT	BATS-ZX	BATS-YX	BOX	BX	EDGA	EDGX	NSX	ARCA	CBOE	C2	CHX	PHLX	ISE	ISE	GEMINI	NQX	MIAX
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 (S10)																				
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)																				
IF - In-Firm Delivery Proctor																				
MM - Market Maker Authorized Trader-Options (S56)																				
FB - Floor Broker (S56)																				
MB - Market Maker acting as Floor Broker																				
OT - Authorized Trader (S7)																				

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INDIVIDUAL NAME:	INDIVIDUAL CRD #:
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REGISTRATION CATEGORY	FINRA	NYSE	NYSE-MKT	BATS-ZX	BATS-YX	BOX	BX	EDGA	EDGX	NSX	ARCA	CBOE	C2	CIX	PHLX	ISE	TSE	GEMINI	NOQX	MAX
MT - Market Maker Authorized Trader-Equities (S7)																				
IB - Investment Banking Representative (S79)																				
OS - Operations Professional (S99)																				
AF - Floor Broker - Options (S56)																				
AO - Market Maker - Options (S56)																				
AC - Floor Clerk-Options																				
CT - Proprietary Trader Compliance Officer (S14)																				
PT - Proprietary Trader (S56)																				
TP - Proprietary Trader Principal (S24)																				
Other _____ (Paper Form Only)																				

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FIRM NAME:	FIRM CRD #:

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	<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. AFFILIATED FIRM TERMINATION

Is this a *multiple termination* with one or more *firms affiliated with the filing firm*? Yes NoIf "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:
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Office of Employment Address:

<input type="radio"/> Registered <input type="radio"/> Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE#:	FIRM BILLING CODE:	<input type="radio"/> Located At <input type="radio"/> Supervised From	START DATE:	END DATE:
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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.

<input type="radio"/> Registered <input type="radio"/> Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE#:	FIRM BILLING CODE:	<input type="radio"/> Located At <input type="radio"/> Supervised From	START DATE:	END DATE:
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<input type="radio"/> Registered <input type="radio"/> Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE#:	FIRM BILLING CODE:	<input type="radio"/> Located At <input type="radio"/> Supervised From	START DATE:	END DATE:
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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 <i>investigation</i> or <i>proceeding</i> by a domestic or foreign governmental body or <i>self-regulatory organization</i> with jurisdiction over <i>investment-related</i> businesses? (Note: Provide details of an <i>investigation</i> on an Investigation Disclosure Reporting Page and details regarding a <i>proceeding</i> on a Regulatory Action Disclosure Reporting Page.)	<input type="radio"/>	<input type="radio"/>
Internal Review Disclosure		
7B. Currently is, or at termination was, the individual under internal review for fraud or wrongful taking of property, or violating <i>investment-related</i> statutes, regulations, rules or industry standards of conduct?	<input type="radio"/>	<input type="radio"/>
Criminal Disclosure		
7C. While employed by or associated with your <i>firm</i> , or in connection with events that occurred while the individual was employed by or associated with your <i>firm</i> , was the individual: <ol style="list-style-type: none"> 1. convicted of or did the individual plead guilty or nolo contendere ("no contest") in a domestic, foreign or military court to any <i>felony</i>? 2. <i>charged</i> with any <i>felony</i>? 3. convicted of or did the individual plead 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? 4. <i>charged</i> with a <i>misdemeanor</i> specified in item 7(C)(3)? 	<input type="radio"/>	<input type="radio"/>
Regulatory Action Disclosure		
7D. While employed by or associated with your <i>firm</i> , or in connection with events that occurred while the individual was employed by or associated with your <i>firm</i> , was the individual <i>involved</i> in any <i>disciplinary action</i> by a domestic or foreign governmental body or <i>self-regulatory organization</i> (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 <i>investment-related</i> businesses?	<input type="radio"/>	<input type="radio"/>
Customer Complaint/Arbitration/Civil Litigation Disclosure		
7E. 1. In connection with events that occurred while the individual was employed by or associated with your <i>firm</i> , was the individual named as a respondent/defendant in an <i>investment-related</i> , consumer-initiated arbitration or civil litigation which alleged that the individual was <i>involved</i> in one or more <i>sales practice violations</i> and which: <ol style="list-style-type: none"> (a) is still pending, or; (b) resulted in an arbitration award or civil judgment against the individual, regardless of amount, or; (c) was settled, prior to 05/18/2009, for an amount of \$10,000 or more, or; (d) was settled, on or after 05/18/2009, for an amount of \$15,000 or more? 2. In connection with events that occurred while the individual was employed by or associated with your <i>firm</i> , was the individual the subject of an <i>investment-related</i> , consumer-initiated (written or oral) complaint, which alleged that the individual was <i>involved</i> in one or more <i>sales practice violations</i> , and which <ol style="list-style-type: none"> (a) was settled, prior to 05/18/2009, for an amount of \$10,000 or more, or; (b) was settled, on or after 05/18/2009, for an amount of \$15,000 or more? 	<input type="radio"/>	<input type="radio"/>

UNIFORM TERMINATION NOTICE FOR SECURITIES INDUSTRY REGISTRATION

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 <i>firm</i> , was the individual the subject of an <i>investment-related</i> , consumer-initiated, written complaint, not otherwise reported under questions 7(E)(2) above, which: <ul style="list-style-type: none"> (a) would be reportable under question 14I(3)(a) on Form U4, if the individual were still employed by your <i>firm</i>, but which has not previously been reported on the individual's Form U4 by your <i>firm</i>; or (b) would be reportable under question 14I(3)(b) on Form U4, if the individual were still employed by your <i>firm</i>, but which has not previously been reported on the individual's Form U4 by your <i>firm</i>. 	<input type="radio"/>	<input type="radio"/>
4. In connection with events that occurred while the individual was employed by or associated with your <i>firm</i> , was the individual the subject of an <i>investment-related</i> , consumer-initiated, arbitration claim or civil litigation which alleged that the individual was <i>involved</i> in one or more <i>sales practice violations</i> , and which: <ul style="list-style-type: none"> (a) was settled for an amount of \$15,000 or more, or; (b) resulted in an arbitration award of civil judgment against any named respondent(s)/defendant(s), regardless of amount? 	<input type="radio"/>	<input type="radio"/>
5. In connection with events that occurred while the individual was employed by or associated with your <i>firm</i> , was the individual the subject of an <i>investment-related</i> , consumer-initiated, arbitration claim or civil litigation not otherwise reported under question 7E(4) above, which: <ul style="list-style-type: none"> (a) would be reportable under question 14I(5)(a) on Form U4, if the individual were still employed by your <i>firm</i>, but which has not previously been reported on the individual's Form U4 by your <i>firm</i>; or (b) would be reportable under question 14I(5)(b) on Form U4, if the individual were still employed by your <i>firm</i>, but which has not previously been reported on the individual's Form U4 by your <i>firm</i>. 	<input type="radio"/>	<input type="radio"/>
Termination Disclosure		
7F. Did the individual voluntarily <i>resign</i> from your <i>firm</i> , or was the individual discharged or permitted to <i>resign</i> from your <i>firm</i> , after allegations were made that accused the individual of: <ul style="list-style-type: none"> 1. violating <i>investment-related</i> statutes, regulations, rules or industry standards of conduct? 2. fraud or the wrongful taking of property? 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"/>
	<input type="radio"/>	<input type="radio"/>
	<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*.

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

UNIFORM TERMINATION NOTICE FOR SECURITIES INDUSTRY REGISTRATION

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:

Federal Court State Court Military Court Foreign Court 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? Pending On Appeal Final

B. Event Status Date (complete unless status is pending) (MM/DD/YYYY): _____ Exact 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): _____ Exact 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 Misdemeanor

Plea for each Charge: _____

Disposition of Charge:

Acquitted

Dismissed

Pre-trial Intervention

Amended

Found not guilty

Reduced

Convicted

Pled guilty

Other (requires explanation)

Deferred Adjudication

Pled not guilty

Explanation:

Date of Amended Charge, if applicable: _____

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

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*: *Felony* *Misdemeanor* Other:_____

Plea for each amended or reduced charge:_____

Disposition of amended or reduced charge:

Acquitted
 Amended
 Convicted
 Deferred Adjudication

Dismissed
 Found not guilty
 Pled guilty
 Pled not guilty

Pre-trial Intervention
 Reduced
 Other (requires explanation)

Explanation:

Charge Details (complete every field for each charge.)

Formal Charge/Description:

No. of Counts:_____

Felony or Misdemeanor: Felony Misdemeanor

Plea for each Charge:_____

Disposition of Charge:

Acquitted
 Amended
 Convicted
 Deferred Adjudication

Dismissed
 Found not guilty
 Pled guilty
 Pled not guilty

Pre-trial Intervention
 Reduced
 Other (requires explanation)

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*: *Felony* *Misdemeanor* Other:_____

Plea for each amended or reduced charge:_____

Disposition of amended or reduced charge:

Acquitted
 Amended
 Convicted
 Deferred Adjudication

Dismissed
 Found not guilty
 Pled guilty
 Pled not guilty

Pre-trial Intervention
 Reduced
 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 *Misdemeanor*

Plea for each Charge: _____

Disposition of Charge:

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

 Felony *Misdemeanor* Other: _____Specify if amended or reduced charge is a *Felony* or *Misdemeanor*:

Plea for each amended or reduced charge: _____

Disposition of amended or reduced charge:

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

Explanation:

C. Date of Disposition (MM/DD/YYYY): _____ Exact 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.

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.

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

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":

<input type="checkbox"/> 7E(1)(a)	<input type="checkbox"/> 7E(2)(a)	<input type="checkbox"/> 7E(3)(a)	<input type="checkbox"/> 7E(4)(a)	<input type="checkbox"/> 7E(5)(a)
<input type="checkbox"/> 7E(1)(b)	<input type="checkbox"/> 7E(2)(b)	<input type="checkbox"/> 7E(3)(b)	<input type="checkbox"/> 7E(4)(b)	<input type="checkbox"/> 7E(5)(b)
<input type="checkbox"/> 7E(1)(c)				
<input type="checkbox"/> 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 not named as a party, as well as arbitrations/CFTC reparations and civil litigation in which the individual is 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 not 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)

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

6. Alleged Compensatory Damage Amount: \$ _____

Exact 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):

UNIFORM TERMINATION NOTICE FOR SECURITIES INDUSTRY REGISTRATION

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

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? Yes No
 B. Is this an written complaint? Yes No
 C. Is this an arbitration/CFTC reparation or civil litigation? Yes 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): _____ Exact 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): _____ Exact Explanation
 If not exact, provide explanation:

11. Settlement/Award/Monetary Judgment:

A. Settlement/Award/Monetary Judgment amount: \$ _____
 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): _____ Exact Explanation
 If not exact, provide explanation:

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

14. If the complaint, arbitration/CFTC reparation or civil litigation is not pending, provide status:

<input type="checkbox"/> Award to Applicant (Agent/Representative)	<input type="checkbox"/> Award to Customer	<input type="checkbox"/> Denied	<input type="checkbox"/> Dismissed
<input type="checkbox"/> Judgment (other than monetary)	<input type="checkbox"/> No Action	<input type="checkbox"/> Settled	<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Other: _____			

UNIFORM TERMINATION NOTICE FOR SECURITIES INDUSTRY REGISTRATION

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

15. Disposition Date (MM/DD/YYYY): Exact 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:

Federal Court State Court Foreign Court Military Court 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): Exact Explanation
If not exact, provide explanation:

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

20. If the civil litigation is not pending, what was the disposition?

<input type="checkbox"/> Denied	<input type="checkbox"/> Dismissed	<input type="checkbox"/> Judgment (other than monetary)
<input type="checkbox"/> Monetary Judgment to Applicant (Agent/Representative)		<input type="checkbox"/> Monetary Judgment to Customer
<input type="checkbox"/> No Action	<input type="checkbox"/> Settled	<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Other: _____		

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

22. Monetary Compensation Details (judgment, restitution, settlement amount):

A. Total Amount: \$ _____
B. Individual Contribution Amount: \$ _____

23. If action is currently on appeal:

A. Enter date appeal filed (MM/DD/YYYY): _____
If not exact, provide explanation: Exact Explanation

B. Court appeal filed in:

Federal Court State Court Foreign Court Military Court 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.

UNIFORM TERMINATION NOTICE FOR SECURITIES INDUSTRY REGISTRATION

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

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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): _____ Exact 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? Yes No
If no, complete item 5. If yes, skip to item 6.

5. Resolution Details:

A. Date internal review concluded (MM/DD/YYYY): _____ Exact Explanation
If not exact, provide explanation:

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

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

UNIFORM TERMINATION NOTICE FOR SECURITIES INDUSTRY REGISTRATION

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

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):

SRO Foreign Financial Regulatory Authority Jurisdiction SEC Other Federal Agency
 Other: _____

B. Full name of regulator (other than SEC) that initiated the *investigation*: _____

2. Notice Date (MM/DD/YYYY): _____

Exact 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? Yes No

If no, complete item 5. If yes, skip to item 6.

5. Resolution Details:

A. Date Resolved (MM/DD/YYYY): _____

Exact Explanation

If not exact, provide explanation:

B. How was investigation resolved? (select appropriate item):

Closed Without Further Action Closed - Regulatory Action Initiated Other: _____

UNIFORM TERMINATION NOTICE FOR SECURITIES INDUSTRY REGISTRATION

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 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)																		
<p>This Disclosure Reporting Page is an <input type="checkbox"/> INITIAL or <input type="checkbox"/> AMENDED response to report details for affirmative response to Question(s) 7A and 7D on Form U5;</p> <p>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":</p>																				
<input type="checkbox"/> 7A <input type="checkbox"/> 7D																				
<p>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.</p>																				
<p>1. Regulatory Action initiated by:</p> <p>A. (Select appropriate item):</p> <p> <input type="radio"/> SEC <input type="radio"/> Other Federal Agency <input type="radio"/> Jurisdiction <input type="radio"/> SRO <input type="radio"/> CFTC <input type="radio"/> Foreign Financial Regulatory Authority <input type="radio"/> Federal Banking Agency <input type="radio"/> National Credit Union Administration <input type="radio"/> Other: _____ </p>																				
<p>B. Full name of regulator (if other than the SEC) that initiated the action: _____</p>																				
<p>2. Sanction(s) Sought (select all that apply):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Bar</td> <td style="width: 33%;"><input type="checkbox"/> Cease and Desist</td> <td style="width: 33%;"><input type="checkbox"/> Censure</td> </tr> <tr> <td><input type="checkbox"/> Civil and Administrative Penalty(ies)/Fine(s)</td> <td><input type="checkbox"/> Denial</td> <td><input type="checkbox"/> Disgorgement</td> </tr> <tr> <td><input type="checkbox"/> Expulsion</td> <td><input type="checkbox"/> Monetary Penalty other than Fines</td> <td><input type="checkbox"/> Prohibition</td> </tr> <tr> <td><input type="checkbox"/> Reprimand</td> <td><input type="checkbox"/> Requalification</td> <td><input type="checkbox"/> Rescission</td> </tr> <tr> <td><input type="checkbox"/> Restitution</td> <td><input type="checkbox"/> Revocation</td> <td><input type="checkbox"/> Suspension</td> </tr> <tr> <td><input type="checkbox"/> Undertaking</td> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>			<input type="checkbox"/> Bar	<input type="checkbox"/> Cease and Desist	<input type="checkbox"/> Censure	<input type="checkbox"/> Civil and Administrative Penalty(ies)/Fine(s)	<input type="checkbox"/> Denial	<input type="checkbox"/> Disgorgement	<input type="checkbox"/> Expulsion	<input type="checkbox"/> Monetary Penalty other than Fines	<input type="checkbox"/> Prohibition	<input type="checkbox"/> Reprimand	<input type="checkbox"/> Requalification	<input type="checkbox"/> Rescission	<input type="checkbox"/> Restitution	<input type="checkbox"/> Revocation	<input type="checkbox"/> Suspension	<input type="checkbox"/> Undertaking	<input type="checkbox"/> Other: _____	
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<input type="checkbox"/> Restitution	<input type="checkbox"/> Revocation	<input type="checkbox"/> Suspension																		
<input type="checkbox"/> Undertaking	<input type="checkbox"/> Other: _____																			
<p>3. Date Initiated (MM/DD/YYYY): _____ <input type="radio"/> Exact <input type="radio"/> Explanation</p> <p>If not exact, provide explanation: _____</p>																				
<p>4. Docket/Case #: _____</p>																				
<p>5. Employing Firm when activity occurred which led to the regulatory action: _____</p>																				
<p>6. Product Type(s): (select all that apply)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> No Product</td> <td style="width: 33%;"><input type="checkbox"/> Derivative</td> <td style="width: 33%;"><input type="checkbox"/> Mutual Fund</td> </tr> <tr> <td><input type="checkbox"/> Annuity-Charitable</td> <td><input type="checkbox"/> Direct Investment-DPP & LP Interest</td> <td><input type="checkbox"/> Oil & Gas</td> </tr> <tr> <td><input type="checkbox"/> Annuity-Fixed</td> <td><input type="checkbox"/> Equipment Leasing</td> <td><input type="checkbox"/> Options</td> </tr> <tr> <td><input type="checkbox"/> Annuity-Variable</td> <td><input type="checkbox"/> Equity Listed (Common & Preferred Stock)</td> <td><input type="checkbox"/> Penny Stock</td> </tr> <tr> <td><input type="checkbox"/> Banking Product (other than CD)</td> <td><input type="checkbox"/> Equity-OTC</td> <td><input type="checkbox"/> Prime Bank Instrument</td> </tr> </table>			<input type="checkbox"/> No Product	<input type="checkbox"/> Derivative	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Annuity-Charitable	<input type="checkbox"/> Direct Investment-DPP & LP Interest	<input type="checkbox"/> Oil & Gas	<input type="checkbox"/> Annuity-Fixed	<input type="checkbox"/> Equipment Leasing	<input type="checkbox"/> Options	<input type="checkbox"/> Annuity-Variable	<input type="checkbox"/> Equity Listed (Common & Preferred Stock)	<input type="checkbox"/> Penny Stock	<input type="checkbox"/> Banking Product (other than CD)	<input type="checkbox"/> Equity-OTC	<input type="checkbox"/> Prime Bank Instrument			
<input type="checkbox"/> No Product	<input type="checkbox"/> Derivative	<input type="checkbox"/> Mutual Fund																		
<input type="checkbox"/> Annuity-Charitable	<input type="checkbox"/> Direct Investment-DPP & LP Interest	<input type="checkbox"/> Oil & Gas																		
<input type="checkbox"/> Annuity-Fixed	<input type="checkbox"/> Equipment Leasing	<input type="checkbox"/> Options																		
<input type="checkbox"/> Annuity-Variable	<input type="checkbox"/> Equity Listed (Common & Preferred Stock)	<input type="checkbox"/> Penny Stock																		
<input type="checkbox"/> Banking Product (other than CD)	<input type="checkbox"/> Equity-OTC	<input type="checkbox"/> Prime Bank Instrument																		

UNIFORM TERMINATION NOTICE FOR SECURITIES INDUSTRY REGISTRATION

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

<input type="checkbox"/> CD	<input type="checkbox"/> Futures Commodity	<input type="checkbox"/> Promissory Note
<input type="checkbox"/> Commodity Option	<input type="checkbox"/> Futures-Financial	<input type="checkbox"/> Real Estate Security
<input type="checkbox"/> Debt-Asset Backed	<input type="checkbox"/> Index Option	<input type="checkbox"/> Security Futures
<input type="checkbox"/> Debt-Corporate	<input type="checkbox"/> Insurance	<input type="checkbox"/> Unit Investment Trust
<input type="checkbox"/> Debt-Government	<input type="checkbox"/> Investment Contract	<input type="checkbox"/> Viatical Settlement
<input type="checkbox"/> Debt-Municipal	<input type="checkbox"/> Money Market Fund	<input type="checkbox"/> Other: _____

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

8. Current Status? Pending On Appeal Final

9. If pending, are there any limitations or restrictions currently in effect? Yes 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:	
<input type="radio"/> SEC <input type="radio"/> SRO <input type="radio"/> CFTC <input type="radio"/> Federal Court <input type="radio"/> State Agency or Commission <input type="radio"/> State Court	
<input type="radio"/> Other: _____	
B. Date appeal filed (MM/DD/YYYY): _____ <input type="radio"/> Exact <input type="radio"/> Explanation If not exact, provide explanation:	
C. Are there any limitations or restrictions currently in effect while on appeal? <input type="radio"/> Yes <input type="radio"/> 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):	
<input type="radio"/> Acceptance, Waiver & Consent (AWC) <input type="radio"/> Consent <input type="radio"/> Decision	
<input type="radio"/> Decision & Order of Offer of Settlement <input type="radio"/> Dismissed <input type="radio"/> Order	
<input type="radio"/> Settled <input type="radio"/> Stipulation and Consent <input type="radio"/> Vacated	
<input type="radio"/> Vacated Nunc Pro Tunc/ab initio <input type="radio"/> Withdrawn	
<input type="radio"/> Other: _____	
B. Resolution Date (MM/DD/YYYY): _____ <input type="radio"/> Exact <input type="radio"/> Explanation If not exact, provide explanation:	

12. Sanction Detail:
A. Were any of the following sanctions ordered? (Select all appropriate items):
<input type="checkbox"/> Bar (Permanent) <input type="checkbox"/> Bar (Temporary/Time Limited) <input type="checkbox"/> Cease and Desist
<input type="checkbox"/> Censure <input type="checkbox"/> Civil and Administrative Penalty(ies)/Fine(s) <input type="checkbox"/> Denial
<input type="checkbox"/> Disgorgement <input type="checkbox"/> Expulsion <input type="checkbox"/> Letter of Reprimand
<input type="checkbox"/> Monetary Penalty other than Fines <input type="checkbox"/> Prohibition <input type="checkbox"/> Requalification
<input type="checkbox"/> Rescission <input type="checkbox"/> Restitution <input type="checkbox"/> Revocation
<input type="checkbox"/> Suspension <input type="checkbox"/> Undertaking
B. Other sanctions ordered: _____

UNIFORM TERMINATION NOTICE FOR SECURITIES INDUSTRY REGISTRATION

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

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? Yes 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? Yes 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? Yes 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? Yes No

UNIFORM TERMINATION NOTICE FOR SECURITIES INDUSTRY REGISTRATION

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: Bar (Permanent) Bar (Temporary/Time Limited) Suspension

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

Duration (length of time): _____
If not exact, provide explanation: Exact ExplanationStart Date (MM/DD/YYYY): _____
If not exact, provide explanation: Exact ExplanationEnd Date (MM/DD/YYYY): _____
If not exact, provide explanation: Exact Explanation

Sanction Details

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

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

Duration (length of time): _____
If not exact, provide explanation: Exact ExplanationStart Date (MM/DD/YYYY): _____
If not exact, provide explanation: Exact ExplanationEnd Date (MM/DD/YYYY): _____
If not exact, provide explanation: Exact Explanation

Sanction Details

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

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

Duration (length of time): _____
If not exact, provide explanation: Exact ExplanationStart Date (MM/DD/YYYY): _____
If not exact, provide explanation: Exact Explanation

UNIFORM TERMINATION NOTICE FOR SECURITIES INDUSTRY REGISTRATION

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

U5 - REGULATORY ACTION DRP (CONTINUED)

Rev. DRP (05/2009)

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

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

Requalification Details

Requalification type: Requalification by Exam Re-Training Other

Length of time given to requalify/retrain: _____

Type of Exam required: _____

Has condition been satisfied? Yes No

Explanation:

Requalification Details

Requalification type: Requalification by Exam Re-Training Other

Length of time given to requalify/retrain: _____

Type of Exam required: _____

Has condition been satisfied? Yes No

Explanation:

Requalification Details

Requalification type: Requalification by Exam Re-Training Other

Length of time given to requalify/retrain: _____

Type of Exam required: _____

Has condition been satisfied? Yes No

Explanation:

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

Monetary Sanction Details

Monetary Related Sanction Type:

 Civil and Administrative Penalty(ies)/Fine(s) Disgorgement Monetary Penalty other than Fines Restitution

Total Amount: \$ _____

Portion Levied against the individual: \$ _____

Payment Plan:

Is Payment Plan Current?

 Yes No

Date Paid by the individual (MM/DD/YYYY): _____

 Exact Explanation

If not exact, provide explanation:

Was any portion of penalty waived?

 Yes No

If yes, amount: \$ _____

UNIFORM TERMINATION NOTICE FOR SECURITIES INDUSTRY REGISTRATION

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

U5 - REGULATORY ACTION DRP (CONTINUED)

Rev. DRP (05/2009)

Monetary Sanction Details

Monetary Related Sanction Type:

Civil and Administrative Penalty(ies)/Fine(s)
 Monetary Penalty other than Fines

Disgorgement
 Restitution

Total Amount: \$_____

Portion Levied against the individual: \$_____

Payment Plan:

Is Payment Plan Current?

Yes No

Exact Explanation

If not exact, provide explanation:

Was any portion of penalty waived?

Yes No

If yes, amount: \$_____

Monetary Sanction Details

Monetary Related Sanction Type:

Civil and Administrative Penalty(ies)/Fine(s)
 Monetary Penalty other than Fines

Disgorgement
 Restitution

Total Amount: \$_____

Portion Levied against the individual: \$_____

Payment Plan:

Is Payment Plan Current?

Yes No

Exact Explanation

If not exact, provide explanation:

Was any portion of penalty waived?

Yes 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.

UNIFORM TERMINATION NOTICE FOR SECURITIES INDUSTRY REGISTRATION

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:

Discharged Permitted to Resign Voluntary Resignation

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

If not exact, provide explanation:

4. Allegation(s):

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

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