

Proposed Rule Change by National Association of Securities Dealers  
Pursuant to Rule 19b-4 under the Securities Exchange Act of 1934

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Withdrawal	<input checked="" type="checkbox"/> Section 19(b)(2)	<input type="checkbox"/> Section 19(b)(3)(A)	<input type="checkbox"/> Section 19(b)(3)(B)
			Rule		
<input type="checkbox"/> Pilot	<input type="checkbox"/> Extension of Time Period for Commission Action	<input type="text" value=""/> Date Expires	<input type="checkbox"/> 19b-4(f)(1)	<input type="checkbox"/> 19b-4(f)(4)	
			<input type="checkbox"/> 19b-4(f)(2)	<input type="checkbox"/> 19b-4(f)(5)	
			<input type="checkbox"/> 19b-4(f)(3)	<input type="checkbox"/> 19b-4(f)(6)	

<input type="checkbox"/> Exhibit 2 Sent As Paper Document	<input type="checkbox"/> Exhibit 3 Sent As Paper Document
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**Description**  
Provide a brief description of the proposed rule change (limit 250 characters).

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

First Name	<input type="text" value="Shirley"/>	Last Name	<input type="text" value="Weiss"/>
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**Signature**  
Pursuant to the requirements of the Securities Exchange Act of 1934,

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

Date	<input type="text" value="08/18/2005"/>
By	<input type="text" value="Patrice M. Gliniecki"/>
	(Name)
	<input type="text" value="Senior Vice President and Deputy General Counsel"/>
	(Title)

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SECURITIES AND EXCHANGE COMMISSION  
WASHINGTON, D.C. 20549

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

**Form 19b-4 Information**

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

**Exhibit 1 - Notice of Proposed Rule Change**

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

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

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Exhibit Sent As Paper Document

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

**Exhibit 3 - Form, Report, or Questionnaire**

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Exhibit Sent As Paper Document

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

**Exhibit 4 - Marked Copies**

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

**Exhibit 5 - Proposed Rule Text**

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

**Partial Amendment**

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

**1. Text of Proposed Rule Change**

(a) Pursuant to the provisions of Section 19(b)(1) of the Securities Exchange Act of 1934 ("Act"), the National Association of Securities Dealers, Inc. ("NASD") is filing with the Securities and Exchange Commission ("SEC" or "Commission") Amendment No. 2 to a proposed rule change (SR-NASD-2005-030) to adopt a Uniform Branch Office Registration Form ("Form BR") and to make conforming changes and technical revisions to the Uniform Application for Securities Industry Registration or Transfer ("Form U4") and the Uniform Termination Notice for Securities Industry Registration ("Form U5") ("Forms").

This Amendment No. 2 to SR-NASD-2005-030 incorporates the changes to the original rule filing made in Amendment No. 1 and Exhibits 2 and 3c. The proposed Forms are attached as Exhibits 3a, 3b, and 3c. Exhibits 4a, 4b, and 4c show changes made to the Form BR, Form U4, and Form U5, respectively, as filed on March 11, 2005. This Amendment No. 2: (1) indicates in Section 2 ("Procedures of the Self-Regulatory Organization") that October 31, 2005 will be the effective date of the proposed rule change, and that the Notice to Members announcing the effective date will provide the timetable for the transition to the Form BR; (2) replaces in its entirety the "Making the Transition to Form BR" subsection of the "Purpose" section; (3) modifies the "Conforming Changes to Forms U4 and U5" discussion in the "Purpose" section with respect to changes to the "Office of Employment Address" section of the Form U4 and reporting independent contractor relationships on the Form U4; (4) revises the first paragraph of the "Conforming Changes to Forms U4 and U5" discussion in the "Purpose" section to describe the procedures to be followed if an individual is not located at a

registered branch office, and the last paragraph with respect to the effective date of the proposed rule change; and (5) clarifies in footnote<sup>10</sup> that the referenced report concerns registered individuals. This Amendment No. 2 also makes the following minor edits: (1) makes non-substantive revisions to footnotes 1, 11, and 16; (2) in the discussion of Section 3 (Types of Activities/Other Business Names/Websites), adds the term "Uniform Application for Investment Adviser Registration"; (3) in the discussion of Section 7 (Branch Closing), makes non-substantive revisions to the first sentence of the second paragraph and the text of footnote 9; (4) makes the term "Office of Employment Address" consistent throughout; and (5) makes non-substantive changes to the "Other Comments" discussion. With respect to the Forms, this Amendment No. 2 makes technical, non-substantive changes to the proposed Form BR; modifications to Sections 1 and 6 and related Specific Instructions on the Form U4; and modifications to Sections 1 and 6 and related Specific Instructions and other technical, non-substantive changes to the Form U5, as more accurately described in Exhibits 4a, 4b, and 4c.

(a) Not applicable.

(b) Not applicable.

**2. Procedures of the Self-Regulatory Organization**

(a) The proposed rule change was approved by the Board of Governors of NASD at its meeting on July 22, 2004, which authorized the filing of the rule change with the SEC. No other action by NASD is necessary for the filing of the proposed rule change. Section 1(a)(ii) of Article VII of the NASD By-Laws permits the Board of Governors of NASD to adopt NASD Rules without recourse to the membership for approval.

The effective date of the proposed rule change will be October 31, 2005. NASD will announce the effective date of the proposed rule change in a Notice to Members to be published no later than 30 days following Commission approval. The Notice to Members will also provide the timetable for the transition to the Form BR.

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

(a) Purpose

The purpose of this proposed rule change is to establish a uniform branch office registration form ("Form BR") that will enable firms to register branch offices electronically with NASD, the New York Stock Exchange, Inc. ("NYSE"), other self-regulatory organizations ("SROs"), and states, (as applicable), through the Central Registration Depository (CRD<sup>®</sup>, the CRD system, or Web CRD) via one uniform form. The proposed Form BR will replace Schedule E of the Uniform Application for Broker-Dealer Registration ("Form BD"), the current NYSE Branch Office Application Form, and certain state branch office forms.<sup>1</sup> This rule change will also make certain technical

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<sup>1</sup> Currently, broker-dealers register or report branch offices or other business locations on Schedule E of the Form BD. NYSE member firms are required to submit the NYSE Branch Office Application Form to register a branch office with the NYSE. In addition, Connecticut, Florida, Nevada, and Vermont have separate branch office forms that request similar information for firms seeking to register a branch office in those states; moreover, more than 20 states require broker-dealers to submit a "notice filing" when a firm opens or closes a branch office.

With the implementation of Form BR, NASD anticipates that the SEC will eliminate Schedule E from Form BD, and the NYSE will retire the current NYSE Branch Office Application Form. Connecticut, Florida, Nevada, and Vermont also have indicated that they plan to retire their respective forms and adopt the Form BR. Other jurisdictions that currently require notice filings for branch openings and closings have indicated that they also expect to adopt the Form BR.

revisions to the Uniform Application for Securities Industry Registration or Transfer ("Form U4") and the Uniform Termination Notice for Securities Industry Registration ("Form U5").

### **Background**

A working group composed of NASD and NYSE staff and representatives of the North American Securities Administrators Association ("NASAA") and states (hereinafter referred to as the "Working Group") developed the proposed Form BR to enable firms to register branch offices electronically with NASD, the NYSE, and states that require branch office registration, through a single filing with the CRD system. The Working Group derived the majority of questions on the proposed Form BR from questions currently on one or more of the existing branch office forms and added questions to elicit additional information that would be of regulatory value to SROs and states. The proposed Form BR will make the branch office registration process more efficient by eliminating duplicative forms, reconciling inconsistencies among existing branch office forms, and eliminating duplicative questions.<sup>2</sup> To the extent possible, the

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<sup>2</sup> The proposed Form BR is only one component of a broader project regarding the registration of branch offices through the CRD system. NASD is planning enhancements to the CRD system to coincide with the implementation of Form BR that will enable firms to designate, and users to identify, the branch office(s) in which a registered person works. These enhancements will enable registered persons to submit via the Form U4 the name of the branch office(s) with which they are associated. Firms also will be able to obtain a report via Web CRD that will list individuals who are currently associated with a branch, or were associated with a branch during a specific time period. Regulators also will be able to obtain reports on branch offices within a firm and registered individuals in those branches.

proposed Form BR uses the same terms as those used in existing uniform forms.<sup>3</sup>

The proposed Form BR was developed on the premise that firms would file the Form through Web CRD. In addition to the filing and cost efficiencies identified above, Web CRD system functionality will enforce certain filing disciplines that will enhance the integrity of the data in the CRD system. For example, system cross-checks between the Form BR and the "Office of Employment Address" section of Form U4 will provide greater assurances regarding accuracy of the locations from which registered representatives are conducting business. In addition, regulators will be able to generate reports through CRD based on information reported on the Form BR in conjunction with other information reported in the CRD system. This should enable regulators to gather information and deploy examination resources more efficiently.

#### **Making the Transition to Form BR**

NASD has designated October 15, 2005 through October 30, 2005 as a "lock-out" period for the CRD system, during which time NASD will help firms with branch offices in existence as of the close of business on October 14, 2005, to register these offices. During the "lock-out" period, NASD will create a "conversion" Form BR on the CRD system for all branch offices in existence as of the close of business on October 14, 2005. NASD will assign a unique branch CRD number to each of these branches and pre-populate the "conversion" Forms BR with limited information for each of these

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<sup>3</sup> The "Explanation of Terms" section of proposed Form BR includes definitions of additional terms used in the context of branch office registration and reporting, such as "closing," "person-in-charge," "regular branch," "small branch," "supervisor," and "withdrawal." NYSE has made slight modifications to the definitions of "small branch" and "regular branch" that were published in Notice to Members 04-55 to conform to its interpretive materials.

branches.<sup>4</sup> During this "lock-out" period, the CRD system will not accept any branch office forms or amendments via any of the current forms or Form BR.

Starting on October 31, 2005, the new branch office functionality will be available in the CRD system. Beginning on that date, firms with branch offices in existence prior to the close of business on October 14, 2005 may: (1) complete the data fields for each "conversion" Form BR created by NASD during the "lock-out" period; and (2) file through CRD the completed Forms BR.

In addition, firms will be able to amend Forms U4 to assign each registered person to a registered branch office. Firms may assign registered persons to branches by means of either individual Form U4 filings or an electronic file transfer (*i.e.*, a "batch" filing) established exclusively for this purpose.

Firms with branch offices in existence prior to the close of business on October 14, 2005 will have until May 1, 2006 to comply with the Form BR and Form U4 filing requirements for those branch offices. Therefore, by May 1, 2006, these firms must have: (1) completed and filed the "conversion" Form BR for each such branch; and (2) with respect to the registered persons employed by such branches, amended all applicable Forms U4 to assign these registered persons to the branch office(s) (or other locations) from which they work.

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<sup>4</sup> The conversion process will download the following fields from existing data in CRD or the Investment Adviser Registration Depository (IARD<sup>SM</sup>), as well as data provided from the NYSE and participating states: Branch Address, NASD Branch Number, NYSE Branch Code Number, NASD/NYSE Supervisor/Person-In-Charge Name and CRD Number, Operational Status, and NYSE/Jurisdiction Registration Status.



Starting on October 31, 2005, firms must file a Form BR to register any new branch office opened on or after October 15, 2005.<sup>5</sup> Once a firm has filed a Form BR, the new branch will be established on the CRD system, and CRD will automatically populate the "Office of Employment Address" of the Form U4 for each person identified in Section 5 (Associated Individuals) of the Form BR. Thereafter, firms will be required to submit amended Forms U4 to assign additional registered persons to the branch, and CRD will automatically update the "branch roster" of registered persons in Web CRD.<sup>6</sup> Individuals identified in this section will populate a dynamic "branch roster" of registered persons in CRD. The "branch roster" will be made available to firms.

### **Highlights of the Proposed Form BR**

There are nine sections in the proposed Form BR, as described below. The Form BR will permit applicants (*i.e.*, firms) to: (1) apply for approval of or report a branch office (an "initial" filing); (2) amend information previously reported (an "amendment" filing); (3) terminate a branch office registration (a "closing" filing); or (4) withdraw an initial filing prior to approval by a jurisdiction or SRO (a "withdrawal" filing).

- **Section 1 - General Information**

Section 1 reports the applicant's CRD number, name, address, billing code, branch address, and telephone number. NASD will pre-populate the applicant's CRD number, name, and address.

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<sup>5</sup> Article V, Section 8 of the NASD By-Laws requires firms to report the opening of a branch office not later than 30 days after the branch is opened.

<sup>6</sup> Article V, Section 2 of the NASD By-Laws requires amendments to the Form U4 to be filed within 30 days after learning of the facts or circumstances giving rise to the amendment. The "Specific Instructions" for completing the Form U4, as amended, address procedures for updating the Form U4 to include all branch office addresses at which the individual is employed.

- **Section 2 - Registration/Notice Filing/Type of Office**

Section 2 asks the applicant to state where the branch will be registered (or notice filed), the type of branch office registration, and whether it is an NASD office of supervisory jurisdiction ("OSJ"). If it is not an OSJ, the applicant is required to provide the branch number for the OSJ that has supervisory responsibility over the branch and the CRD number of the supervisor in charge of that OSJ. Consistent with the uniform form concept, Section 2 of the proposed Form BR will give applicants the opportunity to designate whether the branch office filing is being made on behalf of a broker-dealer ("BD"), an investment adviser ("IA"), or both. This feature will enable firms to register or report IA branches in states that require such registration and reporting. Section 2 also asks for NYSE Small Branch information.

- **Section 3 - Types of Activities/Other Business Names/Websites**

Section 3 will collect information with respect to the types of financial industry activities conducted by the applicant and any investment-related activities conducted by associated persons at the branch location. Section 3 also asks for the names being used by any associated person to conduct financial industry business at the branch office other than those names disclosed on the applicant's Form BD or Form ADV ("Uniform Application for Investment Adviser Registration"). Section 3 also asks for the website addresses used by the branch office other than the applicant's primary website address.

- **Section 4 - Branch Office Arrangements**

Consistent with questions currently asked on Schedule E of the Form BD, Section 4 of the proposed Form BR will elicit information on branch office arrangements, including space sharing arrangements and liability for expenses.<sup>7</sup>

- **Section 5 - Associated Individuals<sup>8</sup>**

Section 5, which must be completed only for initial branch office registration filings, asks for the names and CRD numbers of registered persons associated with a branch.<sup>9</sup> Individuals identified by the firm in this section will populate a dynamic "branch roster" of registered persons in Web CRD, which will be made available to firms. Once the branch has been established, changes to the branch roster will be automatically made through Web CRD when: (1) the "Office of Employment Address" question on the Form U4 is amended when an individual leaves a branch for another branch; or (2) the Form U5 is amended when an individual leaves a firm. This functionality should facilitate a firm's ability to comply with one of the requirements contained in SEC Rule 17a-4(1).<sup>10</sup>

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<sup>7</sup> NASD notes that Section 4 does not require applicants to report insurance agency agreements with the main office pursuant to which the branch operates.

<sup>8</sup> NASD notes that the title of Section 5 – "Associated Individuals" – refers to registered individuals who are associated with the particular branch office. Applicants are not required to report the names of associated persons who are not registered.

<sup>9</sup> Firms will be required to enter the CRD number, and then the name will populate in the field.

<sup>10</sup> SEC Rule 17a-4(1) requires certain records for the most recent two-year period to be maintained at the office to which they relate. Among other reports, firms will be able to print a report that will list registered individuals who are currently

- **Section 6 - NYSE Branch Information**

Only NYSE-registered firms (*i.e.*, firms registered with the NYSE) will be able to view Section 6 on Web CRD, and only NYSE-registered firms will be required to complete Section 6. The proposed Form BR incorporates the information elicited on the NYSE's current Branch Office Application and Office Space-Sharing forms. The CRD system will interact with the NYSE's branch office system on NYSE branch office registration filings.

The NYSE's current protocol for requesting approval for new branch offices will continue with the proposed Form BR. NYSE members will use Form BR to request such approvals, and the information provided by NYSE members will be transmitted to the NYSE, which, in turn, will communicate its determinations (*e.g.*, approvals) to the requesting NYSE firms through the CRD system.

- **Section 7 - Branch Closing**

Section 7 will be completed by a firm only upon the closing of a branch office registered with a jurisdiction or an SRO. Information in Section 7 will include, among other things, the date operations ceased, or will cease, the location of the branch's books and records, and the name and telephone number of the contact person.

Because branch offices located close to state borders often move from one state to another, the Form BR and the CRD system have been designed to accommodate such moves through amendment filings. Specifically, a firm may file a single Form BR amendment that will both close the branch in one state and register the branch in another

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associated with a branch, or who were associated with the branch during a specific time period.

state that also has a registration or notice requirement. The Specific Instructions and notifications (the latter triggered by the state address change) in Section 1 (General Information) and Section 2 (Registration/Notice Filing/Type of Office) will advise applicants that the amendment has both changed the branch address to another state and closed the branch in the first state. In addition, the amendment will serve as a request to open a branch in the state to which the branch has moved if it is a state that requires registration or notice filing of branches.<sup>11</sup>

- **Section 8 - Branch Withdrawal**

Firms will be required to complete Section 8 only upon withdrawal of a pending application. Information in this section includes the date of withdrawal, the reason for withdrawal, and the name and telephone number of the contact person.

- **Section 9 - Signature**

Section 9 is the signature page. The language on the signature page is consistent with the current attestations on the Form U4 and the Form BD.

### **Conforming Changes to Forms U4 and U5**

NASD is also proposing conforming changes to the Forms U4 and U5 to fully integrate the branch office registration and reporting process through the CRD system. First, NASD is proposing changes to the "Office of Employment Address" to parallel the information reported on the Form BR, and to ensure the accuracy and integrity of the link between registered representatives and their branches. When completing the Form U4, the firm/individual will be asked to select the branch office(s) from which the registered

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<sup>11</sup> NASD will view a change in location simply as an amendment filing, not a request to open a new branch.

person will work based on the list of branch offices identified by the firm (through the filing of Forms BR). Once the registered locations are selected, CRD will populate the "Office of Employment Address" screen on Form U4 for each registered person with the following data elements based on information reported on the Form BR: CRD Branch Number, NYSE Branch Code Number, address, start and end dates, and type of office. The Form U5 will display the same information.<sup>12</sup> If the individual is not located at a registered branch office, the firm must enter the business address of the location at which the individual is employed and the location from which the individual is supervised.

Second, the Working Group is adding a question to the Form U4 to elicit whether the individual has an independent contractor relationship with the branch office. Information regarding independent contractors, currently is elicited on Schedule E of Form BD. The Working Group initially proposed to include this question on the Form BR; however, it determined that the question more appropriately belongs on the Form U4. Third, NASD is proposing changes to the Specific Instructions to address the Form U4 and Form U5 changes. Fourth, NASD is proposing other technical changes.<sup>13</sup>

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<sup>12</sup> NASD is removing from the Forms U4 and U5 the specific instructions and form fields that currently require reporting of information that will be provided via Form BR and will pre-populate the appropriate fields on the Forms U4 and U5.

<sup>13</sup> NASD is adding to the Forms U4 and U5 registration categories that the Commission has previously approved: See Exchange Act Rel. No. 50162 (Aug. 6, 2004), 69 FR 50406 (Aug. 16, 2004) (Research Analyst (RS) and Research Principal (RP)); Exchange Act Rel. No. 49922 (June 28, 2004), 69 FR 40701 (July 6, 2004) (Pacific Stock Exchange positions Market Maker (44), Floor Broker (45), and Market Maker acting as a Floor Broker (46)). Additionally, NASD is reorganizing the electronic filing representations on the Form U4, Section 6 (Regulatory Requests with Affiliated Firms), for submitting a fingerprint for registration with an affiliated firm, so that the representations follow a more logical order; the content of the representations is not changing. Finally, NASD is amending the Forms U4 and U5 to reflect the change in name of

As noted in Section 2 of this filing, the effective date of the proposed rule change will be October 31, 2005. NASD will announce the effective date of the proposed rule change in a Notice to Members to be published no later than 30 days following Commission approval. The Notice to Members will also provide the timetable for the transition to the Form BR.

(b) Statutory Basis

NASD believes that the proposed rule change is consistent with the provisions of Section 15A(b)(6) of the Act, which requires, among other things, that NASD rules must be designed to prevent fraudulent and manipulative acts and practices, to promote just and equitable principles of trade, and, in general, to protect investors and the public interest. NASD believes that the proposed rule change is designed to accomplish these ends by establishing the Form BR, a uniform branch office registration form that will (1) permit firms to register their branch offices with NASD, the NYSE, and certain states via the CRD system; (2) make the branch office registration process more efficient by replacing Schedule E of the Form BD, the current NYSE Branch Office Application Form, and certain state forms with one uniform form; and (3) allow a more effective mechanism for linking and tracking a registered representative to a particular branch office. The proposed conforming changes to the Form U4 and Form U5 are being made to update these Forms.

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the Cincinnati Stock Exchange (CSE) to the National Stock Exchange (NSX) (Exchange Act Rel. No. 48774 (Nov. 12, 2003), 68 FR 65332 (Nov. 19, 2003)).

In addition, the instructions on the Form U4 with respect to submitting fingerprint cards have been modified to describe the radio button representations. New instructions on the Form U5 explain the circumstances under which the "Office of Employment Address" will be pre-populated.

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

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

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

The proposed rule change was published for comment in NASD Notice to Members 04-55 (August 2004). Twenty-one comments were received in response to the Notice. A copy of the Notice and copies of the comment letters received in response to the Notice are attached as Exhibit 3. As more fully described below, 12 of the 21 commenters supported the proposed rule change (six of these commenters had reservations), seven commenters were opposed, and two commenters had questions about the proposed Form BR but did not state a position.

Following receipt of the comments, the Working Group reviewed the proposed Form BR to determine whether each of the proposed questions had sufficient regulatory value to be kept on the Form BR or, in the alternative, should be eliminated or modified, and whether the instructions, terminology, format, and proposed questions were sufficiently clear and understandable. In response to the comments, the Working Group made certain revisions to the proposed Form BR, as discussed below.

**Comments Relating to Content of the Proposed Form BR**

- **Pre-populating the Proposed Form BR**

In response to the five commenters who suggested that NASD pre-populate the proposed Form BR wherever possible, NASD will pre-populate a number of questions in Section 1 (General Information) from information already reported in Web CRD.



Further, applicants will be required to complete Section 5 (Associated Individual) only for initial branch office filings. To associate a registered individual with a branch office after the initial branch office filing, applicants need only update the "Office of Employment Address" on that individual's Form U4. NASD will populate the following Form BR data elements based on existing NASD, NYSE, and jurisdiction branch office data: Branch Address, NASD Branch Number, NYSE Branch Code Number, NASD/NYSE Supervisor/Person-In-Charge Name and CRD Number, Operational Status, and NYSE/Jurisdiction Registration Status. To facilitate the transition process, firms will have the option of providing to NASD a data feed of the name and CRD number of the individuals associated with each branch.

- **Section 1 - General Information**

As noted above, seven fields will be pre-populated.

- **Section 2 - Registration/Notice Filing/Type of Office**

Six commenters commented on Section 2. One commenter recommended that the Form ask for information only about one supervisor. The Working Group decided not to limit the question to one supervisor, since there could be more than one supervisor in a branch office. However, in response to a comment that it was duplicative to ask whether a supervisor was currently associated with the firm, the Working Group eliminated that question. The Working Group left intact the requirement to check a box requiring the applicant to attest that it is not required to register the branch with the NYSE. With respect to a comment that the information in Section 2 was already being reported on the Form U4, the Working Group eliminated the "Disclosure," "SD" status, and "Independent

Contractor" fields. Applicants need only supply the name and/or CRD number of the supervisor/person-in-charge.<sup>14</sup>

- **Section 3 - Types of Activities/Other Business Names/Websites**

Section 3, among other things, includes a question about the outside activities of associated persons. Six commenters had concerns about the scope of information being elicited and the difficulty of updating the information when persons join or leave a firm. After considering the comments, the Working Group determined that there is a regulatory need for information regarding the "investment-related" activities of associated persons conducted at the branch. Therefore, the Working Group eliminated the checklist of financial industry activities, business, or services conducted by any associated person of the applicant at the branch and replaced it with a question limited to a description of any outside "investment-related" activities, a term that is defined in the Form U4.

The Working Group also considered a commenter's concerns about the costs of gathering information about associated persons' activities, and the potential for firm responsibility for associated persons' outside business activities. The commenter suggested that disclosure should be limited to information about firms. The Working Group nonetheless concluded that the questions being asked in Section 3, as revised, have significant regulatory value and should be retained.

- **Section 4 - Branch Office Arrangements**

Section 4 elicits information about branch office arrangements and payment of expenses. There were eight comments about this section, which generally asked for

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<sup>14</sup> The individual's firm and regulators will be able to access the individual's entire CRD record by selecting the individual's CRD number from the current list of individuals associated with the branch.

clarification of the questions. Initially, a question in Section 4 (taken essentially verbatim from the Schedule E) asked whether the branch had a written agreement with the main office and whether five percent or more of its registered representatives were deemed to be "independent contractors." The Working Group eliminated this question in its entirety because: (1) another question in Section 4 asks whether the business location operates under a written agreement; and (2) as previously discussed, information about independent contractors will be elicited on the Form U4. The Working Group added a question that permits applicants to explain any expense payment or financial interest arrangement in their own words.

- **Section 5 - Associated Individuals**

Section 5, as initially proposed, requested, as to each associated person at the branch, the person's CRD number, disclosure information, SD status, and whether the person is an independent contractor. Seven commenters noted that the requested information was duplicative and unnecessary. In response, the Working Group eliminated the "Disclosure," "SD" status, and "Independent Contractor" fields from this section. As modified, firms will be required to enter only the individual's CRD number (or in the alternative, the individual's name).<sup>15</sup>

- **Section 6 - NYSE Branch Information**

In response to comments, the Working Group eliminated two questions and clarified others.

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<sup>15</sup> The individual's firm and regulators will be able to access the individual's entire CRD record by "clicking" on the individual's CRD number when viewing Section 5 of the Form BR in Web CRD.

- **Section 7 - Branch Closing**

This section elicits information about the date operations will cease at the branch office, the location of the branch's books and records, and the name and telephone number of a contact person. One commenter stated the view that Section 7 made branch closing or withdrawal more complicated. Another commenter suggested pre-populating Section 7. A third commenter stated that the information being asked was already available on the Form U5. The Working Group eliminated a question asking whether the office closing was to be listed in the NYSE Bulletin, but did not otherwise change the questions on the basis that this information has regulatory value.

- **Section 8 - Branch Withdrawal**

Although one commenter questioned the need for this information, the Working Group determined to keep the proposed question, which asks for the date and reason for withdrawal and the name and telephone number of a contact person, on the basis that this information would be of value to regulators.

- **Section 9 – Signature**

As initially proposed, Section 9 required the signatory to certify "under penalty of perjury" that he or she had signed the form on behalf of, and with the authority of, the applicant. The attestation also required the signatory and the applicant to represent that the applicant would promptly file any required amendments to the Form BR. One commenter contended that the signer should not be required to attest on behalf of himself and the firm as to the truth of information supplied by associated individuals or as to future amendments. Another commenter noted that neither the current NYSE Branch Office Application Form nor Schedule E amendments require a signature and suggested

that the Form BR limit the attestation to "the best of the member's knowledge the application is accurate and complete in all material respects." The Working Group carefully considered these comments and revised the attestation to remove "under penalty of perjury" and the statement regarding future amendments on behalf of the signatory and the firm. The Working Group, however, believes that the integrity of the data being reported on Form BR requires an attestation that the statements are "current, true and complete."

- **Other Comments**

Four commenters favored the proposed Form BR only if all states were to accept the Form in place of state registration requirements. NASD notes in this filing that Connecticut, Florida, Nevada, and Vermont have indicated that they plan to retire their respective branch registration forms and adopt the Form BR. Several of the states that require a "notice" filing also have agreed at this time to use the proposed Form BR in place of their forms. Although NASD cannot speak for other states, it notes that NASAA, which has been an integral part of the Working Group involved in the creation of the Form BR, has indicated that it expects to formally endorse the Form BR.

NASD has also considered comments concerning the costs to firms of filing the proposed Form BR for each of their branches. One commenter contended that the proposed Form BR would have a disproportionate and negative impact on broker-dealers affiliated with life insurers if NASD's proposed definition of "branch office" is implemented. The proposed Form BR is not, as this commenter suggests, linked to NASD's proposed rule change regarding the definition of branch office. NASD is addressing the impact of its proposed definition of branch office in a separate rule

filing.<sup>16</sup> As explained above, the purpose of the proposed Form BR is to enable broker-dealers to register branch offices electronically with NASD, the NYSE, other SROs, and states (as applicable) via one uniform form through Web CRD. The proposed Form BR will combine in one form Schedule E of the Form BD, NYSE's Branch Office Application Form, and forms required by certain states. As this commenter notes, this concept offers the opportunity for efficient regulatory compliance.

NASD's response to comments received by the Commission in response to the Notice of Filing of Proposed Rule Change and Amendment No. 1, Securities Exchange Act Rel. No. 51742 (May 25, 2005), 70 FR 32386 (June 2, 2005), has been filed with the Commission in a letter dated August 17, 2005.

**6. Extension of Time Period for Commission Action**

NASD consents at this time to a two-week extension, until August 31, 2005, of the time period for Commission action specified in Section 19(b)(2) of the Act.

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

Not applicable.

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

Not applicable.

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<sup>16</sup> See Exchange Act Rel. No. 48897 (Dec. 9, 2003), 68 FR 70059 (Dec. 16, 2003), SR-NASD-2003 (Notice of Filing of Proposed Rule Change and Amendment Nos. 1 and 2 Thereto by the National Association of Securities Dealers, Inc. Relating to Proposed New Uniform Definition of "Branch Office" Under NASD Rule 3010(g)(2)).

**9. Exhibits**

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

Exhibit 3a. Proposed Form BR.

Exhibit 3b. Proposed Form U4.

Exhibit 3c. Proposed Form U5.

Exhibit 4a. Full text of proposed Form BR marking changes from the originally filed proposed Form BR.

Exhibit 4b. Full text of proposed Form U4 marking changes from the originally filed proposed Form U4.

Exhibit 4c. Full text of proposed Form U5 marking changes from the originally filed proposed Form U5.

**EXHIBIT 1**

**SECURITIES AND EXCHANGE COMMISSION**

(Release No. 34- ; File No. SR-NASD-2005-030)

**SELF-REGULATORY ORGANIZATIONS**

Proposed Rule Change by National Association of Securities Dealers, Inc.  
Relating to Proposed Uniform Branch Office Registration Form ("Form BR") and  
Conforming Changes and Technical Revisions to the Uniform Application for Securities  
Industry Registration or Transfer ("Form U4") and the Uniform Termination Notice for  
Securities Industry Registration ("Form U5")

Pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 ("Act")<sup>1</sup> and  
Rule 19b-4 thereunder,<sup>2</sup> notice is hereby given that on , the  
National Association of Securities Dealers, Inc. ("NASD") filed with the Securities and  
Exchange Commission ("SEC" or "Commission") and amended on ,<sup>3</sup> the

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<sup>1</sup> 15 U.S.C. 78s(b)(1).

<sup>2</sup> 17 CFR 240.19b-4.

<sup>3</sup> This Amendment No. 2 to SR-NASD-2005-030 incorporates the changes to the original rule filing made in Amendment No. 1 and Exhibits 2 and 3c. The proposed Forms are attached as Exhibits 3a, 3b, and 3c. Exhibits 4a, 4b, and 4c show changes made to the Form BR, Form U4, and Form U5, respectively, as filed on March 11, 2005. This Amendment No. 2: (1) indicates in Section 2 ("Procedures of the Self-Regulatory Organization") that October 31, 2005 will be the effective date of the proposed rule change, and that the Notice to Members announcing the effective date will provide the timetable for the transition to the Form BR; (2) replaces in its entirety the "Making the Transition to Form BR" subsection of the "Purpose" section; (3) modifies the "Conforming Changes to Forms U4 and U5" discussion in the "Purpose" section with respect to changes to the "Office of Employment Address" section of the Form U4 and reporting independent contractor relationships on the Form U4; (4) revises the first paragraph of the "Conforming Changes to Forms U4 and U5" discussion in the "Purpose" section to describe the procedures to be followed if an individual is not located at a registered branch office, and the last paragraph with respect to the effective date of the proposed rule change; and (5) clarifies in footnote 10 that the referenced report concerns registered individuals. This Amendment No. 2 also makes the following minor edits: (1) makes non-substantive revisions to



proposed rule change as described in Items I, II, and III below, which Items have been prepared by NASD. The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

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

NASD is proposing to adopt the proposed Form BR and to make conforming changes and technical revisions to the Form U4 and Form U5 ("Forms").

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

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

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footnotes 1, 11, and 16; (2) in the discussion of Section 3 (Types of Activities/Other Business Names/Websites), adds the term "Uniform Application for Investment Adviser Registration"; (3) in the discussion of Section 7 (Branch Closing), makes non-substantive revisions to the first sentence of the second paragraph and the text of footnote 9; (4) makes the term "Office of Employment Address" consistent throughout; and (5) makes non-substantive changes to the "Other Comments" discussion. With respect to the Forms, this Amendment No. 2 makes technical, non-substantive changes to the proposed Form BR; modifications to Sections 1 and 6 and related Specific Instructions on the Form U4; and modifications to Sections 1 and 6 and related Specific Instructions and other technical, non-substantive changes to the Form U5, as more accurately described in Exhibits 4a, 4b, and 4c.

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

1. Purpose

The purpose of this proposed rule change is to establish a uniform branch office registration form ("Form BR") that will enable firms to register branch offices electronically with NASD, the New York Stock Exchange, Inc. ("NYSE"), other self-regulatory organizations ("SROs"), and states, (as applicable), through the Central Registration Depository (CRD<sup>®</sup>, the CRD system, or Web CRD) via one uniform form. The proposed Form BR will replace Schedule E of the Uniform Application for Broker-Dealer Registration ("Form BD"), the current NYSE Branch Office Application Form, and certain state branch office forms.<sup>4</sup> This rule change will also make certain technical revisions to the Uniform Application for Securities Industry Registration or Transfer ("Form U4") and the Uniform Termination Notice for Securities Industry Registration ("Form U5").

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<sup>4</sup> Currently, broker-dealers register or report branch offices or other business locations on Schedule E of the Form BD. NYSE member firms are required to submit the NYSE Branch Office Application Form to register a branch office with the NYSE. In addition, Connecticut, Florida, Nevada, and Vermont have separate branch office forms that request similar information for firms seeking to register a branch office in those states; moreover, more than 20 states require broker-dealers to submit a "notice filing" when a firm opens or closes a branch office.

With the implementation of Form BR, NASD anticipates that the SEC will eliminate Schedule E from Form BD, and the NYSE will retire the current NYSE Branch Office Application Form. Connecticut, Florida, Nevada, and Vermont also have indicated that they plan to retire their respective forms and adopt the Form BR. Other jurisdictions that currently require notice filings for branch openings and closings have indicated that they also expect to adopt the Form BR.

## Background

A working group composed of NASD and NYSE staff and representatives of the North American Securities Administrators Association ("NASAA") and states (hereinafter referred to as the "Working Group") developed the proposed Form BR to enable firms to register branch offices electronically with NASD, the NYSE, and states that require branch office registration, through a single filing with the CRD system. The Working Group derived the majority of questions on the proposed Form BR from questions currently on one or more of the existing branch office forms and added questions to elicit additional information that would be of regulatory value to SROs and states. The proposed Form BR will make the branch office registration process more efficient by eliminating duplicative forms, reconciling inconsistencies among existing branch office forms, and eliminating duplicative questions.<sup>5</sup> To the extent possible, the proposed Form BR uses the same terms as those used in existing uniform forms.<sup>6</sup>

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<sup>5</sup> The proposed Form BR is only one component of a broader project regarding the registration of branch offices through the CRD system. NASD is planning enhancements to the CRD system to coincide with the implementation of Form BR that will enable firms to designate, and users to identify, the branch office(s) in which a registered person works. These enhancements will enable registered persons to submit via the Form U4 the name of the branch office(s) with which they are associated. Firms also will be able to obtain a report via Web CRD that will list individuals who are currently associated with a branch, or were associated with a branch during a specific time period. Regulators also will be able to obtain reports on branch offices within a firm and registered individuals in those branches.

<sup>6</sup> The "Explanation of Terms" section of proposed Form BR includes definitions of additional terms used in the context of branch office registration and reporting, such as "closing," "person-in-charge," "regular branch," "small branch," "supervisor," and "withdrawal." NYSE has made slight modifications to the definitions of "small branch" and "regular branch" that were published in Notice to Members 04-55 to conform to its interpretive materials.

The proposed Form BR was developed on the premise that firms would file the Form through Web CRD. In addition to the filing and cost efficiencies identified above, Web CRD system functionality will enforce certain filing disciplines that will enhance the integrity of the data in the CRD system. For example, system cross-checks between the Form BR and the "Office of Employment Address" section of Form U4 will provide greater assurances regarding accuracy of the locations from which registered representatives are conducting business. In addition, regulators will be able to generate reports through CRD based on information reported on the Form BR in conjunction with other information reported in the CRD system. This should enable regulators to gather information and deploy examination resources more efficiently.

#### **Making the Transition to Form BR**

NASD has designated October 15, 2005 through October 30, 2005 as a "lock-out" period for the CRD system, during which time NASD will help firms with branch offices in existence as of the close of business on October 14, 2005, to register these offices. During the "lock-out" period, NASD will create a "conversion" Form BR on the CRD system for all branch offices in existence as of the close of business on October 14, 2005. NASD will assign a unique branch CRD number to each of these branches and pre-populate the "conversion" Forms BR with limited information for each of these branches.<sup>7</sup> During this "lock-out" period, the CRD system will not accept any branch office forms or amendments via any of the current forms or Form BR.

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<sup>7</sup> The conversion process will download the following fields from existing data in CRD or the Investment Adviser Registration Depository (IARD<sup>SM</sup>), as well as data provided from the NYSE and participating states: Branch Address, NASD Branch Number, NYSE Branch Code Number, NASD/NYSE Supervisor/Person-

Starting on October 31, 2005, the new branch office functionality will be available in the CRD system. Beginning on that date, firms with branch offices in existence prior to the close of business on October 14, 2005 may: (1) complete the data fields for each "conversion" Form BR created by NASD during the "lock-out" period; and (2) file through CRD the completed Forms BR.

In addition, firms will be able to amend Forms U4 to assign each registered person to a registered branch office. Firms may assign registered persons to branches by means of either individual Form U4 filings or an electronic file transfer (*i.e.*, a "batch" filing) established exclusively for this purpose.

Firms with branch offices in existence prior to the close of business on October 14, 2005 will have until May 1, 2006 to comply with the Form BR and Form U4 filing requirements for those branch offices. Therefore, by May 1, 2006, these firms must have: (1) completed and filed the "conversion" Form BR for each such branch; and (2) with respect to the registered persons employed by such branches, amended all applicable Forms U4 to assign these registered persons to the branch office(s) (or other locations) from which they work.

Starting on October 31, 2005, firms must file a Form BR to register any new branch office opened on or after October 15, 2005.<sup>8</sup> Once a firm has filed a Form BR, the new branch will be established on the CRD system, and CRD will automatically populate the "Office of Employment Address" of the Form U4 for each person identified

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In-Charge Name and CRD Number, Operational Status, and NYSE/Jurisdiction Registration Status.

<sup>8</sup> Article V, Section 8 of the NASD By-Laws requires firms to report the opening of a branch office not later than 30 days after the branch is opened.

in Section 5 (Associated Individuals) of the Form BR. Thereafter, firms will be required to submit amended Forms U4 to assign additional registered persons to the branch, and CRD will automatically update the "branch roster" of registered persons in Web CRD.<sup>9</sup> Individuals identified in this section will populate a dynamic "branch roster" of registered persons in CRD. The "branch roster" will be made available to firms.

### **Highlights of the Proposed Form BR**

There are nine sections in the proposed Form BR, as described below. The Form BR will permit applicants (*i.e.*, firms) to: (1) apply for approval of or report a branch office (an "initial" filing); (2) amend information previously reported (an "amendment" filing); (3) terminate a branch office registration (a "closing" filing); or (4) withdraw an initial filing prior to approval by a jurisdiction or SRO (a "withdrawal" filing).

- **Section 1 - General Information**

Section 1 reports the applicant's CRD number, name, address, billing code, branch address, and telephone number. NASD will pre-populate the applicant's CRD number, name, and address.

- **Section 2 - Registration/Notice Filing/Type of Office**

Section 2 asks the applicant to state where the branch will be registered (or notice filed), the type of branch office registration, and whether it is an NASD office of supervisory jurisdiction ("OSJ"). If it is not an OSJ, the applicant is required to provide the branch number for the OSJ that has supervisory responsibility over the branch and the

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<sup>9</sup> Article V, Section 2 of the NASD By-Laws requires amendments to the Form U4 to be filed within 30 days after learning of the facts or circumstances giving rise to the amendment. The "Specific Instructions" for completing the Form U4, as amended, address procedures for updating the Form U4 to include all branch office addresses at which the individual is employed.

CRD number of the supervisor in charge of that OSJ. Consistent with the uniform form concept, Section 2 of the proposed Form BR will give applicants the opportunity to designate whether the branch office filing is being made on behalf of a broker-dealer ("BD"), an investment adviser ("IA"), or both. This feature will enable firms to register or report IA branches in states that require such registration and reporting. Section 2 also asks for NYSE Small Branch information.

- **Section 3 - Types of Activities/Other Business Names/Websites**

Section 3 will collect information with respect to the types of financial industry activities conducted by the applicant and any investment-related activities conducted by associated persons at the branch location. Section 3 also asks for the names being used by any associated person to conduct financial industry business at the branch office other than those names disclosed on the applicant's Form BD or Form ADV ("Uniform Application for Investment Adviser Registration"). Section 3 also asks for the website addresses used by the branch office other than the applicant's primary website address.

- **Section 4 - Branch Office Arrangements**

Consistent with questions currently asked on Schedule E of the Form BD, Section 4 of the proposed Form BR will elicit information on branch office arrangements, including space sharing arrangements and liability for expenses.<sup>10</sup>

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<sup>10</sup> NASD notes that Section 4 does not require applicants to report insurance agency agreements with the main office pursuant to which the branch operates.

- **Section 5 - Associated Individuals**<sup>11</sup>

Section 5, which must be completed only for initial branch office registration filings, asks for the names and CRD numbers of registered persons associated with a branch.<sup>12</sup> Individuals identified by the firm in this section will populate a dynamic "branch roster" of registered persons in Web CRD, which will be made available to firms. Once the branch has been established, changes to the branch roster will be automatically made through Web CRD when: (1) the "Office of Employment Address" question on the Form U4 is amended when an individual leaves a branch for another branch; or (2) the Form U5 is amended when an individual leaves a firm. This functionality should facilitate a firm's ability to comply with one of the requirements contained in SEC Rule 17a-4(l).<sup>13</sup>

- **Section 6 - NYSE Branch Information**

Only NYSE-registered firms (*i.e.*, firms registered with the NYSE) will be able to view Section 6 on Web CRD, and only NYSE-registered firms will be required to complete Section 6. The proposed Form BR incorporates the information elicited on the NYSE's current Branch Office Application and Office Space-Sharing forms. The CRD

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<sup>11</sup> NASD notes that the title of Section 5 – "Associated Individuals" – refers to registered individuals who are associated with the particular branch office. Applicants are not required to report the names of associated persons who are not registered.

<sup>9</sup> Firms will be required to enter the CRD number, and then the name will populate in the field.

<sup>13</sup> SEC Rule 17a-4(l) requires certain records for the most recent two-year period to be maintained at the office to which they relate. Among other reports, firms will be able to print a report that will list registered individuals who are currently associated with a branch, or who were associated with the branch during a specific time period.



system will interact with the NYSE's branch office system on NYSE branch office registration filings.

The NYSE's current protocol for requesting approval for new branch offices will continue with the proposed Form BR. NYSE members will use Form BR to request such approvals, and the information provided by NYSE members will be transmitted to the NYSE, which, in turn, will communicate its determinations (*e.g.*, approvals) to the requesting NYSE firms through the CRD system.

- **Section 7 - Branch Closing**

Section 7 will be completed by a firm only upon the closing of a branch office registered with a jurisdiction or an SRO. Information in Section 7 will include, among other things, the date operations ceased, or will cease, the location of the branch's books and records, and the name and telephone number of the contact person.

Because branch offices located close to state borders often move from one state to another, the Form BR and the CRD system have been designed to accommodate such moves through amendment filings. Specifically, a firm may file a single Form BR amendment that will both close the branch in one state and register the branch in another state that also has a registration or notice requirement. The Specific Instructions and notifications (the latter triggered by the state address change) in Section 1 (General Information) and Section 2 (Registration/Notice Filing/Type of Office) will advise applicants that the amendment has both changed the branch address to another state and closed the branch in the first state. In addition, the amendment will serve as a request to

open a branch in the state to which the branch has moved if it is a state that requires registration or notice filing of branches.<sup>14</sup>

- **Section 8 - Branch Withdrawal**

Firms will be required to complete Section 8 only upon withdrawal of a pending application. Information in this section includes the date of withdrawal, the reason for withdrawal, and the name and telephone number of the contact person.

- **Section 9 - Signature**

Section 9 is the signature page. The language on the signature page is consistent with the current attestations on the Form U4 and the Form BD.

### **Conforming Changes to Forms U4 and U5**

NASD is also proposing conforming changes to the Forms U4 and U5 to fully integrate the branch office registration and reporting process through the CRD system. First, NASD is proposing changes to the "Office of Employment Address" to parallel the information reported on the Form BR, and to ensure the accuracy and integrity of the link between registered representatives and their branches. When completing the Form U4, the firm/individual will be asked to select the branch office(s) from which the registered person will work based on the list of branch offices identified by the firm (through the filing of Forms BR). Once the registered locations are selected, CRD will populate the "Office of Employment Address" screen on Form U4 for each registered person with the following data elements based on information reported on the Form BR: CRD Branch Number, NYSE Branch Code Number, address, start and end dates, and type of office.

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<sup>14</sup> NASD will view a change in location simply as an amendment filing, not a request to open a new branch.

The Form U5 will display the same information.<sup>15</sup> If the individual is not located at a registered branch office, the firm must enter the business address of the location at which the individual is employed and the location from which the individual is supervised.

Second, the Working Group is adding a question to the Form U4 to elicit whether the individual has an independent contractor relationship with the branch office.

Information regarding independent contractors, currently is elicited on Schedule E of Form BD. The Working Group initially proposed to include this question on the Form BR; however, it determined that the question more appropriately belongs on the Form U4. Third, NASD is proposing changes to the Specific Instructions to address the Form U4 and Form U5 changes. Fourth, NASD is proposing other technical changes.<sup>16</sup>

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<sup>15</sup> NASD is removing from the Forms U4 and U5 the specific instructions and form fields that currently require reporting of information that will be provided via Form BR and will pre-populate the appropriate fields on the Forms U4 and U5.

<sup>16</sup> NASD is adding to the Forms U4 and U5 registration categories that the Commission has previously approved: See Exchange Act Rel. No. 50162 (Aug. 6, 2004), 69 FR 50406 (Aug. 16, 2004) (Research Analyst (RS) and Research Principal (RP)); Exchange Act Rel. No. 49922 (June 28, 2004), 69 FR 40701 (July 6, 2004) (Pacific Stock Exchange positions Market Maker (44), Floor Broker (45), and Market Maker acting as a Floor Broker (46)). Additionally, NASD is reorganizing the electronic filing representations on the Form U4, Section 6 (Regulatory Requests with Affiliated Firms), for submitting a fingerprint for registration with an affiliated firm, so that the representations follow a more logical order; the content of the representations is not changing. Finally, NASD is amending the Forms U4 and U5 to reflect the change in name of the Cincinnati Stock Exchange (CSE) to the National Stock Exchange (NSX) (Exchange Act Rel. No. 48774 (Nov. 12, 2003), 68 FR 65332 (Nov. 19, 2003)).

In addition, the instructions on the Form U4 with respect to submitting fingerprint cards have been modified to describe the radio button representations. New instructions on the Form U5 explain the circumstances under which the "Office of Employment Address" will be pre-populated.

The effective date of the proposed rule change will be October 31, 2005. NASD will announce the effective date of the proposed rule change in a Notice to Members to be published no later than 30 days following Commission approval. The Notice to Members will also provide the timetable for the transition to the Form BR.

2. Statutory Basis

NASD believes that the proposed rule change is consistent with the provisions of Section 15A(b)(6) of the Act, which requires, among other things, that NASD rules must be designed to prevent fraudulent and manipulative acts and practices, to promote just and equitable principles of trade, and, in general, to protect investors and the public interest. NASD believes that the proposed rule change is designed to accomplish these ends by establishing the Form BR, a uniform branch office registration form that will (1) permit firms to register their branch offices with NASD, the NYSE, and certain states via the CRD system; (2) make the branch office registration process more efficient by replacing Schedule E of the Form BD, the current NYSE Branch Office Application form, and certain state forms with one uniform form; and (3) allow a more effective mechanism for linking and tracking a registered representative to a particular branch office. The proposed conforming changes to the Form U4 and Form U5 are being made to update these Forms.

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

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

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

The proposed rule change was published for comment in NASD Notice to Members 04-55 (August 2004). Twenty-one comments were received in response to the Notice. A copy of the Notice and copies of the comment letters received in response to the Notice are attached as Exhibit 3. As more fully described below, 12 of the 21 commenters supported the proposed rule change (six of these commenters had reservations), seven commenters were opposed, and two commenters had questions about the proposed Form BR but did not state a position.

Following receipt of the comments, the Working Group reviewed the proposed Form BR to determine whether each of the proposed questions had sufficient regulatory value to be kept on the Form BR or, in the alternative, should be eliminated or modified, and whether the instructions, terminology, format, and proposed questions were sufficiently clear and understandable. In response to the comments, the Working Group made certain revisions to the proposed Form BR, as discussed below.

**Comments Relating to Content of the Proposed Form BR**

- **Pre-populating the Proposed Form BR**

In response to the five commenters who suggested that NASD pre-populate the proposed Form BR wherever possible, NASD will pre-populate a number of questions in Section 1 (General Information) from information already reported in Web CRD. Further, applicants will be required to complete Section 5 (Associated Individual) only for initial branch office filings. To associate a registered individual with a branch office after the initial branch office filing, applicants need only update the office of employment

address on that individual's Form U4. NASD will populate the following Form BR data elements based on existing NASD, NYSE, and jurisdiction branch office data: Branch Address, NASD Branch Number, NYSE Branch Code Number, NASD/NYSE Supervisor/Person-In-Charge Name and CRD Number, Operational Status, and NYSE/Jurisdiction Registration Status. To facilitate the transition process, firms will have the option of providing to NASD a data feed of the name and CRD number of the individuals associated with each branch.

- **Section 1 - General Information**

As noted above, seven fields will be pre-populated.

- **Section 2 - Registration/Notice Filing/Type of Office**

Six commenters commented on Section 2. One commenter recommended that the Form ask for information only about one supervisor. The Working Group decided not to limit the question to one supervisor, since there could be more than one supervisor in a branch office. However, in response to a comment that it was duplicative to ask whether a supervisor was currently associated with the firm, the Working Group eliminated that question. The Working Group left intact the requirement to check a box requiring the applicant to attest that it is not required to register the branch with the NYSE. With respect to a comment that the information in Section 2 was already being reported on the Form U4, the Working Group eliminated the "Disclosure," "SD" status, and "Independent Contractor" fields. Applicants need only supply the name and/or CRD number of the supervisor/person-in-charge.<sup>17</sup>

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<sup>17</sup> The individual's firm and regulators will be able to access the individual's entire CRD record by selecting the individual's CRD number from the current list of individuals associated with the branch.

- **Section 3 - Types of Activities/Other Business Names/Websites**

Section 3, among other things, includes a question about the outside activities of associated persons. Six commenters had concerns about the scope of information being elicited and the difficulty of updating the information when persons join or leave a firm. After considering the comments, the Working Group determined that there is a regulatory need for information regarding the "investment-related" activities of associated persons conducted at the branch. Therefore, the Working Group eliminated the checklist of financial industry activities, business, or services conducted by any associated person of the applicant at the branch and replaced it with a question limited to a description of any outside "investment-related" activities, a term that is defined in the Form U4.

The Working Group also considered a commenter's concerns about the costs of gathering information about associated persons' activities, and the potential for firm responsibility for associated persons' outside business activities. The commenter suggested that disclosure should be limited to information about firms. The Working Group nonetheless concluded that the questions being asked in Section 3, as revised, have significant regulatory value and should be retained.

- **Section 4 - Branch Office Arrangements**

Section 4 elicits information about branch office arrangements and payment of expenses. There were eight comments about this section, which generally asked for clarification of the questions. Initially, a question in Section 4 (taken essentially verbatim from the Schedule E) asked whether the branch had a written agreement with the main office and whether five percent or more of its registered representatives were deemed to be "independent contractors." The Working Group eliminated this question in its entirety

because: (1) another question in Section 4 asks whether the business location operates under a written agreement; and (2) as previously discussed, information about independent contractors will be elicited on the Form U4. The Working Group added a question that permits applicants to explain any expense payment or financial interest arrangement in their own words.

- **Section 5 - Associated Individuals**

Section 5, as initially proposed, requested, as to each associated person at the branch, the person's CRD number, disclosure information, SD status, and whether the person is an independent contractor. Seven commenters noted that the requested information was duplicative and unnecessary. In response, the Working Group eliminated the "Disclosure," "SD," and "Independent Contractor" fields from this section. As modified, firms will be required to enter only the individual's CRD number (or in the alternative, the individual's name).<sup>18</sup>

- **Section 6 - NYSE Branch Information**

In response to comments, the Working Group eliminated two questions and clarified others.

- **Section 7 - Branch Closing**

This section elicits information about the date operations will cease at the branch office, the location of the branch's books and records, and the name and telephone number of a contact person. One commenter stated the view that Section 7 made branch closing or withdrawal more complicated. Another commenter suggested pre-populating

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<sup>18</sup> The individual's firm and regulators will be able to access the individual's entire CRD record by "clicking" on the individual's CRD number when viewing Section 5 of the Form BR in Web CRD.



Section 7. A third commenter stated that the information being asked was already available on the Form U5. The Working Group eliminated a question asking whether the office closing was to be listed in the NYSE Bulletin, but did not otherwise change the questions on the basis that this information has regulatory value.

- **Section 8 - Branch Withdrawal**

Although one commenter questioned the need for this information, the Working Group determined to keep the proposed question, which asks for the date and reason for withdrawal and the name and telephone number of a contact person, on the basis that this information would be of value to regulators.

- **Section 9 - Signature**

As initially proposed, Section 9 required the signatory to certify "under penalty of perjury" that he or she had signed the form on behalf of, and with the authority of, the applicant. The attestation also required the signatory and the applicant to represent that the applicant would promptly file any required amendments to the Form BR. One commenter contended that the signer should not be required to attest on behalf of himself and the firm as to the truth of information supplied by associated individuals or as to future amendments. Another commenter noted that neither the current NYSE Branch Office Application nor Schedule E amendments require a signature and suggested that the Form BR limit the attestation to "the best of the member's knowledge the application is accurate and complete in all material respects." The Working Group carefully considered these comments and revised the attestation to remove "under penalty of perjury" and the statement regarding future amendments on behalf of the signatory and the firm. The

Working Group, however, believes that the integrity of the data being reported on Form BR requires an attestation that the statements are "current, true and complete."

- **Other Comments**

Four commenters favored the proposed Form BR only if all states were to accept the Form in place of state registration requirements. NASD notes in this filing that Connecticut, Florida, Nevada, and Vermont have indicated that they plan to retire their respective branch registration forms and adopt the Form BR. Several of the states that require a "notice" filing also have agreed at this time to use the proposed Form BR in place of their forms. Although NASD cannot speak for other states, it notes that NASAA, which has been an integral part of the Working Group involved in the creation of the Form BR, has indicated that it expects to formally endorse the Form BR.

NASD has also considered comments concerning the costs to firms of filing the proposed Form BR for each of their branches. One commenter contended that the proposed Form BR would have a disproportionate and negative impact on broker-dealers affiliated with life insurers if NASD's proposed definition of "branch office" is implemented. The proposed Form BR is not, as this commenter suggests, linked to NASD's proposed rule change regarding the definition of branch office. NASD is addressing the impact of its proposed definition of branch office in a separate rule filing.<sup>19</sup> As explained above, the purpose of the proposed Form BR is to enable broker-dealers to register branch offices electronically with NASD, the NYSE, other SROs, and

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<sup>19</sup> See Exchange Act Rel. No. 48897 (Dec. 9, 2003), 68 FR 70059 (Dec. 16, 2003), SR-NASD-2003 (Notice of Filing of Proposed Rule Change and Amendment Nos. 1 and 2 Thereto by the National Association of Securities Dealers, Inc. Relating to Proposed New Uniform Definition of "Branch Office" Under NASD Rule 3010(g)(2)).

states (as applicable) via one uniform form through Web CRD. The proposed Form BR will combine in one form Schedule E of the Form BD, NYSE's Branch Office Application Form, and forms required by certain states. As this commenter notes, this concept offers the opportunity for efficient regulatory compliance.

NASD's response to comments received by the Commission in response to the Notice of Filing of Proposed Rule Change and Amendment No. 1, Securities Exchange Act Rel. No. 51742 (May 25, 2005), 70 FR 32386 (June 2, 2005), has been filed with the Commission in a letter dated August 17, 2005.

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

Within 35 days of the date of publication of this notice in the Federal Register or within such longer period (i) as the Commission may designate up to 90 days of such date if it finds such longer period to be appropriate and publishes its reasons for so finding or (ii) as to which the self-regulatory organization consents, the Commission will:

(A) by order approve such proposed rule change, or

(B) institute proceedings to determine whether the proposed rule change should be disapproved.

At any time within 60 days of the filing of the proposed rule change, the Commission may summarily abrogate such rule change if it appears to the Commission that such action is necessary or appropriate in the public interest, for the protection of investors, or otherwise in furtherance of the purposes of the Act.

**IV. Solicitation of Comments**

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

Electronic Comments:

- Use the Commission's Internet comment form (<http://www.sec.gov/rules/sro.shtml>); or
- Send an e-mail to [rule-comments@sec.gov](mailto:rule-comments@sec.gov). Please include File Number SR-NASD-2005-030 on the subject line.

Paper Comments:

- Send paper comments in triplicate to Jonathan G. Katz, Secretary, Securities and Exchange Commission, 100 F Street, NE, Mail Stop 9303, Room # 9404, Washington, DC 20549.

All submissions should refer to File Number SR-NASD-2005-030. This file number should be included on the subject line if e-mail is used. To help the Commission process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission's Internet Web site (<http://www.sec.gov/rules/sro.shtml>). Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for inspection and copying at the principal office of NASD. All comments received will be

posted without change; the Commission does not edit personal identifying information from submissions. You should submit only information that you wish to make available publicly. All submissions should refer to the File Number SR-NASD-2005-030 and should be submitted on or before [insert date 21 days from publication in the Federal Register].

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.<sup>20</sup>

Secretary

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<sup>20</sup> 17 CFR 200.30-3(a)(12).

## Uniform Branch Office Form

### GENERAL INSTRUCTIONS

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

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

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

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

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

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

### Electronic Filing Instructions

A complete Form BR is required when the *applicant* is registering or notice filing a branch office with the CRD system for the first time. All questions must be answered and all sections/fields requiring a response must be completed before the filing will be accepted. Section 6 (NYSE Branch Information) is required to be completed only by

*applicants* that are seeking registration, or are currently registered, with NYSE. The *applicant* must complete Section 9 (Signature) to certify that Form BR and amendments thereto have been executed properly and that the information contained therein is accurate and complete. To amend information, the *applicant* must update the appropriate Form BR sections. A signed copy, with original signatures, of the initial Form BR filing and amendments thereto must be retained by the *applicant* and be made available for inspection upon a regulatory request.

**Special Instructions For Paper Filers (*Jurisdictions Only*)**

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

**The Sections of Form BR are as follows:**

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

## SPECIFIC INSTRUCTIONS

### Completing the Form BR

#### 1. GENERAL INFORMATION

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

**Applicant Name**

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

**Address Street 1/Street 2**

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

**City**

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

**State**

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

**Country**

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

**Postal Code**

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

**Firm Billing Code**

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

**NYSE Branch Code Number**

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

**CRD Branch Number**

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



**Branch Address Street 1/Street 2**

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

**City**

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

**State**

Enter the state where the branch office is physically located.

**Country**

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

**Postal Code**

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

**Branch Telephone Number**

Enter the telephone number of the branch office.

**Branch Facsimile Number**

Enter the facsimile number of the branch office.

**Private Residence Check Box**

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

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**2. REGISTRATION/NOTICE FILING/TYPE OF OFFICE**

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

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

**Type of Branch Office**

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

**NASD Office of Supervisory Jurisdiction**

Answer "yes" if this branch office is an NASD *Office of Supervisory Jurisdiction (OSJ)*. If this branch office is not an NASD *OSJ*, indicate the CRD branch number, or firm

billing code, for the *OSJ* that has supervisory responsibility for this branch, and the CRD Number for the supervisor in charge of that *OSJ*.

**NYSE Type of Office**

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

**Supervisor/Person-in-Charge**

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

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**3. TYPES OF ACTIVITIES/OTHER BUSINESS NAMES/WEBSITES**

**Types of Activities**

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

**Other Business Names**

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

**Website Addresses**

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

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**4. BRANCH OFFICE ARRANGEMENTS**

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

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**5. ASSOCIATED INDIVIDUALS**

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

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

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## 6. NYSE BRANCH INFORMATION

### THIS SECTION SHOULD BE COMPLETED ONLY FOR NYSE BRANCH REGISTRATION

#### **Anticipated Date of Opening**

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

#### **Estimated Cost of Opening and Equipping Office**

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

#### **Estimated Number of Active Accounts**

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

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

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

#### **On-Site Supervisor/Person-In-Charge**

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

#### **Options Business**

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

#### **Research and Investment Banking Business**

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

#### **Location of Books and Records (if maintained elsewhere)**

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

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

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

#### **City**

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

#### **State**

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

#### **Country**

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

**Postal Code**

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

**NYSE Bulletin**

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

**NYSE Space Sharing**

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

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**7. BRANCH CLOSING**

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

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

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

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

**Location of Books and Records**

**Address Street 1/Street 2**

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

**City**

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

**State**

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

**Country**

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

**Postal Code**

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

**Contact Name and Telephone Number**

**Name**

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

**Daytime Telephone Number**

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

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## **8. BRANCH WITHDRAWAL**

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

**Date of *Withdrawal***

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

**Reason for *Withdrawal***

Enter the reason for *withdrawal*.

**Contact Name and Telephone Number**

**Name**

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

**Daytime Telephone Number**

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

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## **9. SIGNATURE**

**Please Read Carefully**

All signatures required on this Form BR filing must be made in this section. A “signature” includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

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

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

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

## EXPLANATION OF TERMS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>FIRM NAME:</b>	<b>CRD#:</b>
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**1. GENERAL INFORMATION**

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

**Applicant CRD #:**

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

**Applicant Name:**

**Address Street 1:**

**Address Street 2:**

**City:**

**State:**

**Country:**

**Postal Code:**

**Firm Billing Code (Firm Branch Designation):**

**NYSE Branch Code Number:**

**CRD Branch Number:**

**Branch Office Location**

**Branch Address Street 1:**

**Branch Address Street 2:**

**City :**

**State:**

**Country:**

**Postal Code:**

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

**Private Residence Check Box:**

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

**Branch Telephone Number:**

**Branch Facsimile Number:**



<b>FIRM NAME:</b>	<b>CRD#:</b>
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**2. REGISTRATION/NOTICE FILING/TYPE OF OFFICE**

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

NASD  NYSE  Jurisdiction: \_\_\_\_\_

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

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

**Type of Branch Office Registration:**

Broker-dealer  Investment Adviser

**Is this an NASD *Office of Supervisory Jurisdiction (OSJ)*?:**

Yes  No

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

**CRD Branch Number:**

**Firm Billing Code (Firm Branch Designation):**

**OSJ Supervisor CRD Number:**

**NYSE Type of Office:**

Small Branch  Regular Branch

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

**CRD Branch Number:**

**NYSE Branch Code Number:**

**Firm Billing Code (Firm Branch Designation):**

**Supervisor CRD Number:**

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

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

<b>FIRM NAME:</b>	<b>CRD#:</b>
<b>3. TYPES OF ACTIVITIES/OTHER BUSINESS NAMES/WEBSITES</b>	

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

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

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

Yes \_\_\_ No \_\_\_

**If yes, provide description:**

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

O Yes O No

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

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

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

Yes  No

If yes, provide the website address(es):

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

<b>FIRM NAME:</b>	<b>CRD#:</b>
<b>4. BRANCH OFFICE ARRANGEMENTS</b>	
<b>Does the branch office occupy or share space with or jointly market with a bank, savings bank, savings association, credit union, or other federally insured depository institution?:</b>	
O Yes O No	
<b>If yes, enter the name of the institution(s):</b>	
<div style="border: 1px solid black; height: 40px;"></div>	
<hr/>	
<b>Is this a business location that will operate pursuant to a written agreement or contract (other than an insurance agency agreement) with the main office?:</b>	
O Yes O No	
<b>If yes, provide the name(s) of the entity(ies) and/or <i>person(s)</i> with whom the agreement or contract was entered:</b>	
<div style="border: 1px solid black; height: 40px;"></div>	
<hr/>	
<b>Will the branch office have primary responsibility for decisions relating to the employment and remuneration of its registered representatives?:</b>	
O Yes O No	
<hr/>	
<b>Does the branch office assume liability for its own expenses?:</b>	
O Yes O No	
<hr/>	
<b>Does any <i>person</i> other than the <i>applicant</i> have responsibility, directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities?:</b>	
O Yes O No	
<b>If yes:</b>	
<b>(1) Provide the following information for each entity or <i>person</i> responsible for expenses or with a financial interest:</b>	

Name	Entity Type	CRD#	Registered (Y/N)	EIN	Delete
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

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

<b>FIRM NAME:</b>	<b>CRD#:</b>
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**5. ASSOCIATED INDIVIDUALS**

**Complete this section for initial filings only.**

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

Individual Name	CRD#

<b>FIRM NAME:</b>	<b>CRD#:</b>
<b>6. NYSE BRANCH INFORMATION</b>	
NYSE Rule 342(c) requires prior consent of each branch office location with each such location having a qualified person-in-charge acceptable to the NYSE.	
<p>Complete the items in this section for initial filings only.</p> <p><b>1. Anticipated Date of Opening:</b>  <input style="width: 100px; height: 20px;" type="text"/></p> <p><b>If Anticipated Date of Opening is prior to the date the application is filed, explain:</b>  <input style="width: 550px; height: 40px;" type="text"/></p> <p><b>2. Is the estimated cost of opening and equipping this branch office greater than 10% of the <i>applicant's</i> most recent excess net capital?</b> <input type="radio"/> Yes <input type="radio"/> No</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>If yes, enter the cost of opening and equipping the office:\$</p> </div> <p><b>3. What is the estimated number of active accounts to be serviced (if applicable)?</b>  <input style="width: 100px; height: 20px;" type="text"/></p> <p><b>4. Has this branch office been acquired from another broker/dealer or other financial institution?</b> <input type="radio"/> Yes <input type="radio"/> No</p> <p><b>If yes, state the name of the organization:</b>  <input style="width: 250px; height: 20px;" type="text"/></p> <p><b>Date of transaction:</b>  <input style="width: 100px; height: 20px;" type="text"/></p>	
<p>Complete the following items on all filings.</p> <p><b>5. Enter the CRD number of the on-site <i>Supervisor/Person-in-Charge</i> who is responsible for the supervision at this location.</b>  <input style="width: 150px; height: 20px;" type="text"/></p> <p><b>6. Will Options Business be conducted from this location?</b> <input type="radio"/> Yes <input type="radio"/> No</p> <p><b>If yes, enter the CRD number of the registered Options Principal (OP) or Branch Office Manager (BM) who is responsible for the supervision of the Options business.</b>  <input style="width: 150px; height: 20px;" type="text"/></p>	
<p><b>7. If both the Research and Investment Banking activities are indicated on the activity section of this form answer the following question:</b></p> <p><b>Does the <i>applicant</i> have information barriers in place?</b></p>	

O Yes O No

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

If yes, provide the location(s):

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

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

Name:

Certificate Address Street 1

Certificate Address Street 2

City:

State:

Country:

Postal Code:

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

O Yes O No

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

O Yes O No

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

**NYSE Office Space Sharing Form - Rule 343**

Rule 343:

No office or foreign incorporated branch of an NYSE member or member organization shall be jointly occupied with any other broker or dealer, investment advisor, or other person who conducts a securities or commodities business with the public unless such member or member

organization submits, and receives NYSE approval of, an attestation that the office space sharing arrangement conforms with Rule 343.

**FIRM NAME:**

**CRD#:**

**6. NYSE BRANCH INFORMATION - OFFICE SHARING**

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

**Name:**

**CRD#:**

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



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

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

--or--

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

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

--or--

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

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

--or--

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

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

Additional Comments:

<b>FIRM NAME:</b>	<b>CRD#:</b>
<b>7. BRANCH CLOSING</b>	
<b>Date operations ceased or will cease at the branch office:</b> <input type="text"/>	
<b>Location of Books and Records</b>	
<b>Address (Street/City/State/Postal Code)</b> <input type="text"/> <input type="text"/>	
<b>Contact Name and Telephone Number</b>	
<b>First Name:</b> <input type="text"/>	<b>Last Name:</b> <input type="text"/>
<b>Daytime Telephone Number:</b> <input type="text"/>	

<b>FIRM NAME:</b>	<b>CRD#:</b>
<b>8. BRANCH WITHDRAWAL</b>	
<b>Date of <i>Withdrawal</i>:</b> <input type="text"/>	<b>Reason for <i>Withdrawal</i>:</b> <input type="text"/>
<b>Contact Name and Telephone Number</b>	
<b>First Name:</b> <input type="text"/>	<b>Last Name:</b> <input type="text"/>
<b>Daytime Telephone Number:</b> <input type="text"/>	

<b>FIRM NAME:</b>	<b>CRD#:</b>
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**9. SIGNATURE**

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

A “signature” includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. The *applicant* or *applicant's* agent has typed the *applicant's* name under this section to attest to the completeness and accuracy of this record. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

**Signature of *Appropriate Signatory*:**

**Name of Person Filing Form:**

**Title of Person Filing Form:**

**Telephone Number of Person Filing Form:**

**Date:**

## 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 NASD'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.

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## 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 NASD. I am submitting, have submitted, or promptly will submit the processed results for posting to CRD." (Paper filers should skip this representation and should submit cards with their filing if required to do so.)

**Fingerprint Bar Code**

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

**Exceptions to the Fingerprint Requirement**

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

1934, including any notice or application requirements specified therein:" and select one or more of the check boxes:

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

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

### **Investment Adviser Representative Only Applicants**

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

#### **Investment adviser representative only representation**

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

### **3. REGISTRATION WITH UNAFFILIATED FIRMS**

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

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

Answer "yes" or "no" to the following questions:

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

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

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

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

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#### 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.

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#### 5. JURISDICTION REGISTRATION

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

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

##### **Agent of an Issuer**

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

---

#### 6. REGISTRATION REQUESTS WITH AFFILIATED FIRMS

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

##### ***Affiliated Firm CRD Number***

Enter the *affiliated firm's* CRD Number.

##### ***Affiliated Firm Name***

Enter the *affiliated firm's* name. This should be the name of the *affiliated firm* as listed on the Form BD or Form ADV. Agents of Issuers should enter the *affiliated* issuer name in this field. Do not abbreviate, shorten or otherwise modify the *firm* name in any way.

##### ***Affiliated Firm Designation - Broker-Dealer or Investment Adviser (BD/IA)***

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

##### ***Employment Date with Affiliated Firm***

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

***Affiliated Firm Billing Code***

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

***Independent Contractor***

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

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

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

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

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

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

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

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

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

***Fingerprint Information for Affiliated Firms***

***Electronic or Other Filing Representation***

Select a radio button to affirm: "I am not required to submit a fingerprint card at this time because the fingerprint card submitted by the *filing firm* applies; or, By selecting this option, I represent that I am submitting, have submitted, or promptly will submit to the appropriate *SRO* a fingerprint card as required under applicable *SRO* rules; or, 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, 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 NASD. 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.

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**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.

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**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.

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**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.

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## 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.

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## 13. OTHER BUSINESS

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

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

- name and address of the other business
- the nature of the other business, including whether it is *investment-related*
- your position, title, or association with the other business, including your duties
- the start date of your relationship with the other business

- the approximate number of hours per month you devote to the other business
  - the number of hours you devote to the other business during securities trading hours
- 

## **14. DISCLOSURE QUESTIONS**

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

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

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

### **Criminal Disclosure**

14A - *Felony* Criminal Disclosure

14B - *Misdemeanor* Criminal Disclosure

### **Regulatory Action Disclosure**

14C - Regulatory Action by SEC or CFTC

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

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

14E - Regulatory Action by *SRO* or commodities exchange

14F - Professional Suspension

14G - Formal Pending Action/*Investigation*

### **Civil Judicial Disclosure**

14H - Civil Judicial Actions

### **Customer Complaint/Arbitration/Civil Litigation Disclosure**

14I - Customer Complaints

### **Termination Disclosure**

14J - Terminations for Cause

**Financial Disclosure**

14K - Bankruptcy, SIPC and Compromise with Creditors

14L - Bonding Payouts or Revocations

14M - Unsatisfied Judgments and Liens

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**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).**

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**APPENDIX  
Drop-Down Pick Lists**

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**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, Virginia, Washington, West Virginia, Wisconsin, Wyoming

**Identifying Information/Name Changes**

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

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

**DRPs**

**Bankruptcy/SIPC/Compromise with Creditors**

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

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

**Bond**

Disposition Type: Denied, Payout, Revoked.

**Civil Judicial**

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

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

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

Customer Complaint/Arbitration/Civil Litigation

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

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

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

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

Judgment/Lien

Judgment/Lien Type: Civil, Default, Tax.

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

Regulatory Action



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

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

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

### Termination

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

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

Rev. Form U4 (10/2005)

LASTNAME, FIRSTNAME : SSN: 111-11-1111

FIRM NAME : 1 Reference #:

**1. GENERAL INFORMATION**

**First Name:**  **Middle Name:**  **Last Name:**  **Suffix:**

**Firm CRD #:**  **Firm Name:**  **Employment Date (MM/DD/YYYY):**

**Firm Billing Code:**  **Individual CRD #:**  **Individual SSN:**

**Do you have an independent contractor relationship with the above named firm?**  
 Yes  No

**Office of Employment Address:**

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

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

**Office of Employment Address Street 2:**

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

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

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

**Office of Employment Address Street 2:**

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

LASTNAME, FIRSTNAME :	SSN: 111-11-1111
FIRM NAME : 1	Reference #:

**2. FINGERPRINT INFORMATION**

Electronic Filing Representation

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

Exceptions to the Fingerprint Requirement

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

Investment Adviser Representative Only Applicants

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

LASTNAME, FIRSTNAME :	SSN: 111-11-1111
FIRM NAME : 1	Reference #:









TA - Trading Assistant (S25)										
SF - Single Stock Futures (S43)										
FP - Municipal Fund (S51)										
<u>MM – Market Maker</u>										
<u>FB – Floor Broker</u>										
<u>MB - Market Maker acting as a Floor Broker</u>										
IF - In-Firm Delivery Proctor										
Other										
(Paper Form Only)										

LASTNAME, FIRSTNAME :		SSN: 111-11-1111
FIRM NAME : 1		Reference #:
<b>5. JURISDICTION REGISTRATION</b>		

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

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

**AGENT OF THE ISSUER REGISTRATION (AI) Indicate 2 letter *jurisdiction* code(s): \_\_\_\_\_**

LASTNAME, FIRSTNAME :		SSN: 111-11-1111
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FIRM NAME : 1	Reference #:
<b>6. REGISTRATION REQUESTS WITH AFFILIATED FIRMS</b>	

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

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

**Yes  No**

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

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

**Do you have an independent contractor relationship with the above named firm?**  
 Yes  No

**Office of Employment Address:**

**Registered**    **CRD Branch #:**    **NYSE Branch Code #:**    **Firm Billing Code:**   
**Located At**        **Start Date:**

**Non-Registered**

**Supervised From**    **End Date:**

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

**Office of Employment Address Street 2:**

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

**Registered**    **CRD Branch #:**    **NYSE Branch Code #:**    **Firm Billing Code:**   
**Located At**        **Start Date:**

**Non-Registered**

**Supervised From**    **End Date:**

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

**Office of Employment Address Street 2:**

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

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

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

### **Affiliated Firm Fingerprint Information**

#### Electronic Filing Representation

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

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

Fingerprint card barcode

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

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

#### Exceptions to the Fingerprint Requirement

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

Rule 17f-2(a)(1)(i)

Rule 17f-2(a)(1)(iii)

Investment Adviser Representative Only Applicants

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

LASTNAME, FIRSTNAME :	SSN: 111-11-1111
FIRM NAME : 1	Reference #:

**7. EXAMINATION REQUESTS**

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

<input type="checkbox"/> S3	<input type="checkbox"/> S11	<input type="checkbox"/> S22	<input type="checkbox"/> S31	<input type="checkbox"/> S45	<input type="checkbox"/> S66
<input type="checkbox"/> S4	<input type="checkbox"/> S12	<input type="checkbox"/> S23	<input type="checkbox"/> S32	<input type="checkbox"/> S46	<input type="checkbox"/> S72
<input type="checkbox"/> S5	<input type="checkbox"/> S14	<input type="checkbox"/> S24	<input type="checkbox"/> S33	<input type="checkbox"/> S51	<input type="checkbox"/> S73
<input type="checkbox"/> S6	<input type="checkbox"/> S14A	<input type="checkbox"/> S25	<input type="checkbox"/> S37	<input type="checkbox"/> S52	<input type="checkbox"/> S82
<input type="checkbox"/> S7	<input type="checkbox"/> S15	<input type="checkbox"/> S26	<input type="checkbox"/> S38	<input type="checkbox"/> S53	<input type="checkbox"/> S86
<input type="checkbox"/> S7A	<input type="checkbox"/> S16	<input type="checkbox"/> S27	<input type="checkbox"/> S39	<input type="checkbox"/> S55	<input type="checkbox"/> S87
<input type="checkbox"/> S9	<input type="checkbox"/> S17	<input type="checkbox"/> S28	<input type="checkbox"/> S42	<input type="checkbox"/> S62	<input type="checkbox"/> S101
<input type="checkbox"/> S10	<input type="checkbox"/> S21	<input type="checkbox"/> S30	<input type="checkbox"/> S43	<input type="checkbox"/> S63	<input type="checkbox"/> S106
			<input type="checkbox"/> S44	<input type="checkbox"/> S65	<input type="checkbox"/> S201

Other \_\_\_\_\_ (Paper Form Only)

OPTIONAL: Foreign Exam City _____	Date (MM/DD/YYYY) _____
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If you have taken an exam prior to registering through the CRD system please enter the exam type and date taken.

<b>Exam type:</b>	<b>Date taken (MM/DD/YYYY):</b>
<input type="text"/>	<input type="text"/>

LASTNAME, FIRSTNAME :		SSN: 111-11-1111
FIRM NAME : 1		Reference #:
<b>8. PROFESSIONAL DESIGNATIONS</b>		
Select each designation you currently maintain.		
<input type="checkbox"/> Certified Financial Planner		
<input type="checkbox"/> Chartered Financial Consultant (ChFC)		
<input type="checkbox"/> Personal Financial Specialist (PFS)		
<input type="checkbox"/> Chartered Financial Analyst (CFA)		
<input type="checkbox"/> Chartered Investment Counselor (CIC)		

LASTNAME, FIRSTNAME :		SSN: 111-11-1111
FIRM NAME : 1		Reference #:
<b>9. IDENTIFYING INFORMATION/NAME CHANGE</b>		
<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Suffix:</b>	<b>Date of Birth (MM/DD/YYYY)</b>	
<input type="text"/>	<input type="text"/>	
<b>State/Province of Birth</b>	<b>Country of Birth</b>	<b>Sex</b>
<input type="text"/>	<input type="text"/>	<b>O Male O Female</b>
<b>Height (ft)</b>	<b>Height (in)</b>	<b>Weight (lbs)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Hair Color</b>	<b>Eye Color</b>	
<input type="text"/>	<input type="text"/>	

LASTNAME, FIRSTNAME :		SSN: 111-11-1111	
FIRM NAME : 1		Reference #:	
<b>10. OTHER NAMES</b>			
Enter all other names that you have used or are using, or by which you are known or have been known, other than your legal name, since the age of 18. This field should include, for example, nicknames, aliases, and names used before or after marriage.			
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LASTNAME, FIRSTNAME :		SSN: 111-11-1111	
FIRM NAME : 1		Reference #:	
<b>11. RESIDENTIAL HISTORY</b>			
Starting with the current address, give all addresses for the past 5 years. Report changes as they occur.			
<b>From (MM/YYYY)</b>	<b>To (MM/YYYY)</b>		
<input type="text"/>	<input type="text"/>		
<b>Address Street 1</b>		<b>Address Street 2</b>	
<input type="text"/>		<input type="text"/>	
<b>City</b>	<b>State</b>	<b>Country</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LASTNAME, FIRSTNAME :		SSN: 111-11-1111	
FIRM NAME : 1		Reference #:	
<b>12. EMPLOYMENT HISTORY</b>			
Provide complete employment history for the past 10 years. Include the <i>firm(s)</i> noted in Section 1 (GENERAL INFORMATION) and Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS). Include all <i>firm(s)</i> from Section 3 (REGISTRATION WITH UNAFFILIATED FIRMS). Account for all time including full and part-time employments, self-employment, military service, and homemaking. Also include statuses such as unemployed, full-time education, extended travel, or other similar statuses. Report changes as they occur.			

<b>From (MM/YYYY)</b> <input type="text"/>	<b>To (MM/YYYY)</b> <input type="text"/>	<b>Name of <i>Firm</i> or Company</b> <input type="text"/>
<b>City</b> <input type="text"/>	<b>State</b> <input type="text"/>	<b>Country</b> <input type="text"/>
<b>Investment-Related Business?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Position Held</b> <input type="text"/>	

LASTNAME, FIRSTNAME :		SSN: 111-11-1111
FIRM NAME : 1		Reference #:
<b>13. OTHER BUSINESS</b>		

Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non *investment-related* activity that is exclusively charitable, civic, religious or fraternal and is recognized as tax exempt.) If YES, please provide the following details: the name of the other business, whether the business is *investment-related*, the address of the other business, the nature of the other business, your position, title, or relationship with the other business, the start date of your relationship, the approximate number of hours/month you devote to the other business, the number of hours you devote to the other business during securities trading hours, and briefly describe your duties relating to the other business.

Yes  No

If 'Yes', please enter details below.

LASTNAME, FIRSTNAME :		SSN: 111-11-1111
FIRM NAME : 1		Reference #:
<b>14. DISCLOSURE QUESTIONS</b>		

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

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

**Criminal Disclosure**

**14A. (1) Have you ever:** **YES NO**

(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
(b) been <i>charged</i> with any <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
<b>(2) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</b>		
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
(b) been <i>charged</i> with any <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
<b>14B. (1) Have you ever:</b>		
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a <i>misdemeanor involving</i> : investments or an <i>investment-related</i> business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	<input type="radio"/>	<input type="radio"/>
(b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="radio"/>	<input type="radio"/>
<b>(2) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</b>		
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to a <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="radio"/>	<input type="radio"/>
(b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="radio"/>	<input type="radio"/>
<b>Regulatory Action Disclosure</b>		
<b>14C. Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:</b>	<b>YES</b>	<b>NO</b>
(1) <i>found</i> you to have made a false statement or omission?	<input type="radio"/>	<input type="radio"/>
(2) <i>found</i> you to have been <i>involved</i> in a violation of its regulations or statutes?	<input type="radio"/>	<input type="radio"/>
(3) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="radio"/>	<input type="radio"/>
(4) entered an <i>order</i> against you in connection with <i>investment-related</i> activity?	<input type="radio"/>	<input type="radio"/>
(5) imposed a civil money penalty on you, or <i>ordered</i> you to cease and desist from any activity?	<input type="radio"/>	<input type="radio"/>
<b>14D(1) Has any other Federal regulatory agency or any state regulatory agency or <i>foreign financial regulatory authority</i> ever:</b>		
(a) <i>found</i> you to have made a false statement or omission or been	<input type="radio"/>	<input type="radio"/>

dishonest, unfair or unethical?

- (b) *found* you to have been *involved* in a violation of *investment-related* regulation(s) or statute(s)? ○ ○
- (c) *found* you to have been a cause of an *investment-related* business having its authorization to do business denied, suspended, revoked or restricted? ○ ○
- (d) entered an *order* against you in connection with an *investment-related* activity? ○ ○
- (e) denied, suspended, or revoked your registration or license or otherwise, by *order*, prevented you from associating with an *investment-related* business or restricted your activities? ○ ○

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

- (a) bars you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in the business of securities, insurance, banking, savings association activities, or credit union activities; or ○ ○
- (b) constitutes a *final order* based on violations of any laws or regulations that prohibit fraudulent, manipulative, or deceptive conduct? ○ ○

**14E. Has any *self-regulatory organization* or commodities exchange ever:**

- (1) *found* you to have made a false statement or omission? ○ ○
- (2) *found* you to have been *involved* in a violation of its rules (other than a violation designated as a "*minor rule violation*" under a plan approved by the U.S. Securities and Exchange Commission)? ○ ○
- (3) *found* you to have been the cause of an *investment-related* business having its authorization to do business denied, suspended, revoked or restricted? ○ ○
- (4) disciplined you by expelling or suspending you from membership, barring or suspending your association with its members, or restricting your activities? ○ ○



<b>14F.</b>	<b>Have you ever had an authorization to act as an attorney, accountant or federal contractor that was revoked or suspended?</b>	<b>O</b>	<b>O</b>
<b>14G.</b>	<b>Have you been notified, in writing, that you are now the subject of any:</b>		
	(1) regulatory complaint or <i>proceeding</i> that could result in a "yes" answer to any part of 14C, D or E? ( <i>If yes, complete the Regulatory Action Disclosure Reporting Page.</i> )	<b>O</b>	<b>O</b>
	(2) <i>investigation</i> that could result in a "yes" answer to any part of 14A, B, C, D or E? ( <i>If yes, complete the Investigation Disclosure Reporting Page.</i> )	<b>O</b>	<b>O</b>

**Civil Judicial Disclosure**

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

**Customer Complaint/Arbitration/Civil Litigation Disclosure**

<b>14I. (1)</b>	<b>Have you ever been named as a respondent/defendant in an <i>investment-related</i>, consumer-initiated arbitration or civil litigation which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and which:</b>	<b>YES</b>	<b>NO</b>
	(a) is still pending, or;	<b>O</b>	<b>O</b>
	(b) resulted in an arbitration award or civil judgment against you, regardless of amount, or;	<b>O</b>	<b>O</b>
	(c) was settled for an amount of \$10,000 or more?	<b>O</b>	<b>O</b>
	(2) Have you ever been the subject of an <i>investment-related</i> , consumer-initiated complaint, not otherwise reported under question 14I(1) above, which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> , and which complaint was settled for an amount of \$10,000 or more?	<b>O</b>	<b>O</b>
	(3) Within the past twenty four (24) months, have you been the subject of an <i>investment-related</i> , consumer-initiated, written complaint, not otherwise reported under question 14I(1) or (2) above, which:		
	(a) alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and contained a claim for compensatory damages of	<b>O</b>	<b>O</b>

\$5,000 or more (if no damage amount is alleged, the complaint must be reported unless the firm has made a good faith determination that the damages from the alleged conduct would be less than \$5,000), or; (b) alleged that you were <i>involved</i> in forgery, theft, misappropriation or conversion of funds or securities?	<input type="radio"/>	<input type="radio"/>
Termination Disclosure		
<b>14J. Have you ever voluntarily <i>resigned</i>, been discharged or permitted to <i>resign</i> after allegations were made that accused you of:</b>	<b>YES</b>	<b>NO</b>
(1) violating <i>investment-related</i> statutes, regulations, rules, or industry standards of conduct?	<input type="radio"/>	<input type="radio"/>
(2) fraud or the wrongful taking of property?	<input type="radio"/>	<input type="radio"/>
(3) failure to supervise in connection with <i>investment-related</i> statutes, regulations, rules or industry standards of conduct?	<input type="radio"/>	<input type="radio"/>
Financial Disclosure		
<b>14K. Within the past 10 years:</b>	<b>YES</b>	<b>NO</b>
(1) have you made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?	<input type="radio"/>	<input type="radio"/>
(2) based upon events that occurred while you exercised <i>control</i> over it, has an organization made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?	<input type="radio"/>	<input type="radio"/>
(3) based upon events that occurred while you exercised <i>control</i> over it, has a broker or dealer been the subject of an involuntary bankruptcy petition, or had a trustee appointed, or had a direct payment procedure initiated under the Securities Investor Protection Act?	<input type="radio"/>	<input type="radio"/>
<b>14L. Has a bonding company ever denied, paid out on, or revoked a bond for you?</b>	<input type="radio"/>	<input type="radio"/>
<b>14M. Do you have any unsatisfied judgments or liens against you?</b>	<input type="radio"/>	<input type="radio"/>

LASTNAME, FIRSTNAME :	SSN: 111-11-1111
FIRM NAME : 1	Reference #:
15. SIGNATURES	
Please Read Carefully	

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

A "signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

**15A INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT**

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

**15B FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS**

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

**15C TEMPORARY REGISTRATION ACKNOWLEDGMENT**

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

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

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

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

This section must be completed on all amendment form filings.

**15F FIRM/APPROPRIATE SIGNATORY CONCURRENCE**

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

**15A. INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT**

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

requirements, rulings, orders, directives and decisions of, and penalties, prohibitions and limitations imposed by the *jurisdictions* and *SROs*, subject to right of appeal or review as provided by law.

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

reflected in this Form U4, or any amendment thereto, by leaving such documents or notice at such address, or by any other legally permissible means.

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

8. I authorize all my employers and any other person to furnish to any *jurisdiction, SRO, designated entity*, employer, prospective employer, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination. Moreover, I release each employer, former employer and each other person from any and all liability, of whatever nature, by reason of furnishing any of the above information, including that information reported on the Uniform Termination Notice for Securities Industry Registration (Form U5). I recognize that I may be the subject of an investigative consumer report and waive any requirement of notification with respect to any investigative consumer report ordered by any *jurisdiction, SRO, designated entity*, employer, or prospective employer. I understand that I have the right to request complete and accurate disclosure by the *jurisdiction, SRO, designated entity*, employer or prospective employer of the nature and scope of the requested investigative consumer report.
9. I understand and certify that the representations in this form apply to all employers with whom I seek registration as indicated in Section 1 (GENERAL INFORMATION) or Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS) of this form. I agree to update this form by causing an amendment to be filed on a timely basis whenever changes occur to answers previously reported. Further, I represent that, to the extent any information previously submitted is not amended, the information provided in this form is currently accurate and complete.
10. I authorize any employer or prospective employer to file electronically on my behalf any information required in this form or any amendment thereto; I certify that I have reviewed and approved the information to be submitted to any *jurisdiction* or *SRO* on this Form U4 Application; I agree that I will review and approve all disclosure information that will be filed electronically on my behalf; I further agree to waive any objection to the admissibility of the electronically filed records in any criminal, civil, or administrative *proceeding*.

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

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

**Signature of Applicant**

**15B. FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS**

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

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

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

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

**Signature of Appropriate Signatory**

**15C. TEMPORARY REGISTRATION ACKNOWLEDGMENT**

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

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

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

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

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

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

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

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

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

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

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

**Signature of Applicant**

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

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

**Signature of Applicant**

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

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

**Signature of Appropriate Signatory**

**15F. FIRM/APPROPRIATE SIGNATORY CONCURRENCE**

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

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

**Signature of *Appropriate Signatory***



**Exhibit 3C**

Rev. Form U5 (10/2005)

**SPECIFIC INSTRUCTIONS**

for completing the Form U5

**NOTICE TO THE INDIVIDUAL WHO IS THE SUBJECT OF THIS FILING**

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

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**1. GENERAL INFORMATION SECTION**

**First Name**

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

**Middle Name**

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

**Last Name**

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

**Suffix**

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

***Firm CRD Number***

Enter the *Firm CRD Number*.

***Firm Name***

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

***Firm NFA Number***

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

***Firm Billing Code***

The *firm* billing code will prepopulate based on the information provided on the Form U4.

If the information is incorrect, file a Form U4 amendment prior to submitting the Form U5.

**Individual CRD Number**

Enter the assigned *Individual CRD number*.

**Individual SSN**

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

**Individual NFA Number**

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

**Office of Employment Address Street 1/Street 2.**

The office of employment address will prepopulate based on the information provided on the Form U4. If the information is incorrect, file a Form U4 amendment prior to submitting the Form U5.

**Private Residence Check Box**

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

---

**NOTICE TO THE FIRM**

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

---

**2. CURRENT RESIDENTIAL ADDRESS**

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

**From (MM/YYYY)**

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

**Street Address 1/Address 2**

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

**City**

Enter the city of residence relating to this address.

**State**

Enter the state of residence relating to this address.

**Country**

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

**Postal Code**

Enter the postal code for this address.

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**3. FULL TERMINATION**

A "yes" response will terminate ALL registrations with all SROs and all jurisdictions. For a *full termination*, complete the Reason for Termination and Section 4 (DATE TERMINATED). Do not complete Section 5 (PARTIAL TERMINATION). For a *partial termination*, check "no" and complete Section 5 (PARTIAL TERMINATION).

**Reason for Termination (Full Terminations Only)**

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

---

**4. DATE TERMINATED (Full and Partial Terminations)**

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

---

**5. PARTIAL TERMINATION**

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

**5A. SRO PARTIAL TERMINATION**

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

**"Other" Box**

See Special Instructions for Paper Filers.

**5B. JURISDICTION PARTIAL TERMINATION**

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

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

**Agent of an Issuer**

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

---

**6. AFFILIATED FIRM TERMINATION**

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

- File separate Sections 5A and 5B for each *affiliated firm* if the *SRO* and/or *jurisdiction* terminations requested with the *firms* named in this section differ from the terminations requested with the *filing firm*.

***Affiliated Firm CRD Number***

Enter the *affiliated firm's* CRD Number here.

***Affiliated Firm Name***

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

***Affiliated Firm Designation - Broker-Dealer or Investment Adviser (BD/IA)***

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

***Affiliated Firm Billing Code***

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

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

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**7. DISCLOSURE QUESTIONS**

**Disclosures**

This section applies to *full terminations* only.

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

7A Investigation Disclosure

7B Internal Review Disclosure

7C Criminal Disclosure

7D Regulatory Action Disclosure

7E Customer Complaint/Arbitration/Civil Litigation Disclosure

7F Termination Disclosure

**About Internal Review**

Generally, the Internal Review Disclosure question in Question 7B and the Internal Review Reporting Page (DRP U5) are used to report matters relating to compliance, **not** matters of a competitive nature. Responses should **not** include situations relating to disputes between the *firm* and the individual over ownership or possession of information or records pertaining to business conducted by the individual.

If a "yes" answer is provided to the Internal Review Disclosure question, the individual whose name appears in Section 1 (GENERAL INFORMATION) of this form may provide a brief summary of the event on Part II of the Internal Review Disclosure Reporting Page (DRP U5).

---

**8. SIGNATURE**

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

**Date**

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

**Signature of *Appropriate Signatory***

**NOTE: A signatory entry is required for all filings.**

For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. Enter the full legal signature as it appears in typed or printed form. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

For paper filers, enter the full legal signature as it appears in typed or printed form. The signatory's full legal name must also be displayed under the signature. The name must be typed or printed as it appears in the signature form.

**Person to Contact for Further Information**

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

**8A FIRM ACKNOWLEDGMENT**

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

**8B INDIVIDUAL ACKNOWLEDGMENT AND CONSENT**

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

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**APPENDIX**

**Drop-Down Pick Lists**

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

**Termination**

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

**General**

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

**DRPs**

**Customer Complaint/Arbitration/Civil Litigation**

Customer's state of residence: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New

Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

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

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

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

**Regulatory Action**

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

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

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

**Termination**

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

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

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FIRM NAME : 1	Reference #:
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**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: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>
Suffix: <input type="text"/>	Firm CRD #: <input type="text"/>	Firm Name: <input type="text"/>
[CRD Branch #] <input type="text"/>	Firm NFA #: <input type="text"/>	[Firm Billing Code:] <input type="text"/>
Individual CRD # <input type="text"/>	Individual SSN: <input type="text"/>	Individual NFA #: <input type="text"/>

**Office of Employment Address:**

Registered CRD Branch #: NYSE Branch Code #: Firm Billing Code:   
Located At Start Date:  
 Non-Registered   
Supervised From End Date:  
Office of Employment Address Street 1: City: State:  
Country: Postal Code:  
Office of Employment Address Street 2:  
 Private Residence Check Box: If the Office of Employment address is a private residence, check this box.

Registered CRD Branch #: NYSE Branch Code #: Firm Billing Code:   
Located At Start Date:  
 Non-Registered   
Supervised From End Date:  
Office of Employment Address Street 1: City: State:  
Country: Postal Code:  
Office of Employment Address Street 2:  
 Private Residence Check Box: If the Office of Employment address is a private residence, check this box.

Rev. Form U5 (10/2005)			
LASTNAME, FIRSTNAME :	SSN: 111-11-1111		
FIRM NAME : 1	Reference #:		
<b>2. CURRENT RESIDENTIAL ADDRESS</b>			
<b>NOTICE TO THE FIRM</b>			
<b>This is the last reported residential address. If this is not current, please enter the current residential address.</b>			
From (MM/YYYY)	To (MM/YYYY)		
<input type="text"/>	<input type="text"/>		
Address Street 1	Address Street 2		
<input type="text"/>	<input type="text"/>		
City	State	Country	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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LASTNAME, FIRSTNAME :	SSN: 111-11-1111
FIRM NAME : 1	Reference #:
<b>3. FULL TERMINATION</b>	
<b>Is this a <i>FULL TERMINATION</i>? <input type="radio"/> Yes <input type="radio"/> No</b>	
Note: A "Yes" response will terminate ALL registrations with all <i>SROs</i> and all <i>jurisdictions</i> .	
<b>Reason for Termination:</b>	
<input type="text"/>	
* Provide an explanation below	
<input type="text"/>	











Delivery Proctor										
Other										
(Paper Form Only)										

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LASTNAME, FIRSTNAME :	SSN: 111-11-1111
FIRM NAME : 1	Reference #:
<b>5B. JURISDICTION PARTIAL TERMINATION</b>	
<p><b>For a <i>partial termination</i>, 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 <i>full termination</i> requests.</b></p>	

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

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

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FIRM NAME : 1	Reference #:
<b>6. AFFILIATED FIRM TERMINATION</b>	

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

Yes  No

***Affiliated Firm CRD #***

***Affiliated Firm Name***

***Affiliated Firm Billing Code***

**Office of Employment Address:**

**Registered** **CRD Branch #:** **NYSE Branch Code #:** ***Firm Billing Code:***

**Located At** **Start Date:**

**Non-Registered**

**Supervised From** **End Date:**

**Office of Employment Address Street 1:** **City:** **State:** **Country:**

**Postal Code:**

**Office of Employment Address Street 2:**

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

**Registered** **CRD Branch #:** **NYSE Branch Code #:** ***Firm Billing Code:***

**Located At** **Start Date:**

**Non-Registered**

**Supervised From** **End Date:**

**Office of Employment Address Street 1:** **City:** **State:** **Country:**

**Postal Code:**

**Office of Employment Address Street 2:**

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

#### 6A. SRO PARTIAL TERMINATION FOR AFFILIATE

**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**







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)										
<b>REGISTRATION CATEGORY</b>	<b>NASD</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BSE</b>	<b>NSX</b>	<b>PCX</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>
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)										
<b>REGISTRATION CATEGORY</b>	<b>NASD</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BSE</b>	<b>NSX</b>	<b>PCX</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>

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)										
SF - Single Stock Futures (S43)										
FP - Municipal Fund (S51)										
MM – Market Maker (S44)										
FB – Floor Broker (S45)										
MB - Market Maker acting as a Floor Broker (S46)										
IF - In-Firm Delivery Proctor										
Other (Paper Form Only)										

**6B. JURISDICTION 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.**

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

<b>JURISDICTION</b>	<b>AG</b>	<b>RA</b>	<b>JURISDICTION</b>	<b>AG</b>	<b>RA</b>	<b>JURISDICTION</b>	<b>AG</b>	<b>RA</b>	<b>JURISDICTION</b>
Alabama	<input type="checkbox"/>	<input type="checkbox"/>	Illinois	<input type="checkbox"/>	<input type="checkbox"/>	Montana	<input type="checkbox"/>	<input type="checkbox"/>	Puerto Rico
Alaska	<input type="checkbox"/>	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	<input type="checkbox"/>	Rhode Island

Arizona	<input type="checkbox"/>	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	<input type="checkbox"/>	South Carolina
Arkansas	<input type="checkbox"/>	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	South Dakota
California	<input type="checkbox"/>	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>	<input type="checkbox"/>	Tennessee
Colorado	<input type="checkbox"/>	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	<input type="checkbox"/>	Texas
Connecticut	<input type="checkbox"/>	<input type="checkbox"/>	Maine	<input type="checkbox"/>	<input type="checkbox"/>	New York	<input type="checkbox"/>	<input type="checkbox"/>	Utah
Delaware	<input type="checkbox"/>	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	<input type="checkbox"/>	Vermont
District of Columbia	<input type="checkbox"/>	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	<input type="checkbox"/>	Virginia
Florida	<input type="checkbox"/>	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	<input type="checkbox"/>	Washington
Georgia	<input type="checkbox"/>	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	<input type="checkbox"/>	West Virginia
Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	<input type="checkbox"/>	Wisconsin
Idaho	<input type="checkbox"/>	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>	<input type="checkbox"/>	Wyoming

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LASTNAME, FIRSTNAME :	SSN: 111-11-1111
FIRM NAME : 1	Reference #:
<b>7. DISCLOSURE QUESTIONS</b>	
<b>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.</b>	
<b>Investigation Disclosure</b>	
	<b>YES NO</b>
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.)	<b>O O</b>
<b>Internal Review Disclosure</b>	

	YES	NO
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"/>
<b>Criminal Disclosure</b>		
	YES	NO
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:		
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> ?	<input type="radio"/>	<input type="radio"/>
2. <i>charged</i> with any <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
4. <i>charged</i> with a <i>misdemeanor</i> specified in 7(C)(3)?	<input type="radio"/>	<input type="radio"/>
<b>Regulatory Action Disclosure</b>		
	YES	NO
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 " <i>minor rule violation</i> " 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"/>
<b>Customer Complaint/Arbitration/Civil Litigation Disclosure</b>		
	YES	NO
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:		
(a) is still pending, or;	<input type="radio"/>	<input type="radio"/>
(b) resulted in an arbitration award or civil judgment against the individual, regardless of amount, or;	<input type="radio"/>	<input type="radio"/>
(c) was settled for an amount of \$10,000 or more.	<input type="radio"/>	<input type="radio"/>

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 complaint, not otherwise reported under question 7(E)(1) above, which alleged that the individual was <i>involved</i> in one or more <i>sales practice violations</i> , and which complaint was settled for an amount of \$10,000 or more?	<input type="radio"/>	<input type="radio"/>
3. In connection with events that occurred while the individual was employed 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)(1) or 7(E)(2) above, which:		
(a) would be reportable under question 14I(3)(a) on Form U4, if the individual were still employed by your <i>firm</i> , but which has not previously been reported on the individual's Form U4 by your <i>firm</i> ; or	<input type="radio"/>	<input type="radio"/>
(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"/>

**Termination Disclosure**

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

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LASTNAME, FIRSTNAME :	SSN: 111-11-1111
FIRM NAME : 1	Reference #:
<b>8. SIGNATURE</b>	

Please Read Carefully

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

A "Signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

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

**8A. FIRM ACKNOWLEDGMENT**

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

<b>Person to contact for further information</b>	<b>Telephone # of person to contact</b>
<input type="text"/>	<input type="text"/>
<hr/>	
<b>Signature of <i>Appropriate Signatory</i></b>	<b>Date (MM/DD/YYYY)</b>
<input type="text"/>	<input type="text"/>

**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.

<b>Individual Signature</b>	<b>Date (MM/DD/YYYY)</b>
<input type="text"/>	

**Exhibit 4A**

Rev. Form BR (10/2005)

**Uniform Branch Office Form**

**GENERAL INSTRUCTIONS**

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

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

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

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

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

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

**Electronic Filing Instructions**

A complete Form BR is required when the *applicant* is registering or notice filing a branch office with the CRD system for the first time. All questions must be answered and

all sections/fields requiring a response must be completed before the filing will be accepted. Section 6 (NYSE Branch Information) is required to be completed only by *applicants* that are seeking registration, or are currently registered, with NYSE. The *applicant* must complete Section 9 (Signature) to certify that Form BR and amendments thereto have been executed properly and that the information contained therein is accurate and complete. To amend information, the *applicant* must update the appropriate Form BR sections. A signed copy, with original signatures, of the initial Form BR filing and amendments thereto must be retained by the *applicant* and be made available for inspection upon a regulatory request.

### **Special Instructions For Paper Filers (*Jurisdictions Only*)**

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

### **The Sections of Form BR are as follows:**

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



## SPECIFIC INSTRUCTIONS

### Completing the Form BR

#### 1. GENERAL INFORMATION

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

**Applicant Name**

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

**Address Street 1/Street 2**

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

**City**

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

**State**

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

**Country**

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

**Postal Code**

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

**Firm Billing Code**

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

**NYSE Branch Code Number**

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

**CRD Branch Number**

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

**Branch Address Street 1/Street 2**

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

**City**

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

**State**

Enter the state where the branch office is physically located.

**Country**

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

**Postal Code**

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

**Branch Telephone Number**

Enter the telephone number of the branch office.

**Branch Facsimile Number**

Enter the facsimile number of the branch office.

**Private Residence Check Box**

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

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**2. REGISTRATION/NOTICE FILING/TYPE OF OFFICE**

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

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

**Type of Branch Office**

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

**NASD Office of Supervisory Jurisdiction**

Answer "yes" if this branch office is an NASD *Office of Supervisory Jurisdiction (OSJ)*. If this branch office is not an NASD *OSJ*, indicate the CRD branch number, or firm

billing code, for the *OSJ* that has supervisory responsibility for this branch, and the CRD Number for the supervisor in charge of that *OSJ*.

**NYSE Type of Office**

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

**Supervisor/Person-in-Charge**

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

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**3. TYPES OF ACTIVITIES/OTHER BUSINESS NAMES/WEBSITES**

**Types of Activities**

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

**Other Business Names**

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

**Website Addresses**

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

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**4. BRANCH OFFICE ARRANGEMENTS**

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

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**5. ASSOCIATED INDIVIDUALS**

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

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

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## 6. NYSE BRANCH INFORMATION

### THIS SECTION SHOULD BE COMPLETED ONLY FOR NYSE BRANCH REGISTRATION

#### **Anticipated Date of Opening**

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

#### **Estimated Cost of Opening and Equipping Office**

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

#### **Estimated Number of Active Accounts**

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

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

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

#### **On-Site Supervisor/Person-In-Charge**

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

#### **Options Business**

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

#### **Research and Investment Banking Business**

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

#### **Location of Books and Records (if maintained elsewhere)**

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

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

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

#### **City**

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

#### **State**

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

#### **Country**

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

**Postal Code**

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

**NYSE Bulletin**

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

**NYSE Space Sharing**

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

---

**7. BRANCH CLOSING**

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

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

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

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

**Location of Books and Records**

**Address Street 1/Street 2**

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

**City**

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

**State**

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

**Country**

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

**Postal Code**

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

**Contact Name and Telephone Number**

**Name**

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

**Daytime Telephone Number**

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

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## **8. BRANCH WITHDRAWAL**

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

**Date of *Withdrawal***

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

**Reason for *Withdrawal***

Enter the reason for *withdrawal*.

**Contact Name and Telephone Number**

**Name**

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

**Daytime Telephone Number**

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

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## **9. SIGNATURE**

**Please Read Carefully**

All signatures required on this Form BR filing must be made in this section. A “signature” includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

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

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

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

## EXPLANATION OF TERMS

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

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

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

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

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

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

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

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

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

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

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

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

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

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



<b>FIRM NAME:</b>	<b>CRD#:</b>
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**1. GENERAL INFORMATION**

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

**Applicant CRD #:**

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

**Applicant Name:**

**Address Street 1:**

**Address Street 2:**

**City:**

**State:**

**Country:**

**Postal Code:**

**Firm Billing Code (Firm Branch Designation):**

**NYSE Branch Code Number:**

**CRD Branch Number:**

**Branch Office Location**

**Branch Address Street 1:**

**Branch Address Street 2:**

**City :**

**State:**

**Country:**

**Postal Code:**

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

**Private Residence Check Box:**

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

**Branch Telephone Number:**

**Branch Facsimile Number:**

**[Private Residence Check Box:**

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

<b>FIRM NAME:</b>	<b>CRD#:</b>
<b>2. REGISTRATION/NOTICE FILING/TYPE OF OFFICE</b>	
<p><b>Register/Notice File Branch with <i>SRO/Jurisdiction</i>:</b>  <input type="checkbox"/> NASD <input type="checkbox"/> NYSE <input type="checkbox"/> Jurisdiction: _____</p> <p>By filing an amendment to relocate this branch to another state, <i>applicant</i> acknowledges that submission of this amendment closes this branch in ____ [and requests branch registration in ____] [and requests notice filing in ____].</p> <p><input type="checkbox"/> <b>By unchecking NYSE registration and checking this box, <i>applicant</i> attests that it is not required under NYSE rules to register this branch location with the NYSE.</b></p> <hr/> <p><b>Type of Branch Office Registration:</b>  <input type="checkbox"/> Broker-dealer <input type="checkbox"/> Investment Adviser</p> <hr/> <p><b>Is this an NASD <i>Office of Supervisory Jurisdiction (OSJ)</i>?:</b>  <input type="radio"/> Yes <input type="radio"/> No</p> <p><b>If not, indicate the CRD branch number, or firm billing code, for the <i>OSJ</i> that has supervisory responsibility for this branch, and the CRD Number of the supervisor in charge of that <i>OSJ</i>.</b></p> <p><b>CRD Branch Number:</b>  <input style="width: 100px; height: 20px;" type="text"/></p> <p><b>Firm Billing Code (Firm Branch Designation):</b>  <input style="width: 100px; height: 20px;" type="text"/></p> <p><b>OSJ Supervisor CRD Number:</b>  <input style="width: 100px; height: 20px;" type="text"/></p> <p><b>NYSE Type of Office:</b>  <input type="radio"/> Small Branch <input type="radio"/> Regular Branch</p> <p><b>If this is an NYSE <i>Small Branch</i>, [indicate the CRD branch number, NYSE branch code number or firm billing code of the location] <u>indicate the CRD branch number, NYSE branch code number or firm billing code of the location</u> from which this branch is supervised, and the supervisor's CRD number:</b></p> <p><b>CRD Branch Number:</b>  <input style="width: 100px; height: 20px;" type="text"/></p>	

**NYSE Branch Code Number:**

**Firm Billing Code (Firm Branch Designation):**

**Supervisor CRD Number:**

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

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

<b>FIRM NAME:</b>	<b>CRD#:</b>
<b>3. TYPES OF ACTIVITIES/OTHER BUSINESS NAMES/WEBSITES</b>	

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

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

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

Yes \_\_\_ No \_\_\_

**If yes, provide description:**

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

Yes  No

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

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

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

Yes  No

**If yes, provide the website address(es):**

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

<b>FIRM NAME:</b>	<b>CRD#:</b>
<b>4. BRANCH OFFICE ARRANGEMENTS</b>	
<b>Does the branch office occupy or share space with or jointly market with a bank, savings bank, savings association, credit union, or other federally insured depository institution?:</b>	
O Yes O No	
<b>If yes, enter the name of the institution(s):</b>	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<hr/>	
<b>Is this a business location that will operate pursuant to a written agreement or contract (other than an insurance agency agreement) with the main office?:</b>	
O Yes O No	
<b>If yes, provide the name(s) of the entity(ies) and/or [person(s)] <u>person(s)</u> with whom the agreement or contract was entered:</b>	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<hr/>	
<b>Will the branch office have primary responsibility for decisions relating to the employment and remuneration of its registered representatives?:</b>	
O Yes O No	
<hr/>	
<b>Does the branch office assume liability for its own expenses?:</b>	
O Yes O No	
<hr/>	
<b>Does any [person] <u>person</u> other than the <i>applicant</i> have responsibility, directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities?:</b>	
O Yes O No	

**If yes:**

**(1) Provide the following information for each entity or [person] person responsible for expenses or with a financial interest:**

Name	Entity Type	CRD#	Registered (Y/N)	EIN	Delete
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

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

<b>FIRM NAME:</b>	<b>CRD#:</b>
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**5. ASSOCIATED INDIVIDUALS**

**Complete this section for initial filings only.**

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

Individual Name	CRD#

<b>FIRM NAME:</b>	<b>CRD#:</b>
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**6. NYSE BRANCH INFORMATION**

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

**Complete the items in this section for initial filings only.**

**1. Anticipated Date of Opening:**

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

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

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

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

**4. Has this branch office been acquired from another broker/dealer or other financial institution?  Yes  No**

**If yes, state the name of the organization:**

**Date of transaction:**

**Complete the following items on all filings.**

**5. Enter the CRD number of the on-site *Supervisor/Person-in-Charge* who is responsible for the supervision at this location.**

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

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

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

**Does the *applicant* have information barriers in place?**

O Yes O No

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

**If yes, provide the location(s):**

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

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

**Name:**

**Certificate Address Street 1**

**Certificate Address Street 2**

**City:**

**State:**

**Country:**

**Postal Code:**

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

O Yes O No

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

O Yes O No

**If Yes, complete the ["NYSE Office Space Sharing Form"] "NYSE Office Space**



**Sharing Form" to enter a description of how the arrangement will comply with NYSE Rule 343.**

**NYSE Office Space Sharing Form - Rule 343**

**Rule 343:**

No office or foreign incorporated branch of an NYSE member or member organization shall be jointly occupied with any other broker or dealer, investment advisor, or other person who conducts a securities or commodities business with the public unless such member or member organization submits, and receives NYSE approval of, an attestation that the office space sharing arrangement conforms with Rule 343.

**FIRM NAME:**

**CRD#:**

**6. NYSE BRANCH INFORMATION - OFFICE SHARING**

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

**Name:**

**CRD#:**

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

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

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

--or--

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

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

--or--

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

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

--or--

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

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

Additional Comments:

<b>FIRM NAME:</b>	<b>CRD#:</b>
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**7. BRANCH CLOSING**

**[Type of Branch Office *Closing***

Broker-dealer  Investment Adviser]

**Date operations ceased or will cease at the branch office:**

**Location of Books and Records**

**Address (Street/City/State/Postal Code)**

  
  


**Contact Name and Telephone Number**

**First Name:**

**Last Name:**

**Daytime Telephone Number:**

<b>FIRM NAME:</b>	<b>CRD#:</b>
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**8. BRANCH WITHDRAWAL**

**Date of *Withdrawal*:**

**Reason for *Withdrawal*:**

**Contact Name and Telephone Number**

**First Name:**

**Last Name:**

**Daytime Telephone Number:**

<b>FIRM NAME:</b>	<b>CRD#:</b>
<b>9. SIGNATURE</b>	
<p>The undersigned certifies that he/she has executed this form on behalf of, and with the authority of, the <i>applicant</i>. The undersigned and the <i>applicant</i> represent that the information and statements contained herein, and all materials filed in connection with this form, are current, true and complete. The undersigned and the <i>applicant</i> further represent that to the extent any information previously submitted is not amended, such information is accurate and complete. False statements on this application or any amendment thereto shall constitute a violation of the rules of the applicable <i>SRO(s)</i> and/or <i>jurisdiction(s)</i>.</p> <p>A “signature” includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. The <i>applicant</i> or <i>applicant’s</i> agent has typed the <i>applicant’s</i> name under this section to attest to the completeness and accuracy of this record. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.</p>	
<b>Signature of <i>Appropriate Signatory</i>:</b>	
<input type="text"/>	
<b>Name of Person Filing Form:</b>	
<input type="text"/>	
<b>Title of Person Filing Form:</b>	
<input type="text"/>	
<b>Telephone Number of Person Filing Form:</b>	
<input type="text"/>	
<b>Date:</b>	
<input type="text"/>	

**Exhibit 4B**

Rev. Form U4 [(06/2003)](10/2005)

**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).

**[CRD Branch Number**

Enter the branch number assigned by the CRD system to identify your branch office. If your branch office or office of employment does not have a CRD assigned branch number, leave this field blank.]]

***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 NASD'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.

**[Office of Employment Address Street 1/Street 2**

Enter the address where the individual is physically located for business purposes. A complete address must be furnished. Post office boxes are not acceptable. This address does not have to be the same as the *firm's* main address. You may enter additional identifying information in Office of Employment Address Street 2, if necessary.

**City**

Enter the name of the city where the individual is physically located for business purposes.

**State**

Enter the state where the individual is physically located for business purposes.

**Country**

Enter the name of the country where the individual is physically located for business purposes.

**Postal Code**

Enter the postal code where the individual is physically located for business purposes.]

**Private Residence Check Box**

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

---

## 2. FINGERPRINT INFORMATION

### **Electronic Filing Representation**

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

### **Fingerprint Bar Code**

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

### **Exceptions to the Fingerprint Requirement**

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

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

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

### **Investment Adviser Representative Only Applicants**

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

#### Investment adviser representative only representation

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

### 3. REGISTRATION WITH UNAFFILIATED FIRMS

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

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

Answer "yes" or "no" to the following questions:

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

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

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

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

---

### 4. SRO REGISTRATION

**Investment adviser representative only *applicants* may skip this item.**

#### **Registration with *SRO(s)***

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

#### **"Other" Box**

See Special Instructions for Paper Filers.

---

### 5. JURISDICTION REGISTRATION

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

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



### **Agent of an Issuer**

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

---

## **6. REGISTRATION REQUESTS WITH AFFILIATED FIRMS**

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

### ***Affiliated Firm CRD Number***

Enter the *affiliated firm's CRD Number*.

### ***Affiliated Firm Name***

Enter the *affiliated firm's* name. This should be the name of the *affiliated firm* as listed on the Form BD or Form ADV. Agents of Issuers should enter the *affiliated* issuer name in this field. Do not abbreviate, shorten or otherwise modify the *firm* name in any way.

### ***Affiliated Firm Designation - Broker-Dealer or Investment Adviser (BD/IA)***

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

### ***Employment Date with Affiliated Firm***

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

### ***[Affiliated Firm CRD Branch Number***

Enter the branch number assigned by the CRD system to identify your branch office with the *affiliated firm*.]

### ***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.

**[Office of Employment Address Street 1/Street 2**

Enter the address where the individual is physically located for business purposes. A complete address must be furnished. Post office boxes are not acceptable. This address does not have to be the same as the *firm's* main address. You may enter additional identifying information in Office of Employment Address Street 2, if necessary.

**City**

Enter the name of the city where the individual is physically located for business purposes.

**State**

Enter the state where the individual is physically located for business purposes.

**Country**

Enter the name of the country where the individual is physically located for business purposes.

**Postal Code**

Enter the postal code where the individual is physically located for business purposes.]

**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: "I am not required to submit a fingerprint card at this time because the fingerprint card submitted by the *filing firm* applies; or, By selecting this option, I represent that I am submitting, have submitted, or promptly will submit to the appropriate *SRO* a fingerprint card as required under applicable *SRO* rules; or, 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 NASD. 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.

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**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.

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**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.

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**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.

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**13. OTHER BUSINESS**

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

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

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

## 14. DISCLOSURE QUESTIONS

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

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

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

### **Criminal Disclosure**

14A - *Felony* Criminal Disclosure

14B - *Misdemeanor* Criminal Disclosure

### **Regulatory Action Disclosure**

14C - Regulatory Action by SEC or CFTC

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

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

14E - Regulatory Action by *SRO* or commodities exchange

14F - Professional Suspension

14G - Formal Pending Action/*Investigation*

### **Civil Judicial Disclosure**

14H - Civil Judicial Actions

### **Customer Complaint/Arbitration/Civil Litigation Disclosure**

14I - Customer Complaints

### **Termination Disclosure**

14J - Terminations for Cause

### **Financial Disclosure**

14K - Bankruptcy, SIPC and Compromise with Creditors

14L - Bonding Payouts or Revocations

14M - Unsatisfied Judgments and Liens

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## 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).**



## **Drop-Down Pick Lists**

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### **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, Virginia, Washington, West Virginia, Wisconsin, Wyoming

### **Identifying Information/Name Changes**

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

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

### **DRPs**

#### **Bankruptcy/SIPC/Compromise with Creditors**

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

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

#### **Bond**

Disposition Type: Denied, Payout, Revoked.

#### **Civil Judicial**

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

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

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

Customer Complaint/Arbitration/Civil Litigation

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

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

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

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

Judgment/Lien

Judgment/Lien Type: Civil, Default, Tax.

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

Regulatory Action

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

Principal product type: Annuity(ies)-Fixed, Annuity(ies)-Variable, Banking Products (Other than CDs), CD(s), Commodity Option(s), Debt-Asset Backed, Debt-Corporate, Debt-Government, Debt-Municipal, Derivative(s), Direct Investment(s)-DDP & LP

Interest(s), Equity-OTC, Equity Listed (Common & Preferred Stock), Futures-Commodity, Futures-Financial, Index Option(s), Insurance, Investment Contract(s), Money Market Fund(s), Mutual Fund(s), No Product, Options, Other, Penny Stock(s), Unit Investment Trust(s).

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

Termination

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

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

Rev. Form U4 [(06/2003)] (10/2005)

LASTNAME, FIRSTNAME :  SSN: 111-11-1111

FIRM NAME : 1  Reference #:

**1. GENERAL INFORMATION**

**First Name:** 
**Middle Name:** 
**Last Name:** 
**Suffix:**

**Firm CRD #:** 
**Firm Name:** 
**Employment Date (MM/DD/YYYY):** 
**[CRD Branch #]**

**Firm Billing Code:** 
**Individual CRD #:** 
**Individual SSN:**

**[Office of Employment Address Street 1:** 
**[City:** 
**[State:**

**[Country:** 
**[Postal Code:**

**[Office of Employment Address Street 2:**

**Do you have an independent contractor relationship with the above named firm?**  
 Yes  No

**Office of Employment Address:**

<u>[[ CRD Branch #</u>	<u>NYSE Branch Code Number</u>	<u>Firm Billing Code</u>	<u>Address</u>	<u>Private Residence</u>	<u>Type of Office</u>	<u>Start Date</u>	<u>End Date]]</u>
					<u>[[O Supervised From O Located At]]</u>		
					<u>[[O Supervised From O Located At]]</u>		

**Registered** **CRD Branch #:**  **NYSE Branch Code #:**  **Firm Billing Code:**   
**Located At**  **Start Date:**

<input type="checkbox"/> <b>Non-Registered</b> <span style="float: right;"><input type="checkbox"/></span>	
<b>Supervised From End Date:</b>	
<b>Office of Employment Address Street 1:</b>	<b>City: State:</b>
<b>Country: Postal Code:</b>	
<b>Office of Employment Address Street 2:</b>	
<input type="checkbox"/> <b>Private Residence Check Box:</b> If the Office of Employment address is a private residence, check this box.	
<input type="checkbox"/> <b>Registered CRD Branch #: NYSE Branch Code #: Firm Billing Code:</b> <input type="checkbox"/>	
<b>Located At</b>	<b>Start Date:</b>
<input type="checkbox"/> <b>Non-Registered</b> <span style="float: right;"><input type="checkbox"/></span>	
<b>Supervised From End Date:</b>	
<b>Office of Employment Address Street 1:</b>	<b>City: State:</b>
<b>Country: Postal Code:</b>	
<b>Office of Employment Address Street 2:</b>	
<input type="checkbox"/> <b>Private Residence Check Box:</b> If the Office of Employment address is a private residence, check this box.	

LASTNAME, FIRSTNAME :	SSN: 111-11-1111
FIRM NAME : 1	Reference #:
<b>2. FINGERPRINT INFORMATION</b>	

Electronic Filing Representation

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

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

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

Exceptions to the Fingerprint Requirement

By selecting one or more of the following two options, I affirm that I am exempt from the federal fingerprint requirement because I/*filing firm* currently satisfy(ies) the requirements of at least one of the permissive exemptions indicated below

pursuant to Rule 17f-2 under the Securities Exchange Act of 1934, including any notice or application requirements specified therein:

- Rule 17f-2(a)(1)(i)
- Rule 17f-2(a)(1)(iii)

Investment Adviser Representative Only Applicants

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

LASTNAME, FIRSTNAME :	SSN: 111-11-1111
FIRM NAME : 1	Reference #:
<b>3. REGISTRATION WITH UNAFFILIATED FIRMS</b>	

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



Representative/Order Processing (S11)										
<b>REGISTRATION CATEGORY</b>	<b>NASD</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BSE</b>	<b>[CSE] <u>NSX</u></b>	<b>PCX</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>
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)										
<u>RS - Research Analyst (S86, S87)</u>										
<u>RP - Research Principal</u>										
DP - Direct Participation Program Principal (S39)										
OR - Options Representative (S42)										
<b>REGISTRATION CATEGORY</b>	<b>NASD</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BSE</b>	<b>[CSE] <u>NSX</u></b>	<b>PCX</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>





Lending Supervisor										
ME - Member Exchange										
FE - Floor Employee										
OF - Officer										
CO - Compliance Official (S14)										
<b>REGISTRATION CATEGORY</b>	<b>NASD</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BSE</b>	<b>[CSE] <u>NSX</u></b>	<b>PCX</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>
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)										
SF - Single Stock Futures (S43)										
FP - Municipal Fund (S51)										
<u>MM – Market Maker</u>										
<u>FB – Floor Broker</u>										
<u>MB - Market Maker acting as a Floor Broker</u>										
IF - In-Firm Delivery Proctor										
Other										
(Paper Form Only)										

LASTNAME, FIRSTNAME :	SSN: 111-11-1111

FIRM NAME : 1	Reference #:
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**5. JURISDICTION REGISTRATION**

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

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

**AGENT OF THE ISSUER REGISTRATION (AI)** Indicate 2 letter *jurisdiction* code(s): \_\_\_\_\_

LASTNAME, FIRSTNAME :	SSN: 111-11-1111
FIRM NAME : 1	Reference #:
<b>6. REGISTRATION REQUESTS WITH AFFILIATED FIRMS</b>	

Will *applicant* maintain registration with *firm(s)* under common ownership or control with the *filing firm*?  
 If "yes", fill in the details to indicate a request for registration with additional *firm(s)*.  
**O Yes O No**

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

<b>Affiliated Firm CRD #:</b> <input style="width: 150px;" type="text"/>	<b>Employment Date (MM/DD/YYYY):</b> <input style="width: 100px;" type="text"/>
<b>Affiliated Firm Name:</b> <input style="width: 150px;" type="text"/>	

[*Affiliated Firm* CRD Branch #:  ]  
 [*Affiliated Firm Billing Code:*  ]

[Office of Employment Address Street 1:  ]  
 [City:  ]  
 [State:  ]

[Office of Employment Address Street 2:  ]  
 [Country:  ]  
 [Postal Code:  ]

**Do you have an independent contractor relationship with the above named firm?**  
 Yes  No

**Office of Employment Address:**

<u>[[CRD Branch #</u>	<u>NYSE Branch Code Number</u>	<u>Firm Billing Code</u>	<u>Address</u>	<u>Private Residence</u>	<u>Type of Office</u>	<u>Start Date</u>	<u>End Date]]</u>
					<u>[[O Supervised From</u> <u>O Located At</u>		
					<u>O Supervised From</u> <u>O Located At]]</u>		

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

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

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

**Registered** CRD Branch #: NYSE Branch Code #: Firm Billing Code:

Located At \_\_\_\_\_ Start Date: \_\_\_\_\_

**Non-Registered** \_\_\_\_\_

Supervised From \_\_\_\_\_ End Date: \_\_\_\_\_

Office of Employment Address Street 1: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Office of Employment Address Street 2: \_\_\_\_\_

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

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

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

### Affiliated Firm Fingerprint Information

#### Electronic Filing Representation

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

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

Fingerprint card barcode

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

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

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

#### Exceptions to the Fingerprint Requirement

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

notice or application requirements specified therein:

- Rule 17f-2(a)(1)(i)
- Rule 17f-2(a)(1)(iii)

Investment Adviser Representative Only Applicants

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

LASTNAME, FIRSTNAME :	SSN: 111-11-1111
FIRM NAME : 1	Reference #:
<b>7. EXAMINATION REQUESTS</b>	

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

<input type="checkbox"/> S3	<input type="checkbox"/> S11	<input type="checkbox"/> S22	<input type="checkbox"/> S31	<input type="checkbox"/> S45	<input type="checkbox"/> S66
<input type="checkbox"/> S4	<input type="checkbox"/> S12	<input type="checkbox"/> S23	<input type="checkbox"/> S32	<input type="checkbox"/> S46	<input type="checkbox"/> S72
<input type="checkbox"/> S5	<input type="checkbox"/> S14	<input type="checkbox"/> S24	<input type="checkbox"/> S33	<input type="checkbox"/> S51	<input type="checkbox"/> S73
<input type="checkbox"/> S6	<input type="checkbox"/> S14A	<input type="checkbox"/> S25	<input type="checkbox"/> S37	<input type="checkbox"/> S52	<input type="checkbox"/> S82
<input type="checkbox"/> S7	<input type="checkbox"/> S15	<input type="checkbox"/> S26	<input type="checkbox"/> S38	<input type="checkbox"/> S53	<input type="checkbox"/> S86
<input type="checkbox"/> S7A	<input type="checkbox"/> S16	<input type="checkbox"/> S27	<input type="checkbox"/> S39	<input type="checkbox"/> S55	<input type="checkbox"/> S87
<input type="checkbox"/> S9	<input type="checkbox"/> S17	<input type="checkbox"/> S28	<input type="checkbox"/> S42	<input type="checkbox"/> S62	<input type="checkbox"/> S101
<input type="checkbox"/> S10	<input type="checkbox"/> S21	<input type="checkbox"/> S30	<input type="checkbox"/> S43	<input type="checkbox"/> S63	<input type="checkbox"/> S106
			<input type="checkbox"/> S44	<input type="checkbox"/> S65	<input type="checkbox"/> S201

Other \_\_\_\_\_ (Paper Form Only)

OPTIONAL: Foreign Exam City _____	Date (MM/DD/YYYY) _____
<p>If you have taken an exam prior to registering through the CRD system please enter the exam type and date taken.</p> <p><b>Exam type:</b> <input type="text"/>      <b>Date taken (MM/DD/YYYY):</b> <input type="text"/></p>	

LASTNAME, FIRSTNAME :	SSN: 111-11-1111
FIRM NAME : 1	Reference #:

**8. PROFESSIONAL DESIGNATIONS**

Select each designation you currently maintain.

**Certified Financial Planner**

**Chartered Financial Consultant (ChFC)**

**Personal Financial Specialist (PFS)**

**Chartered Financial Analyst (CFA)**

**Chartered Investment Counselor (CIC)**

LASTNAME, FIRSTNAME :	SSN: 111-11-1111
FIRM NAME : 1	Reference #:

**9. IDENTIFYING INFORMATION/NAME CHANGE**

<b>First Name:</b> <input type="text"/>	<b>Middle Name:</b> <input type="text"/>	<b>Last Name:</b> <input type="text"/>
<b>Suffix:</b> <input type="text"/>	<b>Date of Birth (MM/DD/YYYY)</b> <input type="text"/>	
<b>State/Province of Birth</b> <input type="text"/>	<b>Country of Birth</b> <input type="text"/>	<b>Sex</b> O Male O Female
<b>Height (ft)</b> <input type="text"/>	<b>Height (in)</b> <input type="text"/>	<b>Weight (lbs)</b> <input type="text"/>

<b>Hair Color</b>	<b>Eye Color</b>
<input type="text"/>	<input type="text"/>

LASTNAME, FIRSTNAME :		SSN: 111-11-1111	
FIRM NAME : 1		Reference #:	
<b>10. OTHER NAMES</b>			
Enter all other names that you have used or are using, or by which you are known or have been known, other than your legal name, since the age of 18. This field should include, for example, nicknames, aliases, and names used before or after marriage.			
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LASTNAME, FIRSTNAME :		SSN: 111-11-1111	
FIRM NAME : 1		Reference #:	
<b>11. RESIDENTIAL HISTORY</b>			
Starting with the current address, give all addresses for the past 5 years. Report changes as they occur.			
<b>From (MM/YYYY)</b>	<b>To (MM/YYYY)</b>		
<input type="text"/>	<input type="text"/>		
<b>Address Street 1</b>	<b>Address Street 2</b>		
<input type="text"/>	<input type="text"/>		
<b>City</b>	<b>State</b>	<b>Country</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LASTNAME, FIRSTNAME :		SSN: 111-11-1111	
FIRM NAME : 1		Reference #:	
<b>12. EMPLOYMENT HISTORY</b>			
Provide complete employment history for the past 10 years. Include the <i>firm(s)</i> noted in Section 1 (GENERAL INFORMATION) and Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS). Include all <i>firm(s)</i> from Section 3 (REGISTRATION WITH UNAFFILIATED FIRMS). Account for all time including full and part-time employments, self-employment, military service, and homemaking. Also include			



statuses such as unemployed, full-time education, extended travel, or other similar statuses.

Report changes as they occur.

<b>From (MM/YYYY)</b> <input type="text"/>	<b>To (MM/YYYY)</b> <input type="text"/>	<b>Name of <i>Firm</i> or Company</b> <input type="text"/>
<b>City</b> <input type="text"/>	<b>State</b> <input type="text"/>	<b>Country</b> <input type="text"/>
<b>Investment-Related Business?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Position Held</b> <input type="text"/>	

LASTNAME, FIRSTNAME :		SSN: 111-11-1111
FIRM NAME : 1		Reference #:
<b>13. OTHER BUSINESS</b>		

Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non *investment-related* activity that is exclusively charitable, civic, religious or fraternal and is recognized as tax exempt.) If YES, please provide the following details: the name of the other business, whether the business is *investment-related*, the address of the other business, the nature of the other business, your position, title, or relationship with the other business, the start date of your relationship, the approximate number of hours/month you devote to the other business, the number of hours you devote to the other business during securities trading hours, and briefly describe your duties relating to the other business.

Yes  No

If 'Yes', please enter details below.

LASTNAME, FIRSTNAME :		SSN: 111-11-1111
FIRM NAME : 1		Reference #:
<b>14. DISCLOSURE QUESTIONS</b>		

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

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

<b>Criminal Disclosure</b>		
<b>14A. (1) Have you ever:</b>	<b>YES</b>	<b>NO</b>
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
(b) been <i>charged</i> with any <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
<b>(2) Based upon activities that occurred while you exercised control over it, has an organization ever:</b>		
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
(b) been <i>charged</i> with any <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
<b>14B. (1) Have you ever:</b>		
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a <i>misdemeanor involving</i> : investments or an <i>investment-related</i> business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	<input type="radio"/>	<input type="radio"/>
(b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="radio"/>	<input type="radio"/>
<b>(2) Based upon activities that occurred while you exercised control over it, has an organization ever:</b>		
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to a <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="radio"/>	<input type="radio"/>
(b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="radio"/>	<input type="radio"/>
<b>Regulatory Action Disclosure</b>		
<b>14C. Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:</b>	<b>YES</b>	<b>NO</b>
(1) <i>found</i> you to have made a false statement or omission?	<input type="radio"/>	<input type="radio"/>
(2) <i>found</i> you to have been <i>involved</i> in a violation of its regulations or statutes?	<input type="radio"/>	<input type="radio"/>
(3) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="radio"/>	<input type="radio"/>
(4) entered an <i>order</i> against you in connection with <i>investment-related</i> activity?	<input type="radio"/>	<input type="radio"/>
(5) imposed a civil money penalty on you, or <i>ordered</i> you to cease and desist from any activity?	<input type="radio"/>	<input type="radio"/>

<b>14D(1)</b>	<b>Has any other Federal regulatory agency or any state regulatory agency or foreign financial regulatory authority ever:</b>		
	(a) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="radio"/>	<input type="radio"/>
	(b) <i>found</i> you to have been <i>involved</i> in a violation of <i>investment-related</i> regulation(s) or statute(s)?	<input type="radio"/>	<input type="radio"/>
	(c) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="radio"/>	<input type="radio"/>
	(d) entered an <i>order</i> against you in connection with an <i>investment-related</i> activity?	<input type="radio"/>	<input type="radio"/>
	(e) denied, suspended, or revoked your registration or license or otherwise, by <i>order</i> , prevented you from associating with an <i>investment-related</i> business or restricted your activities?	<input type="radio"/>	<input type="radio"/>
<b>14D(2)</b>	<b>Have you been subject to any <i>final order</i> of a state securities commission (or any agency or officer performing like functions), state authority that supervises or examines banks, savings associations, or credit unions, state insurance commission (or any agency or office performing like functions), an appropriate federal banking agency, or the National Credit Union Administration, that:</b>		
	(a) bars you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in the business of securities, insurance, banking, savings association activities, or credit union activities; or	<input type="radio"/>	<input type="radio"/>
	(b) constitutes a <i>final order</i> based on violations of any laws or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="radio"/>	<input type="radio"/>
<b>14E.</b>	<b>Has any <i>self-regulatory organization</i> or commodities exchange ever:</b>		
	(1) <i>found</i> you to have made a false statement or omission?	<input type="radio"/>	<input type="radio"/>
	(2) <i>found</i> you to have been <i>involved</i> in a violation of its rules (other than a violation designated as a " <i>minor rule violation</i> " under a plan approved by the U.S. Securities and Exchange Commission)?	<input type="radio"/>	<input type="radio"/>
	(3) <i>found</i> you to have been the cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="radio"/>	<input type="radio"/>
	(4) disciplined you by expelling or suspending you from membership, barring or suspending your association with its	<input type="radio"/>	<input type="radio"/>

	members, or restricting your activities?		
14F.	<b>Have you ever had an authorization to act as an attorney, accountant or federal contractor that was revoked or suspended?</b>	<input type="radio"/>	<input type="radio"/>
14G.	<b>Have you been notified, in writing, that you are now the subject of any:</b>		
	(1) regulatory complaint or <i>proceeding</i> that could result in a "yes" answer to any part of 14C, D or E? ( <i>If yes, complete the Regulatory Action Disclosure Reporting Page.</i> )	<input type="radio"/>	<input type="radio"/>
	(2) <i>investigation</i> that could result in a "yes" answer to any part of 14A, B, C, D or E? ( <i>If yes, complete the Investigation Disclosure Reporting Page.</i> )	<input type="radio"/>	<input type="radio"/>

**Civil Judicial Disclosure**

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

**Customer Complaint/Arbitration/Civil Litigation Disclosure**

14I. (1)	<b>Have you ever been named as a respondent/defendant in an <i>investment-related</i>, consumer-initiated arbitration or civil litigation which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and which:</b>	<b>YES</b>	<b>NO</b>
	(a) is still pending, or;	<input type="radio"/>	<input type="radio"/>
	(b) resulted in an arbitration award or civil judgment against you, regardless of amount, or;	<input type="radio"/>	<input type="radio"/>
	(c) was settled for an amount of \$10,000 or more?	<input type="radio"/>	<input type="radio"/>
(2)	Have you ever been the subject of an <i>investment-related</i> , consumer-initiated complaint, not otherwise reported under question 14I(1) above, which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> , and which complaint was settled for an amount of \$10,000 or more?	<input type="radio"/>	<input type="radio"/>
(3)	Within the past twenty four (24) months, have you been the subject of an <i>investment-related</i> , consumer-initiated, written complaint, not otherwise reported under question 14I(1) or (2) above, which:		

(a) alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and contained a claim for compensatory damages of \$5,000 or more (if no damage amount is alleged, the complaint must be reported unless the firm has made a good faith determination that the damages from the alleged conduct would be less than \$5,000), or;	<input type="radio"/>	<input type="radio"/>
(b) alleged that you were <i>involved</i> in forgery, theft, misappropriation or conversion of funds or securities?	<input type="radio"/>	<input type="radio"/>

**Termination Disclosure**

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

**Financial Disclosure**

<b>14K. Within the past 10 years:</b>	<b>YES</b>	<b>NO</b>
(1) have you made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?	<input type="radio"/>	<input type="radio"/>
(2) based upon events that occurred while you exercised <i>control</i> over it, has an organization made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?	<input type="radio"/>	<input type="radio"/>
(3) based upon events that occurred while you exercised <i>control</i> over it, has a broker or dealer been the subject of an involuntary bankruptcy petition, or had a trustee appointed, or had a direct payment procedure initiated under the Securities Investor Protection Act?	<input type="radio"/>	<input type="radio"/>
<b>14L. Has a bonding company ever denied, paid out on, or revoked a bond for you?</b>	<input type="radio"/>	<input type="radio"/>
<b>14M. Do you have any unsatisfied judgments or liens against you?</b>	<input type="radio"/>	<input type="radio"/>

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LASTNAME, FIRSTNAME :	SSN: 111-11-1111
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FIRM NAME : 1	Reference #:
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**15. SIGNATURES**

Please Read Carefully

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

A "signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

**15A INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT**

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

**15B FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS**

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

**15C TEMPORARY REGISTRATION ACKNOWLEDGMENT**

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

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

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

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

This section must be completed on all amendment form filings.

**15F FIRM/APPROPRIATE SIGNATORY CONCURRENCE**

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

**15A. INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT**

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

or amended from time to time. I further agree to be subject to and comply with all requirements, rulings, orders, directives and decisions of, and penalties, prohibitions and limitations imposed by the *jurisdictions* and *SROs*, subject to right of appeal or review as provided by law.

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



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

8. I authorize all my employers and any other person to furnish to any *jurisdiction, SRO, designated entity*, employer, prospective employer, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination. Moreover, I release each employer, former employer and each other person from any and all liability, of whatever nature, by reason of furnishing any of the above information, including that information reported on the Uniform Termination Notice for Securities Industry Registration (Form U5). I recognize that I may be the subject of an investigative consumer report and waive any requirement of notification with respect to any investigative consumer report ordered by any *jurisdiction, SRO, designated entity*, employer, or prospective employer. I understand that I have the right to request complete and accurate disclosure by the *jurisdiction, SRO, designated entity*, employer or prospective employer of the nature and scope of the requested investigative consumer report.
9. I understand and certify that the representations in this form apply to all employers with whom I seek registration as indicated in Section 1 (GENERAL INFORMATION) or Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS) of this form. I agree to update this form by causing an amendment to be filed on a timely basis whenever changes occur to answers previously reported. Further, I represent that, to the extent any information previously submitted is not amended, the information provided in this form is currently accurate and complete.
10. I authorize any employer or prospective employer to file electronically on my behalf any information required in this form or any amendment thereto; I certify that I have reviewed and approved the information to be submitted to any *jurisdiction* or *SRO* on this Form U4 Application; I agree that I will review and approve all disclosure information that will be filed electronically on my behalf; I further agree to waive any objection to the admissibility of the electronically filed records in any criminal, civil, or administrative *proceeding*.

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

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

**Signature of *Applicant***



**15B. FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS**

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

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

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

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

**Signature of *Appropriate Signatory***

**15C. TEMPORARY REGISTRATION ACKNOWLEDGMENT**

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

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

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

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

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

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

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

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

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

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

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

**Signature of Applicant**

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

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

**Signature of Applicant**

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

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

**Signature of Appropriate Signatory**

**15F. FIRM/APPROPRIATE SIGNATORY CONCURRENCE**

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

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

**Signature of Appropriate Signatory**

**Exhibit 4C**

Rev. Form U5 [(06/2003)] (10/2005)

## **SPECIFIC INSTRUCTIONS**

for completing the Form U5

### **NOTICE TO THE INDIVIDUAL WHO IS THE SUBJECT OF THIS FILING**

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

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#### **1. GENERAL INFORMATION SECTION**

##### **First Name**

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

##### **Middle Name**

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

##### **Last Name**

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

##### **Suffix**

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

##### ***Firm CRD Number***

Enter the *Firm CRD Number*.

##### ***Firm Name***

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

##### **[CRD Branch Number**

Enter the branch number assigned by the CRD system to identify the individual's branch office.]

##### ***Firm NFA Number***

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

**[Firm Billing Code**

Enter the *firm's* billing code. A billing code is an alpha/numeric value consisting of up to eight characters that the *firm* has established. If the *firm* does not use billing codes, leave this field blank.] The *firm* billing code will prepopulate based on the information provided on the Form U4. If the information is incorrect, file a Form U4 amendment prior to submitting the Form U5.

**Individual CRD Number**

Enter the assigned *Individual CRD number*.

**Individual SSN**

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

**Individual NFA Number**

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

**Office of Employment Address Street 1/Street 2.**

The office of employment address will prepopulate based on the information provided on the Form U4. If the information is incorrect, file a Form U4 amendment prior to submitting the Form U5.

**[Office of Employment Address Street 1/Street 2**

Enter the address where the individual is physically located for business purposes. A complete address must be furnished. Post office boxes are not acceptable. This address does not have to be the same as the *firm's* main address. Enter additional identifying information in Office of Employment Address Street 2, if necessary.

**City**

Enter the name of the city where the individual is physically located for business purposes.

**State**

Enter the state where the individual is physically located for business purposes.

**Country**

Enter the name of the country where the individual is physically located for business purposes.

**Postal Code**

Enter the postal code where the individual is physically located for business purposes.]

**Private Residence Check Box**

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

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**NOTICE TO THE FIRM**

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

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**2. CURRENT RESIDENTIAL ADDRESS**

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

**From (MM/YYYY)**

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

**Street Address 1/Address 2**

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

**City**

Enter the city of residence relating to this address.

**State**

Enter the state of residence relating to this address.

**Country**

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

**Postal Code**

Enter the postal code for this address.

---

**3. FULL TERMINATION**

A "yes" response will terminate ALL registrations with all SROs and all jurisdictions. For a *full termination*, complete the Reason for Termination and Section 4 (DATE TERMINATED). Do not complete Section 5 (PARTIAL TERMINATION). For a *partial termination*, check "no" and complete Section 5 (PARTIAL TERMINATION).

**Reason for Termination (Full Terminations Only)**

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

---

**4. DATE TERMINATED (Full and Partial Terminations)**

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

---

**5. PARTIAL TERMINATION**

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

**5A. SRO PARTIAL TERMINATION**

Investment adviser representative (RA) only applicants may skip this section.

Check the appropriate boxes to indicate the SROs and registration categories the individual seeks to terminate. Refer to the individual's current CRD record for categories that may be terminated. The individual must retain registration with at least one SRO unless the *firm* is an intra-state broker-dealer.

**"Other" Box**

See Special Instructions for Paper Filers.

**5B. JURISDICTION PARTIAL TERMINATION**

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

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

### **Agent of an Issuer**

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

---

## **6. AFFILIATED FIRM TERMINATION**

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

- File separate Sections 5A and 5B for each *affiliated firm* if the *SRO* and/or *jurisdiction* terminations requested with the *firms* named in this section differ from the terminations requested with the *filing firm*.

### ***Affiliated Firm* CRD Number**

Enter the *affiliated firm's* CRD Number here.

### ***Affiliated Firm* Name**

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

### ***Affiliated Firm* Designation - Broker-Dealer or Investment Adviser (BD/IA)**

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

### **[*Affiliated Firm* CRD Branch Number**

Enter the branch number assigned by the CRD system to identify the individual's branch office with the *affiliated firm*.]]

### ***Affiliated Firm* Billing Code**

[[Enter the billing code of the *affiliated firm*. A billing code is an alpha/numeric value consisting of up to eight characters established by the *firm*. If the *firm* does not use billing codes, leave this field blank.] The *affiliated firm* billing code will prepopulate based on the information provided on the Form U4. If the information is incorrect, file a Form U4 amendment prior to submitting the Form U5.

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

**[Office of Employment Address Street 1/Street 2**

Enter the address where the individual is physically located for business purposes. A complete address must be furnished. Post office boxes are not acceptable. This address does not have to be the same as the *firm's* main address. Enter additional identifying information in Office of Employment Address Street 2, if necessary.

**City**

Enter the name of the city where the individual is physically located for business purposes. A complete address must be furnished. Post office boxes are not acceptable. This address does not have to be the same as the *firm's* main address.

**State**

Enter the state where the individual is physically located for business purposes.

**Country**

Enter the name of the country where the individual is physically located for business purposes.

**Postal Code**

Enter the postal code where the individual is physically located for business purposes.]

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**7. DISCLOSURE QUESTIONS**

**Disclosures**

This section applies to *full terminations* only.

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

7A Investigation Disclosure

7B Internal Review Disclosure

7C Criminal Disclosure

7D Regulatory Action Disclosure

7E Customer Complaint/Arbitration/Civil Litigation Disclosure

7F Termination Disclosure

**About Internal Review**

Generally, the Internal Review Disclosure question in Question 7B and the Internal Review Reporting Page (DRP U5) are used to report matters relating to compliance, **not** matters of a competitive nature. Responses should **not** include situations relating to disputes between the *firm* and the individual over ownership or possession of information or records pertaining to business conducted by the individual.

If a "yes" answer is provided to the Internal Review Disclosure question, the individual whose name appears in Section 1 (GENERAL INFORMATION) of this form may provide a brief summary of the event on Part II of the Internal Review Disclosure Reporting Page (DRP U5).

---

**8. SIGNATURE**

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



**Date**

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

**Signature of *Appropriate Signatory***

**NOTE: A signatory entry is required for all filings.**

For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. Enter the full legal signature as it appears in typed or printed form. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

For paper filers, enter the full legal signature as it appears in typed or printed form. The signatory's full legal name must also be displayed under the signature. The name must be typed or printed as it appears in the signature form.

**Person to Contact for Further Information**

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

**8A FIRM ACKNOWLEDGMENT**

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

**8B INDIVIDUAL ACKNOWLEDGMENT AND CONSENT**

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

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**APPENDIX**

**Drop-Down Pick Lists**

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

**Termination**

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

**General**

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

**DRPs**

**Customer Complaint/Arbitration/Civil Litigation**

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



Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

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

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

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

**Regulatory Action**

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

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

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

**Termination**

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

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

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FIRM NAME : 1	Reference #:

**NOTICE TO THE INDIVIDUAL WHO IS THE SUBJECT OF THIS FILING**

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

**1. GENERAL INFORMATION**

First Name: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>
Suffix: <input type="text"/>	Firm CRD #: <input type="text"/>	Firm Name: <input type="text"/>
[CRD Branch #] <input type="text"/>	Firm NFA #: <input type="text"/>	[Firm Billing Code:] <input type="text"/>
Individual CRD # <input type="text"/>	Individual SSN: <input type="text"/>	Individual NFA #: <input type="text"/>
[Office of Employment Address Street 1: <input type="text"/> ]	[City: <input type="text"/> ]	[State: <input type="text"/> ]
[Office of Employment Address Street 2: <input type="text"/> ]	[Country: <input type="text"/> ]	[Postal Code: <input type="text"/> ]

**Office of Employment Address:**

<u>[[CRD Branch #</u>	<u>NYSE Branch Code Number</u>	<u>Firm Billing Code</u>	<u>Address</u>	<u>Private Residence</u>	<u>Type of Office</u>	<u>Start Date</u>	<u>End Date</u> ]]
					<u>[[O Supervised From</u>		
					<u>O Located At</u>		
					<u>O Supervised</u>		

					From O Located At		

**Registered** CRD Branch #: NYSE Branch Code #: Firm Billing Code:

Located At Start Date:

**Non-Registered**

Supervised From End Date:

Office of Employment Address Street 1: City: State:

Country: Postal Code:

Office of Employment Address Street 2:

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

**Registered** CRD Branch #: NYSE Branch Code #: Firm Billing Code:

Located At Start Date:

**Non-Registered**

Supervised From End Date:

Office of Employment Address Street 1: City: State:

Country: Postal Code:

Office of Employment Address Street 2:

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

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LASTNAME, FIRSTNAME :	SSN: 111-11-1111
FIRM NAME : 1	Reference #:
<b>2. CURRENT RESIDENTIAL ADDRESS</b>	

<b>NOTICE TO THE FIRM</b>			
<b>This is the last reported residential address. If this is not current, please enter the current residential address.</b>			
From (MM/YYYY)	To (MM/YYYY)		
<input type="text"/>	<input type="text"/>		
Address Street 1		Address Street 2	
<input type="text"/>		<input type="text"/>	
City	State	Country	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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LASTNAME, FIRSTNAME :	SSN: 111-11-1111
FIRM NAME : 1	Reference #:
<b>3. FULL TERMINATION</b>	
<p><b>Is this a <i>FULL TERMINATION</i>? O Yes O No</b></p> <p>Note: A "Yes" response will terminate ALL registrations with all <i>SROs</i> and all <i>jurisdictions</i>.</p>	
<p><b>Reason for Termination:</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>* Provide an explanation below</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	

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LASTNAME, FIRSTNAME :	SSN: 111-11-1111
FIRM NAME : 1	Reference #:
<b>4. DATE OF TERMINATION</b>	
<p>Date Terminated (MM/DD/YYYY):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>A complete date of termination is required for full or partial termination. This date represents the actual date that the termination of registration is effective.</p>	

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LASTNAME, FIRSTNAME :					SSN: 111-11-1111					
FIRM NAME : 1					Reference #:					
<b>5A. SRO PARTIAL TERMINATION</b>										
<p><b>For a <i>partial termination</i>, 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 <i>full termination</i> requests.</b></p>										
<p><b>If this is a <i>PARTIAL TERMINATION</i>, mark the appropriate <i>SRO</i> registration categories to be terminated.</b></p>										
<b>REGISTRATION CATEGORY</b>	NASD	NYSE	AMEX	BSE	[CSE] <u>NSX</u>	PCX	CBOE	CHX	PHLX	ISE







PC - Floor Clerk Conducting Public Business										
SC - Specialist Clerk (S21)										
TA - Trading Assistant (S25)										
SF - Single Stock Futures (S43)										
FP - Municipal Fund (S51)										
<u>MM – Market Maker</u>										
<u>FB – Floor Broker</u>										
<u>MB - Market Maker acting as a Floor Broker</u>										
IF - In-Firm Delivery Proctor										
Other  (Paper Form Only)										

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FIRM NAME : 1	Reference #:
<b>5B. JURISDICTION PARTIAL TERMINATION</b>	
<p><b>For a <i>partial termination</i>, 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 <i>full termination</i> requests.</b></p>	

<p><b>Check appropriate <i>jurisdiction(s)</i> for broker-dealer agent (AG) and/or investment adviser representative (RA) termination.</b></p>			
<b>JURISDICTION AG RA</b>	<b>JURISDICTION AG RA</b>	<b>JURISDICTION AG RA</b>	<b>JURISDICTION AG RA</b>
Alabama <input type="checkbox"/> <input type="checkbox"/>	Illinois <input type="checkbox"/> <input type="checkbox"/>	Montana <input type="checkbox"/> <input type="checkbox"/>	Puerto Rico
Alaska <input type="checkbox"/> <input type="checkbox"/>	Indiana <input type="checkbox"/> <input type="checkbox"/>	Nebraska <input type="checkbox"/> <input type="checkbox"/>	Rhode Island
Arizona <input type="checkbox"/> <input type="checkbox"/>	Iowa <input type="checkbox"/> <input type="checkbox"/>	Nevada <input type="checkbox"/> <input type="checkbox"/>	South Carolina
Arkansas <input type="checkbox"/> <input type="checkbox"/>	Kansas <input type="checkbox"/> <input type="checkbox"/>	New Hampshire <input type="checkbox"/> <input type="checkbox"/>	South Dakota



California	<input type="checkbox"/>	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>	<input type="checkbox"/>	Tennessee
Colorado	<input type="checkbox"/>	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	<input type="checkbox"/>	Texas
Connecticut	<input type="checkbox"/>	<input type="checkbox"/>	Maine	<input type="checkbox"/>	<input type="checkbox"/>	New York	<input type="checkbox"/>	<input type="checkbox"/>	Utah
Delaware	<input type="checkbox"/>	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	<input type="checkbox"/>	Vermont
District of Columbia	<input type="checkbox"/>	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	<input type="checkbox"/>	Virginia
Florida	<input type="checkbox"/>	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	<input type="checkbox"/>	Washington
Georgia	<input type="checkbox"/>	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	<input type="checkbox"/>	West Virginia
Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	<input type="checkbox"/>	Wisconsin
Idaho	<input type="checkbox"/>	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	<input type="checkbox"/>	Pennsylvania			Wyoming

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

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<b>6. AFFILIATED FIRM TERMINATION</b>	

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

Yes  No

<b><i>Affiliated Firm CRD #</i></b> [ ]	<b><i>Affiliated Firm Name</i></b> [ ]						
<b><i>[Affiliated Firm CRD Branch #</i></b> [ ]	<b><i>[Affiliated Firm Billing Code</i></b> [ ]						
] ]							
[Office of Employment Address Street 1: [ ]	[City: [ ] [State: [ ]						
] ] ] ]							
[Office of Employment Address Street 2: [ ]	[Country: [ ] [Postal Code: [ ]						
] ] ] ]							
<b>Office of Employment Address:</b>							
<b><u>[[CRD Branch #</u></b>	<b><u>NYSE Branch Code Number</u></b>	<b><u>Firm Billing Code</u></b>	<b><u>Address</u></b>	<b><u>Private Residence</u></b>	<b><u>Type of Office</u></b>	<b><u>Start Date</u></b>	<b><u>End Date]]</u></b>









SC - Specialist Clerk (S21)										
TA - Trading Assistant (S25)										
SF - Single Stock Futures (S43)										
FP - Municipal Fund (S51)										
MM – Market Maker (S44)										
FB – Floor Broker (S45)										
MB - Market Maker acting as a Floor Broker (S46)										
IF - In-Firm Delivery Proctor										
Other										
(Paper Form Only)										

**6B. JURISDICTION 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.**

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

<b>JURISDICTION</b>	<b>AG</b>	<b>RA</b>	<b>JURISDICTION</b>	<b>AG</b>	<b>RA</b>	<b>JURISDICTION</b>	<b>AG</b>	<b>RA</b>	<b>JURISDICTION</b>
Alabama	<input type="checkbox"/>	<input type="checkbox"/>	Illinois	<input type="checkbox"/>	<input type="checkbox"/>	Montana	<input type="checkbox"/>	<input type="checkbox"/>	Puerto Rico
Alaska	<input type="checkbox"/>	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	<input type="checkbox"/>	Rhode Island
Arizona	<input type="checkbox"/>	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	<input type="checkbox"/>	South Carolina
Arkansas	<input type="checkbox"/>	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	South Dakota
California	<input type="checkbox"/>	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>	<input type="checkbox"/>	Tennessee
Colorado	<input type="checkbox"/>	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	<input type="checkbox"/>	Texas
Connecticut	<input type="checkbox"/>	<input type="checkbox"/>	Maine	<input type="checkbox"/>	<input type="checkbox"/>	New York	<input type="checkbox"/>	<input type="checkbox"/>	Utah
Delaware	<input type="checkbox"/>	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	<input type="checkbox"/>	Vermont
District of Columbia	<input type="checkbox"/>	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	<input type="checkbox"/>	Virginia
Florida	<input type="checkbox"/>	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	<input type="checkbox"/>	Washington

Georgia	<input type="checkbox"/>	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	<input type="checkbox"/>	West Virginia
Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	<input type="checkbox"/>	Wisconsin
Idaho	<input type="checkbox"/>	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>	<input type="checkbox"/>	Wyoming

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**7. DISCLOSURE QUESTIONS**

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

**Investigation Disclosure**

	<b>YES NO</b>
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.)	<b><input type="radio"/> <input type="radio"/></b>

**Internal Review Disclosure**

	<b>YES NO</b>
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?	<b><input type="radio"/> <input type="radio"/></b>

**Criminal Disclosure**

	<b>YES NO</b>
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:	
1. convicted of or did the individual plead guilty or nolo contendere	<b><input type="radio"/> <input type="radio"/></b>

	("no contest") in a domestic, foreign or military court to any <i>felony</i> ?		
2.	<i>charged</i> with any <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
4.	<i>charged</i> with a <i>misdemeanor</i> specified in 7(C)(3)?	<input type="radio"/>	<input type="radio"/>

**Regulatory Action Disclosure**

		<b>YES</b>	<b>NO</b>
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 " <i>minor rule violation</i> " 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**

		<b>YES</b>	<b>NO</b>
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:		
	(a) is still pending, or;	<input type="radio"/>	<input type="radio"/>
	(b) resulted in an arbitration award or civil judgment against the individual, regardless of amount, or;	<input type="radio"/>	<input type="radio"/>
	(c) was settled for an amount of \$10,000 or more.	<input type="radio"/>	<input type="radio"/>
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 complaint, not otherwise reported under question 7(E)(1) above, which alleged that the individual was <i>involved</i> in one or more <i>sales practice violations</i> , and which complaint was settled for an amount of \$10,000 or more?	<input type="radio"/>	<input type="radio"/>
3.	In connection with events that occurred while the individual was employed 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)(1) or 7(E)(2) above, which:		
	(a) would be reportable under question 14I(3)(a) on Form U4, if the	<input type="radio"/>	<input type="radio"/>



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

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FIRM NAME : 1	Reference #:
<b>8. SIGNATURE</b>	

Please Read Carefully

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

A "Signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

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

INDIVIDUAL ACKNOWLEDGMENT AND CONSENT

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

<b>8A. FIRM ACKNOWLEDGMENT</b>
--------------------------------

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)**

**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)**