

Form U5
Uniform Termination Notice
for
Securities Industry
Registration

GENERAL INSTRUCTIONS

The Form U5 is the Uniform Termination Notice for Securities Industry Registration. Broker-dealers, investment advisers, or issuers of securities must use this form to terminate the registration of an individual in the appropriate *jurisdictions* and/or *self-regulatory organizations* ("SROs"). These instructions apply to the filing of Form U5 electronically with the Central Registration Depository ("CRD[®]") or the Investment Adviser Registration Depository ("IARDSM"). Filers submitting paper filings should read the Special Instructions for Paper Filers in conjunction with the other instructions to the form. In addition, paper filers should contact the appropriate *jurisdiction* and/or *SRO* for specific filing instructions or requirements.

Filers must answer all questions and submit all requested information, unless otherwise directed in the Specific Instructions. Only Section 2 (CURRENT RESIDENTIAL ADDRESS), the Reason for Termination and/or Termination Explanation in Section 3 (FULL TERMINATION), Section 4 (DATE OF TERMINATION), Section 7 (DISCLOSURE QUESTIONS) and Disclosure Reporting Page(s) (DRPs U5) may be amended on this Form U5. If the Form U5 has been completed for a *full termination*, a copy of this form and any subsequent amendments thereto, must be provided to the terminated individual.

For *full termination* filings, complete Section 7 (DISCLOSURE QUESTIONS) and use the Disclosure Reporting Page(s) (DRPs U5) to provide details to the "Yes" answers. *Firms* may select the optional Disclosure Certification Checkbox if there is no new information to report in Section 7. (See Specific Instructions and the Form for further details). For *partial terminations*, disclosures should be made through the Form U4. Upon request, additional documents may be required to clarify or support responses to the form.

Firms are under a continuing obligation to amend and update Section 7 (DISCLOSURE QUESTIONS) until final disposition, including reportable matters that occur and become known after initial submission of this form. Amendments must be filed electronically (unless the filer is an approved paper filer) by updating the appropriate section of Form U5.

The Sections of the Form U5 are as follows:

1. GENERAL INFORMATION
2. CURRENT RESIDENTIAL ADDRESS
3. FULL TERMINATION
4. DATE TERMINATED

- 5. PARTIAL TERMINATION
 - 5A. SRO PARTIAL TERMINATION
 - 5B. JURISDICTION PARTIAL TERMINATION
- 6. AFFILIATED FIRM TERMINATION
- 7. DISCLOSURE QUESTIONS (Full Terminations and Amendments Only)
 - INVESTIGATION DISCLOSURE (Question 7A)
 - INTERNAL REVIEW DISCLOSURE (Question 7B)
 - CRIMINAL DISCLOSURE (Question 7C)
 - REGULATORY ACTION DISCLOSURE (Question 7D)
 - CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DISCLOSURE (Question 7E)
 - TERMINATION DISCLOSURE (Question 7F)
- 8. SIGNATURE
 - 8A. FIRM ACKNOWLEDGMENT
 - 8B. INDIVIDUAL ACKNOWLEDGMENT AND CONSENT
 - DISCLOSURE REPORTING PAGES (DRPs U5) (Full Terminations and Amendments Only)
 - CRIMINAL DRP
 - CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DRP
 - INTERNAL REVIEW DRP
 - INVESTIGATION DRP
 - REGULATORY ACTION DRP
 - TERMINATION DRP

Form U5 Explanation of Terms

The following definitions apply to terms that are italicized in Form U5:

Affiliated Means under common ownership or control.

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

Charged	Means being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).
Date Terminated	Means the date that the <i>firm</i> terminated the individual's association with the <i>firm</i> in a capacity for which registration is required.
Disciplinary Action	Includes a formal action such as denial, revocation or suspension of a registration, or a censure, fine, cease and desist order, order of prohibition, temporary restraining order, injunction, bar or expulsion, but does not include a <i>minor rule violation</i> , deficiency letter, examination report, memorandum of understanding, letter of caution, admonishment, and similar informal resolutions of matters.
Federal Banking Agency	Shall include any Federal banking agency as defined in Section 3 of the Federal Deposit Insurance Act (12 U.S.C. 1813(q)).
Felony	For <i>jurisdictions</i> that do not differentiate between a <i>felony</i> or <i>misdemeanor</i> , is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.
Filing Firm	Means the <i>firm</i> named in Section 1 (GENERAL INFORMATION) on the Form U5.
Firm	Means a broker-dealer, investment adviser, or issuer, as appropriate.
Firm CRD Number	Is a unique number assigned to each <i>firm</i> listed in the CRD or IARD system.
Foreign Financial Regulatory Authority	Includes a foreign securities authority; any other governmental body or foreign equivalent of a <i>self-regulatory organization</i> empowered by a foreign government to administer or enforce its laws relating to the regulation of <i>investment-related</i> activities; or a membership organization, a function of which is to regulate the participation of its members in <i>investment-related</i> activities listed above.
Found	Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, cautionary actions, letters of caution, admonishments, and similar informal resolutions of matters.
Full Termination	Means the termination of registration with all <i>self-regulatory organizations</i> and all <i>jurisdictions</i> .
Individual CRD Number	Is a unique number assigned to each individual listed in the CRD or IARD system.

Investigation	Includes: (a) grand jury investigations; (b) U.S. Securities and Exchange Commission investigations after the "Wells" notice has been given; (c) FINRA. investigations after the "Wells" notice has been given or after a person associated with a member, as defined by The FINRA By-Laws, has been advised by the staff that it intends to recommend formal disciplinary action; (d) NYSE Regulation investigations after the "Wells" notice has been given or after a person over whom NYSE Regulation has jurisdiction, as defined in the applicable rules, has been advised by NYSE Regulation that it intends to recommend formal disciplinary action; (e) formal investigations by other <i>SROs</i> ; or (f) actions or procedures designated as investigations by <i>jurisdictions</i> . The term <i>investigation</i> does not include subpoenas, preliminary or routine regulatory inquiries or requests for information, deficiency letters, "blue sheet" requests or other trading questionnaires, or examinations.
Investment-Related	Pertains to securities, commodities, banking, insurance, or real estate (including, but not limited to, acting as or being associated with a broker-dealer, issuer, investment company, investment adviser, futures sponsor, bank, or savings association).
Involved	Means doing an act or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act.
Jurisdiction	Means a state, District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands or any subdivision or regulatory body thereof.
Minor Rule Violation	Is a violation of a <i>self-regulatory organization</i> rule which has been designated as "minor" pursuant to a plan approved by the U.S. Securities and Exchange Commission. A rule violation may be designated as "minor" under a plan if the sanction imposed consists of a fine of \$2,500.00 or less, and if the sanctioned person does not contest the fine. Check with the appropriate <i>self-regulatory organization</i> to determine if a particular rule violation has been designated as "minor" for these purposes.
Misdemeanor	For <i>jurisdictions</i> that do not differentiate between a <i>felony</i> or <i>misdemeanor</i> , is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.
Multiple Termination	Applies when an individual is to be terminated with more than one <i>firm</i> under common ownership or control. To effect a multiple termination, list the primary <i>firm</i> in Section 1 (GENERAL INFORMATION) and list all other affiliates with which the individual is registered in Section 6 (AFFILIATED FIRM TERMINATIONS). <i>Multiple termination</i> is available only to those <i>firms</i> who have reported such common ownership under Form BD Item 10 and Schedule D.
Partial Termination	Means the termination of registration or registration category with one or more, but not all, <i>SROs</i> and <i>jurisdictions</i> .
Proceeding	Includes a formal administrative or civil action initiated by a governmental agency, <i>self-regulatory organization</i> or a <i>foreign financial regulatory authority</i> ; a <i>felony</i> criminal indictment or information (or equivalent formal charge), or a <i>misdemeanor</i> criminal information (or equivalent formal charge), but does not include an arrest or similar charge effected in the absence of a formal criminal indictment or information (or equivalent formal charge).
Resign or Resigned	Relates to separation from employment with any employer, is not restricted to <i>investment-related</i> employment, and includes any termination in which the allegations are a proximate cause of the separation, even if the individual initiated the separation.

**Sales Practice
Violations**

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

**Self-Regulatory
Organization or
SRO**

Any national securities or commodities exchange, any national securities association (e.g., FINRA), or any registered clearing agency.



SPECIFIC INSTRUCTIONS

for completing the Form U5

NOTICE TO THE INDIVIDUAL WHO IS THE SUBJECT OF THIS FILING

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

1. GENERAL INFORMATION SECTION

First Name

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

Middle Name

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

Last Name

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

Suffix

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

Firm CRD Number

Enter the *Firm CRD Number*.

Firm Name

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

Firm NFA Number

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

Firm Billing Code

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

Individual CRD Number

Enter the assigned *Individual CRD number*.

Individual SSN

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

Individual NFA Number

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

Office of Employment Address Street 1/Street 2.

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

Private Residence Check Box

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

NOTICE TO THE FIRM

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

2. CURRENT RESIDENTIAL ADDRESS

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

From (MM/YYYY)

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

Street Address 1/Address 2

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

City

Enter the city of residence relating to this address.

State

Enter the state of residence relating to this address.

Country

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

Postal Code

Enter the postal code for this address.

3. FULL TERMINATION

A "yes" response will terminate ALL registrations with all SROs and all jurisdictions. For a *full termination*, complete the Reason for Termination and Termination Explanation (if the reason for termination is Permitted to Resign, Discharged or Other) and Section 4 (DATE OF TERMINATION). Do not complete Section 5 (PARTIAL TERMINATION). For a *partial termination*, check "no" and complete Section 5 (PARTIAL TERMINATION).

Firms should file amendments to the Reason for Termination and/or Termination Explanation promptly. When filing an amendment to the Reason for Termination and/or Termination Explanation, *firms* must explain the basis for the amendment.

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 OF TERMINATION (Full and Partial Terminations)

For *full termination*, enter the date the *firm* terminated the individual's association with the *firm* in a capacity for which registration is required.

For *partial termination*, enter the date of termination only for post-dated termination requests during the renewal period. Provide the month, day, and year (MM/DD/YYYY). A complete entry must be made in this section.

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

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

Firms should file amendments to the date of termination promptly. When filing an amendment to the Date of Termination, *firms* must explain the basis for the amendment.

5. PARTIAL TERMINATION

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

5A. SRO PARTIAL TERMINATION

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

"Other" Box

See Special Instructions for Paper Filers.

5B. JURISDICTION PARTIAL TERMINATION

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

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

Agent of an Issuer

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

6. AFFILIATED FIRM TERMINATION

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

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

Affiliated Firm CRD Number

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

Affiliated Firm Name

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

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

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

Affiliated Firm Billing Code

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

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

7. DISCLOSURE QUESTIONS**Disclosures**

This section applies to *full terminations* only.

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

7A Investigation Disclosure

7B Internal Review Disclosure

7C Criminal Disclosure

7D Regulatory Action Disclosure

7E Customer Complaint/Arbitration/Civil Litigation Disclosure

7F Termination Disclosure

If the individual identified in Section 1 (GENERAL INFORMATION) has no new or updated disclosure information or events to be reported in response to Questions 7A, 7C, 7D or 7E, you may utilize the Disclosure Certification Checkbox option in lieu of completing Section 7 (DISCLOSURE QUESTIONS). Note: The Disclosure Certification Checkbox may not be used if answering "yes" to Questions 7B or 7F.

Questions 7E(4) or 7E(5) should be answered "yes" if the individual was not named as a respondent/defendant but (1) the Statement of Claim or Complaint specifically mentions the individual by name and alleges the individual was *involved* in one or more *sales practice violations* or (2) the Statement of Claim or Complaint does not mention the individual by name, but the *firm* has made a good faith determination that the *sales practice violation(s)* alleged *involves* one or more particular individuals.

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 involving employment related disputes between the *firm* and the individual.

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

8. SIGNATURE

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

Date

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

Signature of *Appropriate Signatory*

NOTE: A signatory entry is required for all filings.

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

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

Person to Contact for Further Information

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

8A FIRM ACKNOWLEDGMENT

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

8B INDIVIDUAL ACKNOWLEDGMENT AND CONSENT

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

APPENDIX

Drop-Down Pick Lists

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

Termination

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

General

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

DRPs

Customer Complaint/Arbitration/Civil Litigation

Customer's state of residence: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii,

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

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

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

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

Regulatory Action

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

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

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

Termination

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

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

SPECIAL INSTRUCTIONS FOR PAPER FILERS

To file the Form U5 on paper rather than electronically through Web CRD or IARD, please refer to the following instructions for paper filings. **These instructions should be read in conjunction with the other instructions (General**

Instructions, Specific Instructions, and the Explanation of Terms) contained in this Form U5. Please note that paper filings generally are not permitted for broker-dealer terminations.

Initial filings of the Form U5 on paper must be complete and contain responses to all the questions and data fields relating to the *full or partial termination* requested. Make permitted amendments (i.e., to Section 2 (CURRENT RESIDENTIAL ADDRESS), Section 7 (DISCLOSURE QUESTIONS) and Disclosure Reporting Pages (DRPs) by updating the appropriate sections on the paper version of Form U5. When making amendments, re-enter the information contained in Section 1 (GENERAL INFORMATION) so that the individual and *firm* can be properly identified. A copy of the Form U5, with original signatures, and all amendments must be retained by the *filing firm* and must be made available for inspection upon regulatory request.

1. GENERAL INFORMATION

Firm Name. Agents of issuers should enter the issuer name in the field that requests the *firm* name. Do not abbreviate, shorten, or modify the *firm* name in any way.

Individual CRD Number. Provide the *individual's CRD number* that was generated by the CRD system for the individual. If *the individual's CRD number* has not been generated or is not known, leave this item blank.

Firm CRD Number. Provide the *firm's CRD number* that was generated by the CRD system for the *firm*. If the *firm's CRD number* has not been generated or is not known, leave this item blank.

3. FULL TERMINATION

Reason for Termination. Select the Reason for Termination from the list of choices appended to this form.

5A. SRO PARTIAL TERMINATION

Paper filers should check the "Other" box only to terminate registration categories not listed on the Form U5.

5B. JURISDICTION PARTIAL TERMINATION

To terminate an Agent of an Issuer (AI) registration with one or more *jurisdictions*, contact the appropriate *jurisdiction(s)* for instructions. For purposes of a paper filing, select the box marked AI. To terminate the registration(s), enter the *jurisdiction* identification for the relevant *jurisdiction(s)*.

6. AFFILIATED FIRMS TERMINATION

This section does not apply for paper filers.

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

NOTICE TO THE INDIVIDUAL WHO IS THE SUBJECT OF THIS FILING

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

1. GENERAL INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:	SUFFIX:
FIRM CRD #:	FIRM NAME:	FIRM NFA#:	
INDIVIDUAL CRD #:	INDIVIDUAL SSN:	INDIVIDUAL NFA#:	FIRM Billing Code:

Office of Employment Address:

<input type="radio"/> Registered <input type="radio"/> Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE #:	FIRM BILLING CODE:	<input type="radio"/> Located At <input type="radio"/> Supervised From	START DATE:	END DATE:
OFFICE OF EMPLOYMENT ADDRESS STREET 1:			CITY:	STATE:		
OFFICE OF EMPLOYMENT ADDRESS STREET 2:			COUNTRY:	POSTAL CODE:		

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

<input type="radio"/> Registered <input type="radio"/> Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE #:	FIRM BILLING CODE:	<input type="radio"/> Located At <input type="radio"/> Supervised From	START DATE:	END DATE:
OFFICE OF EMPLOYMENT ADDRESS STREET 1:			CITY:	STATE:		
OFFICE OF EMPLOYMENT ADDRESS STREET 2:			COUNTRY:	POSTAL CODE:		

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

<input type="radio"/> Registered <input type="radio"/> Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE #:	FIRM BILLING CODE:	<input type="radio"/> Located At <input type="radio"/> Supervised From	START DATE:	END DATE:
OFFICE OF EMPLOYMENT ADDRESS STREET 1:			CITY:	STATE:		
OFFICE OF EMPLOYMENT ADDRESS STREET 2:			COUNTRY:	POSTAL CODE:		

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

2. CURRENT RESIDENTIAL ADDRESS

NOTICE TO THE FIRM: This is the last reported residential address. If this is not current, please enter the current residential address.	FROM (MM/YYYY):	TO (MM/YYYY):
ADDRESS STREET 1:	CITY:	STATE:
ADDRESS STREET 2:	COUNTRY:	POSTAL CODE:

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

3. FULL TERMINATION

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

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

Reason For Termination:

Discharged Other Permitted to Resign Deceased Voluntary

Termination Explanation:

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

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

4. DATE OF TERMINATION

Date Terminated (MM/DD/YYYY): _____

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

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

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

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

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

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

5. PARTIAL TERMINATION

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

5A. SRO PARTIAL TERMINATION

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

REGISTRATION CATEGORY	FINRA	NYSE	AMEX	BATS	BX	NSX	ARCA	CBOE	CHX	PHLX	ISE	NQX
OP - Registered Options Principal (S4)												
IR - Investment Company and Variable Contracts Products Rep. (S6)												
GS - Full Registration/General Securities Representative (S7)												
TR - Securities Trader (S7)												
TS - Trading Supervisor (S7)												
SU - General Securities Sales Supervisor (S9 and S10)												
BM - Branch Office Manager (S9 and S10)												
SM - Securities Manager (S10)												
AR - Assistant Representative/Order Processing (S11)												
IE - United Kingdom - Limited General Securities Registered Representative (S17)												
DR - Direct Participation Program Representative (S22)												
GP - General Securities Principal (S24)												
IP - Investment Company and Variable Contracts Products Principal (S26)												
FA - Foreign Associate												
FN - Financial and Operations Principal (S27)												
FI - Introducing Broker-Dealer/Financial and Operations Principal (S28)												
RS - Research Analyst (S86, S87)												
RP - Research Principal												
DP - Direct Participation Program Principal (S39)												
OR - Options Representative (S42)												
MR - Municipal Securities Representative (S52)												
MP - Municipal Securities Principal (S53)												
CS - Corporate Securities Representative (S62)												
RG - Government Securities Representative (S72)												
PG - Government Securities Principal (S73)												
SA - Supervisory Analyst (S16)												
PR - Limited Representative - Private Securities Offerings (S82)												
CD - Canada-Limited General Securities Registered Representative (S37)												
CN - Canada-Limited General Securities Registered Representative (S38)												
ET - Equity Trader (S55)												
AM - Allied Member												
AP - Approved Person												
LE - Securities Lending Representative												
LS - Securities Lending Supervisor												
ME - Member Exchange												
FE - Floor Employee												
OF - Officer												
CO - Compliance Official (S14)												
CF - Compliance Official Specialist (S14A)												
PM - Floor Member Conducting Public Business												
PC - Floor Clerk Conducting Public Business												
SC - Specialist Clerk (S21)												
TA - Trading Assistant (S25)												
FP - Municipal Fund (S51)												
IF - In-Firm Delivery Proctor												
MM - Market Maker Authorized Trader-Options (S44)												
FB - Floor Broker												
MB - Market Maker acting as Floor Broker												
OT - Authorized Trader (S7)												
MT - Market Maker Authorized Trader-Equities (S7)												
Other _____ (Paper Form Only)												

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

5B. JURISDICTION PARTIAL TERMINATION

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

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

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

6. AFFILIATED FIRM TERMINATION

Is this a *multiple termination* with one or more *firms affiliated* with the *filing firm*? Yes No
 If "yes" to the above question and the termination requests for the *filing firm* are identical to the termination requests of each *affiliated firm*, then mark the same termination request for each affiliate. If the termination requests of the *affiliated firm(s)* differ from those of the *filing firm*, complete the *SRO* and/or *jurisdiction* sections for each *affiliated firm*.

AFFILIATED FIRM CRD #:	AFFILIATED FIRM NAME:	AFFILIATED FIRM BILLING CODE:
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Office of Employment Address:

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

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

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

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

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

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

OFFICE OF EMPLOYMENT ADDRESS STREET 1:	CITY:	STATE:
--	-------	--------

OFFICE OF EMPLOYMENT ADDRESS STREET 2:	COUNTRY:	POSTAL CODE:
--	----------	--------------

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

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

7. DISCLOSURE QUESTIONS

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

Disclosure Certification Checkbox (optional):

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

	Yes	No
Investigation Disclosure		
7A. Currently is, or at termination was, the individual the subject of an <i>investigation</i> or <i>proceeding</i> by a domestic or foreign governmental body or <i>self-regulatory organization</i> with jurisdiction over <i>investment-related</i> businesses? (Note: Provide details of an <i>investigation</i> on an Investigation Disclosure Reporting Page and details regarding a <i>proceeding</i> on a Regulatory Action Disclosure Reporting Page.)	<input type="radio"/>	<input type="radio"/>
Internal Review Disclosure		
7B. Currently is, or at termination was, the individual under internal review for fraud or wrongful taking of property, or violating <i>investment-related</i> statutes, regulations, rules or industry standards of conduct?	<input type="radio"/>	<input type="radio"/>
Criminal Disclosure		
7C. While employed by or associated with your <i>firm</i> , or in connection with events that occurred while the individual was employed by or associated with your <i>firm</i> , was the individual:		
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 item 7(C)(3)?	<input type="radio"/>	<input type="radio"/>
Regulatory Action Disclosure		
7D. While employed by or associated with your <i>firm</i> , or in connection with events that occurred while the individual was employed by or associated with your <i>firm</i> , was the individual <i>involved</i> in any <i>disciplinary action</i> by a domestic or foreign governmental body or <i>self-regulatory organization</i> (other than those designated as a " <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		
7E. 1. In connection with events that occurred while the individual was employed by or associated with your <i>firm</i> , was the individual <u>named</u> 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, prior to 05/18/2009, for an amount of \$10,000 or more, or;	<input type="radio"/>	<input type="radio"/>
(d) was settled, on or after 05/18/2009, for an amount of \$15,000 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 (written or oral) complaint, which alleged that the individual was <i>involved</i> in one or more <i>sales practice violations</i> , and which		
(a) was settled, prior to 05/18/2009, for an amount of \$10,000 or more, or;	<input type="radio"/>	<input type="radio"/>
(b) was settled, on or after 05/18/2009, for an amount of \$15,000 or more?	<input type="radio"/>	<input type="radio"/>

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

7. DISCLOSURE QUESTIONS (CONTINUED)

	Yes	No
<p>3. In connection with events that occurred while the individual was employed by or associated with your <i>firm</i>, was the individual the subject of an <i>investment-related</i>, consumer-initiated, written complaint, not otherwise reported under question 7(E)(2) above, which:</p> <p>(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</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"/>	<input type="radio"/> <input type="radio"/>
<p>Answer questions (4) and (5) below only for arbitration claims or civil litigation filed on or after 05/18/2009.</p>		
<p>4. In connection with events that occurred while the individual was employed by or associated with your <i>firm</i>, was the individual the subject of an <i>investment-related</i>, consumer-initiated, arbitration claim or civil litigation which alleged that the individual was <i>involved</i> in one or more <i>sales practice violations</i>, and which:</p> <p>(a) was settled for an amount of \$15,000 or more, or;</p> <p>(b) resulted in an arbitration award or civil judgment against any named respondent(s)/defendant(s), regardless of amount?</p>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
<p>5. In connection with events that occurred while the individual was employed by or associated with your <i>firm</i>, was the individual the subject of an <i>investment-related</i>, consumer-initiated, arbitration claim or civil litigation not otherwise reported under question 7E(4) above, which:</p> <p>(a) would be reportable under question 14I(5)(a) on Form U4, if the individual were still employed by your <i>firm</i>, but which has not previously been reported on the individual's Form U4 by your <i>firm</i>; or</p> <p>(b) would be reportable under question 14I(5)(b) on Form U4, if the individual were still employed by your <i>firm</i>, but which has not previously been reported on the individual's Form U4 by your <i>firm</i>.</p>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
<p>Termination Disclosure</p>		
<p>7F. Did the individual voluntarily <i>resign</i> from your <i>firm</i>, or was the individual discharged or permitted to <i>resign</i> from your <i>firm</i>, after allegations were made that accused the individual of:</p> <p>1. violating <i>investment-related</i> statutes, regulations, rules or industry standards of conduct?</p> <p>2. fraud or the wrongful taking of property?</p> <p>3. failure to supervise in connection with <i>investment-related</i> statutes, regulations, rules or industry standards of conduct?</p>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>

8. SIGNATURE

Please Read Carefully

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

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

8A. FIRM ACKNOWLEDGMENT

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

8B. INDIVIDUAL ACKNOWLEDGMENT AND CONSENT

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

8A. FIRM ACKNOWLEDGMENT

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

Person to contact for further information

Telephone # of person to contact

Signature of *Appropriate Signatory*

Date (MM/DD/YYYY)

Type or Print Name of *Appropriate Signatory*

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

8B. INDIVIDUAL ACKNOWLEDGMENT AND CONSENT

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

Individual Signature

Date (MM/DD/YYYY)

Type or Print Name of Individual

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

DISCLOSURE REPORTING PAGES

U5 - CRIMINAL DRP

Rev. DRP (05/2009)

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

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

- 7C(1)
 7C(2)
 7C(3)
 7C(4)

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

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

1. Formal action was brought in:

Federal Court
 State Court
 Military Court
 Foreign Court
 Other: _____

A. Name of Court: _____

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

C. Docket/Case#: _____

2. Event Status:

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

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

If not exact, provide explanation:

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

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

If not exact, provide explanation:

B. Event and Disposition Detail:

Charge Details (complete every field for each charge.)

Formal Charge/Description:

No. of Counts: _____

Felony or Misdemeanor:
 Felony
 Misdemeanor

Plea for each Charge: _____

Disposition of Charge:

<input type="radio"/> Acquitted	<input type="radio"/> Dismissed	<input type="radio"/> Pre-trial Intervention
<input type="radio"/> Amended	<input type="radio"/> Found not guilty	<input type="radio"/> Reduced
<input type="radio"/> Convicted	<input type="radio"/> Pled guilty	<input type="radio"/> Other (requires explanation)
<input type="radio"/> Deferred Adjudication	<input type="radio"/> Pled not guilty	

Explanation:

Date of Amended Charge, if applicable: _____

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

U5 - CRIMINAL DRP (CONTINUED)

Rev. DRP (05/2009)

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

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

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

Plea for each amended or reduced charge: _____

Disposition of amended or reduced charge:

- | | | |
|---|--|--|
| <input type="radio"/> Acquitted | <input type="radio"/> Dismissed | <input type="radio"/> Pre-trial Intervention |
| <input type="radio"/> Amended | <input type="radio"/> Found not guilty | <input type="radio"/> Reduced |
| <input type="radio"/> Convicted | <input type="radio"/> Pled guilty | <input type="radio"/> Other (requires explanation) |
| <input type="radio"/> Deferred Adjudication | <input type="radio"/> Pled not guilty | |

Explanation:

Charge Details (complete every field for each charge.)

Formal Charge/Description:

No. of Counts: _____

Felony or *Misdemeanor*: Felony Misdemeanor

Plea for each Charge: _____

Disposition of Charge:

- | | | |
|---|--|--|
| <input type="radio"/> Acquitted | <input type="radio"/> Dismissed | <input type="radio"/> Pre-trial Intervention |
| <input type="radio"/> Amended | <input type="radio"/> Found not guilty | <input type="radio"/> Reduced |
| <input type="radio"/> Convicted | <input type="radio"/> Pled guilty | <input type="radio"/> Other (requires explanation) |
| <input type="radio"/> Deferred Adjudication | <input type="radio"/> Pled not guilty | |

Explanation:

Date of Amended Charge, if applicable: _____

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

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

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

Plea for each amended or reduced charge: _____

Disposition of amended or reduced charge:

- | | | |
|---|--|--|
| <input type="radio"/> Acquitted | <input type="radio"/> Dismissed | <input type="radio"/> Pre-trial Intervention |
| <input type="radio"/> Amended | <input type="radio"/> Found not guilty | <input type="radio"/> Reduced |
| <input type="radio"/> Convicted | <input type="radio"/> Pled guilty | <input type="radio"/> Other (requires explanation) |
| <input type="radio"/> Deferred Adjudication | <input type="radio"/> Pled not guilty | |

Explanation:

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

U5 - CRIMINAL DRP (CONTINUED)

Rev. DRP (05/2009)

Charge Details (complete every field for each charge.)

Formal Charge/Description:

No. of Counts: _____

Felony or Misdemeanor: Felony Misdemeanor

Plea for each Charge: _____

Disposition of Charge:

- | | | |
|---|--|--|
| <input type="radio"/> Acquitted | <input type="radio"/> Dismissed | <input type="radio"/> Pre-trial Intervention |
| <input type="radio"/> Amended | <input type="radio"/> Found not guilty | <input type="radio"/> Reduced |
| <input type="radio"/> Convicted | <input type="radio"/> Pled guilty | <input type="radio"/> Other (requires explanation) |
| <input type="radio"/> Deferred Adjudication | <input type="radio"/> Pled not guilty | |

Explanation:

Date of Amended Charge, if applicable: _____

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

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

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

Plea for each amended or reduced charge: _____

Disposition of amended or reduced charge:

- | | | |
|---|--|--|
| <input type="radio"/> Acquitted | <input type="radio"/> Dismissed | <input type="radio"/> Pre-trial Intervention |
| <input type="radio"/> Amended | <input type="radio"/> Found not guilty | <input type="radio"/> Reduced |
| <input type="radio"/> Convicted | <input type="radio"/> Pled guilty | <input type="radio"/> Other (requires explanation) |
| <input type="radio"/> Deferred Adjudication | <input type="radio"/> Pled not guilty | |

Explanation:

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

If not exact, provide explanation:

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

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

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

U5 - CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DRP

Rev. DRP (05/2009)

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

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

- | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 7E(1)(a) | <input type="checkbox"/> 7E(2)(a) | <input type="checkbox"/> 7E(3)(a) | <input type="checkbox"/> 7E(4)(a) | <input type="checkbox"/> 7E(5)(a) |
| <input type="checkbox"/> 7E(1)(b) | <input type="checkbox"/> 7E(2)(b) | <input type="checkbox"/> 7E(3)(b) | <input type="checkbox"/> 7E(4)(b) | <input type="checkbox"/> 7E(5)(b) |
| <input type="checkbox"/> 7E(1)(c) | | | | |
| <input type="checkbox"/> 7E(1)(d) | | | | |

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

DRP Instructions:

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

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

1. Customer Name(s): _____																																	
2. A. Customer(s) State of Residence (select "not on list" when the customer's residence is a foreign address): _____ B. Other state(s) of residence/detail: _____																																	
3. Employing Firm when activities occurred which led to the customer complaint, arbitration, CFTC reparation or civil litigation: _____																																	
4. Allegation(s) and a brief summary of events related to the allegation(s) including dates when activities leading to the allegation(s) occurred: _____																																	
5. Product Type(s): (select all that apply)																																	
<table border="0"> <tr> <td><input type="checkbox"/> No Product</td> <td><input type="checkbox"/> Derivative</td> <td><input type="checkbox"/> Mutual Fund</td> </tr> <tr> <td><input type="checkbox"/> Annuity-Charitable</td> <td><input type="checkbox"/> Direct Investment-DPP & LP Interest</td> <td><input type="checkbox"/> Oil & Gas</td> </tr> <tr> <td><input type="checkbox"/> Annuity-Fixed</td> <td><input type="checkbox"/> Equipment Leasing</td> <td><input type="checkbox"/> Options</td> </tr> <tr> <td><input type="checkbox"/> Annuity-Variable</td> <td><input type="checkbox"/> Equity Listed (Common & Preferred Stock)</td> <td><input type="checkbox"/> Penny Stock</td> </tr> <tr> <td><input type="checkbox"/> Banking Product (other than CD)</td> <td><input type="checkbox"/> Equity-OTC</td> <td><input type="checkbox"/> Prime Bank Instrument</td> </tr> <tr> <td><input type="checkbox"/> CD</td> <td><input type="checkbox"/> Futures Commodity</td> <td><input type="checkbox"/> Promissory Note</td> </tr> <tr> <td><input type="checkbox"/> Commodity Option</td> <td><input type="checkbox"/> Futures-Financial</td> <td><input type="checkbox"/> Real Estate Security</td> </tr> <tr> <td><input type="checkbox"/> Debt-Asset Backed</td> <td><input type="checkbox"/> Index Option</td> <td><input type="checkbox"/> Security Futures</td> </tr> <tr> <td><input type="checkbox"/> Debt-Corporate</td> <td><input type="checkbox"/> Insurance</td> <td><input type="checkbox"/> Unit Investment Trust</td> </tr> <tr> <td><input type="checkbox"/> Debt-Government</td> <td><input type="checkbox"/> Investment Contract</td> <td><input type="checkbox"/> Viatical Settlement</td> </tr> <tr> <td><input type="checkbox"/> Debt-Municipal</td> <td><input type="checkbox"/> Money Market Fund</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> No Product	<input type="checkbox"/> Derivative	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Annuity-Charitable	<input type="checkbox"/> Direct Investment-DPP & LP Interest	<input type="checkbox"/> Oil & Gas	<input type="checkbox"/> Annuity-Fixed	<input type="checkbox"/> Equipment Leasing	<input type="checkbox"/> Options	<input type="checkbox"/> Annuity-Variable	<input type="checkbox"/> Equity Listed (Common & Preferred Stock)	<input type="checkbox"/> Penny Stock	<input type="checkbox"/> Banking Product (other than CD)	<input type="checkbox"/> Equity-OTC	<input type="checkbox"/> Prime Bank Instrument	<input type="checkbox"/> CD	<input type="checkbox"/> Futures Commodity	<input type="checkbox"/> Promissory Note	<input type="checkbox"/> Commodity Option	<input type="checkbox"/> Futures-Financial	<input type="checkbox"/> Real Estate Security	<input type="checkbox"/> Debt-Asset Backed	<input type="checkbox"/> Index Option	<input type="checkbox"/> Security Futures	<input type="checkbox"/> Debt-Corporate	<input type="checkbox"/> Insurance	<input type="checkbox"/> Unit Investment Trust	<input type="checkbox"/> Debt-Government	<input type="checkbox"/> Investment Contract	<input type="checkbox"/> Viatical Settlement	<input type="checkbox"/> Debt-Municipal	<input type="checkbox"/> Money Market Fund	<input type="checkbox"/> Other: _____
<input type="checkbox"/> No Product	<input type="checkbox"/> Derivative	<input type="checkbox"/> Mutual Fund																															
<input type="checkbox"/> Annuity-Charitable	<input type="checkbox"/> Direct Investment-DPP & LP Interest	<input type="checkbox"/> Oil & Gas																															
<input type="checkbox"/> Annuity-Fixed	<input type="checkbox"/> Equipment Leasing	<input type="checkbox"/> Options																															
<input type="checkbox"/> Annuity-Variable	<input type="checkbox"/> Equity Listed (Common & Preferred Stock)	<input type="checkbox"/> Penny Stock																															
<input type="checkbox"/> Banking Product (other than CD)	<input type="checkbox"/> Equity-OTC	<input type="checkbox"/> Prime Bank Instrument																															
<input type="checkbox"/> CD	<input type="checkbox"/> Futures Commodity	<input type="checkbox"/> Promissory Note																															
<input type="checkbox"/> Commodity Option	<input type="checkbox"/> Futures-Financial	<input type="checkbox"/> Real Estate Security																															
<input type="checkbox"/> Debt-Asset Backed	<input type="checkbox"/> Index Option	<input type="checkbox"/> Security Futures																															
<input type="checkbox"/> Debt-Corporate	<input type="checkbox"/> Insurance	<input type="checkbox"/> Unit Investment Trust																															
<input type="checkbox"/> Debt-Government	<input type="checkbox"/> Investment Contract	<input type="checkbox"/> Viatical Settlement																															
<input type="checkbox"/> Debt-Municipal	<input type="checkbox"/> Money Market Fund	<input type="checkbox"/> Other: _____																															
6. Alleged Compensatory Damage Amount: _____ <input type="radio"/> Exact <input type="radio"/> Explanation (If no damage amount is alleged, the complaint must be reported unless the firm has made a good faith determination that the damages from the alleged conduct would be less than \$5,000): _____																																	

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

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

Rev. DRP (05/2009)

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

Note: Report in Items 12-16, or 17-23, as appropriate, only arbitrations/CFTC reparations or civil litigation in which the individual is named as a party.

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

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

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

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

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

11. Settlement/Award/Monetary Judgment:
 A. Settlement/Award/Monetary Judgment amount: \$ _____
 B. Individual Contribution Amount: \$ _____

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

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

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

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

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

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

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

Rev. DRP (05/2009)

16. Monetary Compensation Details (award, settlement, reparation amount):

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

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

17. Court in which case was filed:

- Federal Court
- State Court
- Foreign Court
- Military Court
- Other: _____

- A. Name of Court: _____
- B. Location of Court (City or County and State or Country): _____
- C. Docket/Case#: _____

18. Date notice/process was served (MM/DD/YYYY): _____ Exact Explanation
 If not exact, provide explanation:

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

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

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

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

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

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

23. If action is currently on appeal:

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

B. Court appeal filed in:

- Federal Court
- State Court
- Foreign Court
- Military Court
- Other: _____

- i. Name of Court: _____
- ii. Location of Court (City or County and State or Country): _____
- iii. Docket/Case#: _____

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

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

U5 - INTERNAL REVIEW DRP

Rev. DRP (05/2009)

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

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

7B

If the individual has been notified that the internal review has been concluded without formal action, complete items 4 and 5 of this DRP to update.

PART I

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

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

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

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

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

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

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

PART II

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

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

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

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

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

U5 - INVESTIGATION DRP

Rev. DRP (05/2009)

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

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

7A

Complete this DRP only if you are answering "yes" to Item 7(A) to report an *investigation*. Complete a Regulatory Action DRP if you answered "yes" to item 7(A) and are reporting details of either a pending or final *proceeding*. If you have been notified that the *investigation* has been concluded without formal action, complete items 4 and 5 of this DRP to update. One event may result in more than one *investigation*. If more than one authority is investigating, use a separate DRP to provide details.

1. *Investigation* initiated by:
 - A. Notice Received From (select appropriate item):

SRO
 Foreign Financial Regulatory Authority
 Jurisdiction
 SEC
 Other Federal Agency
 Other: _____
 - B. Full name of regulator (if other than the SEC) that initiated the *investigation*: _____
2. Notice Date (MM/DD/YYYY): _____ Exact Explanation
 If not exact, provide explanation: _____
3. Describe briefly the nature of the investigation, if known. (Your information must fit within the space provided.):

4. Is *investigation* pending? Yes No
 If no, complete item 5. If yes, skip to item 6.
5. Resolution Details:
 - A. Date Closed/Resolved (MM/DD/YYYY): _____ Exact Explanation
 If not exact, provide explanation: _____
 - B. How was *investigation* resolved? (select appropriate item):

Closed Without Further Action
 Closed - Regulatory Action Initiated
 Other: _____
6. Comment (Optional). You may use this field to provide a brief summary of the circumstances leading to the *investigation*, as well as the current status or final disposition and/or finding(s). Your information must fit within the space provided.

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

U5 - REGULATORY ACTION DRP

Rev. DRP (05/2009)

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

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

7A
 7D

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

1. Regulatory Action initiated by:
 A. (Select appropriate item):
 SEC Other Federal Agency Jurisdiction SRO CFTC Foreign Financial Regulatory Authority
 Federal Banking Agency National Credit Union Administration Other: _____
 B. Full name of regulator (if other than the SEC) that initiated the action: _____

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

<input type="checkbox"/> Bar	<input type="checkbox"/> Cease and Desist	<input type="checkbox"/> Censure
<input type="checkbox"/> Civil and Administrative Penalty(ies)/Fine(s)	<input type="checkbox"/> Denial	<input type="checkbox"/> Disgorgement
<input type="checkbox"/> Expulsion	<input type="checkbox"/> Monetary Penalty other than Fines	<input type="checkbox"/> Prohibition
<input type="checkbox"/> Reprimand	<input type="checkbox"/> Requalification	<input type="checkbox"/> Rescission
<input type="checkbox"/> Restitution	<input type="checkbox"/> Revocation	<input type="checkbox"/> Suspension
<input type="checkbox"/> Undertaking	<input type="checkbox"/> Other: _____	

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

4. Docket/Case #: _____

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

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

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

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

8. Current Status? Pending On Appeal Final

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

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

U5 - REGULATORY ACTION DRP (CONTINUED)

Rev. DRP (05/2009)

10. If on appeal:

A. Action appealed to:

- SEC SRO CFTC Federal Court State Agency or Commission State Court
 Other: _____

B. Date appeal filed (MM/DD/YYYY): _____ Exact Explanation

If not exact, provide explanation:

C. Are there any limitations or restrictions currently in effect while on appeal? Yes No

If the answer is 'yes', provide details:

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

11. Resolution Detail:

A. How was matter resolved? (select appropriate item):

- | | | |
|---|---|--------------------------------|
| <input type="radio"/> Acceptance, Waiver & Consent (AWC) | <input type="radio"/> Consent | <input type="radio"/> Decision |
| <input type="radio"/> Decision & Order of Offer of Settlement | <input type="radio"/> Dismissed | <input type="radio"/> Order |
| <input type="radio"/> Settled | <input type="radio"/> Stipulation and Consent | <input type="radio"/> Vacated |
| <input type="radio"/> Vacated Nunc Pro Tunc/ab initio | <input type="radio"/> Withdrawn | |
| <input type="radio"/> Other: _____ | | |

B. Resolution Date (MM/DD/YYYY): _____ Exact Explanation

If not exact, provide explanation:

12. Sanction Detail:

A. Were any of the following sanctions ordered? (Select all appropriate items):

- | | | |
|--|--|--|
| <input type="checkbox"/> Bar (Permanent) | <input type="checkbox"/> Bar (Temporary/Time Limited) | <input type="checkbox"/> Cease and Desist |
| <input type="checkbox"/> Censure | <input type="checkbox"/> Civil and Administrative Penalty(ies)/Fine(s) | <input type="checkbox"/> Denial |
| <input type="checkbox"/> Disgorgement | <input type="checkbox"/> Expulsion | <input type="checkbox"/> Letter of Reprimand |
| <input type="checkbox"/> Monetary Penalty other than Fines | <input type="checkbox"/> Prohibition | <input type="checkbox"/> Requalification |
| <input type="checkbox"/> Rescission | <input type="checkbox"/> Restitution | <input type="checkbox"/> Revocation |
| <input type="checkbox"/> Suspension | <input type="checkbox"/> Undertaking | |

B. Other sanctions ordered: _____

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

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

- (1) willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board, or to have been unable to comply with any provision of such Act, rule or regulation? Yes No
- (2) willfully aided, abetted, counseled, commanded, induced, or procured the violation by any person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board? Yes No
- (3) failed reasonably to supervise another person subject to the individual's supervision, with a view to preventing the violation by such person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board? Yes No

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

U5 - REGULATORY ACTION DRP (CONTINUED)

Rev. DRP (05/2009)

D. If suspended or barred, provide:

Sanction Details

Sanction type: Bar (Permanent) Bar (Temporary/Time Limited) Suspension
 Registration Capacities affected (e.g., General Securities Principal, Financial Operations Principal, All Capacities, etc.):

Duration (length of time): _____ Exact Explanation
 If not exact, provide explanation:

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

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

Sanction Details

Sanction type: Bar (Permanent) Bar (Temporary/Time Limited) Suspension
 Registration Capacities affected (e.g., General Securities Principal, Financial Operations Principal, All Capacities, etc.):

Duration (length of time): _____ Exact Explanation
 If not exact, provide explanation:

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

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

Sanction Details

Sanction type: Bar (Permanent) Bar (Temporary/Time Limited) Suspension
 Registration Capacities affected (e.g., General Securities Principal, Financial Operations Principal, All Capacities, etc.):

Duration (length of time): _____ Exact Explanation
 If not exact, provide explanation:

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

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

U5 - REGULATORY ACTION DRP (CONTINUED)

Rev. DRP (05/2009)

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

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

Requalification Details

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

Requalification Details

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

Requalification Details

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

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

Monetary Sanction Details

Monetary Related Sanction Type: Civil and Administrative Penalty(ies)/Fine(s) Disgorgement
 Monetary Penalty other than Fines Restitution
 Total Amount: \$ _____
 Portion Levied against the individual: \$ _____
 Payment Plan:
 Is Payment Plan Current? Yes No
 Date Paid by the individual (MM/DD/YYYY): _____ Exact Explanation
 If not exact, provide explanation:
 Was any portion of penalty waived? Yes No
 If yes, amount: \$ _____

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

U5 - REGULATORY ACTION DRP (CONTINUED)

Rev. DRP (05/2009)

Monetary Sanction Details

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

Total Amount: \$ _____
 Portion Levied against individual: \$ _____
 Payment Plan:

Is Payment Plan Current? Yes No
 Date Paid by the individual (MM/DD/YYYY): _____ Exact Explanation
 If not exact, provide explanation:

Was any portion of penalty waived? Yes No
 If yes, amount: \$ _____

Monetary Sanction Details

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

Total Amount: \$ _____
 Portion Levied against the individual: \$ _____
 Payment Plan:

Is Payment Plan Current? Yes No
 Date Paid by the individual (MM/DD/YYYY): _____ Exact Explanation
 If not exact, provide explanation:

Was any portion of penalty waived? Yes No
 If yes, amount: \$ _____

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

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

U5 - TERMINATION DRP

Rev. DRP (05/2009)

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

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

7F(1) 7F(2) 7F(3)

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

1. Firm Name: _____

2. Termination Type:
 Discharged Permitted to Resign Voluntary Resignation

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

4. Allegation(s):

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

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

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