

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 ("CRDSM") 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), 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 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. 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

EXPLANATION OF TERMS

The following definitions apply to terms that are italicized in this form.

AFFILIATED means under common ownership or control.

APPROPRIATE SIGNATORY means the individual the firm authorizes to execute the individual'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 effective date of the termination of the registration or, in cases where registration has not yet been made effective, the date of the withdrawal of the application for registration.

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 *minor rule violation*, 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 *jurisdictions* that do not differentiate between a *felony* or *misdemeanor*, 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 *firm* 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 *firm* listed in the CRD or IARD systems.

FOREIGN FINANCIAL REGULATORY AUTHORITY includes a foreign securities authority; any other governmental body or foreign equivalent of a *self-regulatory organization* empowered by a foreign

government to administer or enforce its laws relating to the regulation of *investment-related* activities; or a membership organization, a function of which is to regulate the participation of its members in *investment-related* activities listed above.

FULL TERMINATION means the termination of registration with all *self-regulatory organizations* and all *jurisdictions*.

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) NASD investigations after the "Wells" notice has been given or after a person associated with a member, as defined in the NASD By-Laws, has been advised by the staff that it intends to recommend formal disciplinary action; (d) formal investigations by other *SROs*; or (e) actions or procedures designated as investigations by *jurisdictions*. The term *investigation* 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, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

MINOR RULE VIOLATION is a violation of a *self-regulatory organization* rule that 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 *self-regulatory organization* to determine if a particular rule violation has been designated as "minor" for these purposes.

MISDEMEANOR, for *jurisdictions* that do not differentiate between a *felony* or *misdemeanor*, 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 *firm* under common ownership or control. To effect a multiple termination, list the primary *firm* in Section 1 (GENERAL INFORMATION) and list all other affiliates with which the individual is registered in Section 6 (AFFILIATED FIRM TERMINATION). *Multiple termination* is available only to those *firms* 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, *SROs* or *jurisdictions*.

PROCEEDING includes a formal administrative or civil action initiated by a governmental agency, *self-regulatory organization* or *foreign financial regulatory authority*, a *felony* criminal indictment or information (or equivalent formal charge), or a *misdemeanor* 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 *investment-related* 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 and 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 ("SRO") means any national securities or commodities exchange, any national securities association (e.g., NASD), 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.

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.

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. 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.

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 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.

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.

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).

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, CD(s), Banking Products (other than CDs), 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, CD(s), Banking Products (other than CDs), 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, CD(s), Banking Products (other than CDs), 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).

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 U5)) 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:	SSN: _____
INDIVIDUAL CRD #:	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.

FIRST NAME:	MIDDLE NAME:	LAST NAME:	SUFFIX:
FIRM CRD #:	FIRM NAME:	CRD BRANCH #:	FIRM NFA #:
FIRM BILLING CODE:	INDIVIDUAL CRD #:	INDIVIDUAL SSN:	INDIVIDUAL NFA#:
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.

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:

Is this a Full Termination? Yes No

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

Reason For Termination : _____

*Provide an explanation below:

Date Terminated (MM/DD/YYYY): _____

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.

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.

INDIVIDUAL NAME:	SSN: _ _ - _ - _ _ _
INDIVIDUAL CRD #:	FIRM CRD #:

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

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

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

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 CRD BRANCH #:	AFFILIATED FIRM BILLING CODE:
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:	SSN: _ _ - _ - _ _ _
INDIVIDUAL CRD #:	FIRM CRD #:

SELECT ANSWER 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 EXPLANATIONS OF ITALICIZED WORDS.

	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="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>
2. <i>charged</i> with any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
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</i> involving: 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="checkbox"/>	<input type="checkbox"/>
4. <i>charged</i> with a <i>misdemeanor</i> specified in item 7(C)(3)?	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>
Customer Complaint/Arbitration/Civil Litigation Disclosure		
7E. 1. In connection with events that occurred while the individual was employed by or associated with your <i>firm</i> , was the individual named as a respondent/defendant in an <i>investment-related</i> , consumer-initiated arbitration or civil litigation which alleged that the individual was <i>involved</i> in one or more <i>sales practice violations</i> and which:	<input type="checkbox"/>	<input type="checkbox"/>
(a) is still pending, or;	<input type="checkbox"/>	<input type="checkbox"/>
(b) resulted in an arbitration award or civil judgment against the individual, regardless of amount, or;	<input type="checkbox"/>	<input type="checkbox"/>
(c) was settled for an amount of \$10,000 or more.	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>
(a) would be reportable under question 14(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="checkbox"/>	<input type="checkbox"/>
(b) would be reportable under question 14(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="checkbox"/>	<input type="checkbox"/>
Termination Disclosure		
7F. Did the individual voluntarily <i>resign</i> from your <i>firm</i> , or was the individual discharged or permitted to <i>resign</i> from your <i>firm</i> , after allegations were made that accused the individual of:	<input type="checkbox"/>	<input type="checkbox"/>
1. violating <i>investment-related</i> statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
2. fraud or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>
3. failure to supervise in connection with <i>investment-related</i> statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>

INDIVIDUAL NAME:	SSN: _ _ - _ - _ _ _
INDIVIDUAL CRD #:	FIRM CRD #:

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).

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 <i>Appropriate Signatory</i>	Date (MM/DD/YYYY)
Type or Print Name of <i>Appropriate Signatory</i>	

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	

U5 - CRIMINAL DRP

This Disclosure Reporting Page is an INITIAL or AMENDED response to report details for affirmative responses to **Questions 7(C)(1), 7(C)(2), 7(C)(3) and 7(C)(4)** on Form U5;

Check question(s) you are responding to:

- 7C1 7C2 7C3 7C4

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 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.**

- Formal Charge(s) were brought in: (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).

INDIVIDUAL NAME:	SSN: _____
INDIVIDUAL CRD #:	FIRM CRD #:

U5 - CRIMINAL DRP (Continued)

2. Event 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 Disclosure Detail (include Charge(s)/Charge Description(s), and for each charge provide: 1. number of counts, 2. felony or misdemeanor, 3. plea for each charge, and 4. product type if charge is investment-related):

C. Did any of the Charge(s) within the Event involve a Felony? Yes No

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

E. Event Status Date (complete unless status is Pending) (MM/DD/YYYY): _____
 Exact Explanation
 If not exact, provide explanation:

3. Disposition Disclosure Detail

Include for each charge, A. Disposition Type [e.g., convicted, acquitted, dismissed, pretrial, etc.], B. Date, C. Sentence/Penalty, D. Duration [if sentence - suspension, probation, etc.], E. Start Date of Penalty, E. Penalty/Fine Amount and G. Date Paid.

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

U5 - CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DRP

This Disclosure Reporting Page is an INITIAL or AMENDED response to report details for affirmative responses to Questions 7(E)(1), 7(E)(2) and 7(E)(3) on Form U5;

Check question(s) you are responding to:

7(E)(1)(a) 7(E)(1)(b) 7(E)(1)(c) 7(E)(2) 7(E)(3)(a) 7(E)(3)(b)

One event may result in more than one affirmative answer to the above items. Use only one DRP to report details related to one customer complaint/arbitration/civil litigation. Use a separate DRP for each customer complaint/arbitration/civil litigation.

INDIVIDUAL NAME:	SSN: _ _ - _ - _ _ _
INDIVIDUAL CRD #:	FIRM CRD #:

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

DRP Instructions:

- In all matters (i.e., customer complaints, arbitrations/CFTC reparations, civil litigations), complete items 1-6.
- If the matter involves only a customer complaint, also complete items 7-12, as appropriate.
- If the 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 or CFTC reparation, complete items 13-19, as appropriate.
- If the matter involves a civil litigation, complete items 20-27.
- Item 28 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 events.

1. Customer Name(s): _____

2. Customer(s) State of Residence: _____
Other state(s) of residence/detail: _____

3. Employing Firm when activities occurred which led to the complaint: _____

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. Principal Product Type: _____
Other Product Types: _____

6. Alleged Compensatory Damage Amount: \$ _____

If the matter involves only a customer complaint, complete items 7-12, as appropriate.

7. Date customer complaint was received (MM/DD/YYYY): _____ Exact Explanation
If not exact, provide explanation: _____

8. Is the customer complaint pending? Yes No

If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.

9. If the customer complaint is not pending, provide status:
If status is settlement, complete items 11 and 12;
If status is arbitration/reparation, complete items 13-19;
If status is litigation, complete items 20-27.

- Closed/No Action Withdrawn Denied
 Settled Arbitration/Reparation Litigation

INDIVIDUAL NAME:	SSN: _ _ - _ - _ _ _
INDIVIDUAL CRD #:	FIRM CRD #:

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

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

11. Settlement Amount (if settled without arbitration, litigation or reparation): \$ _____

12. Individual Contribution Amount: \$ _____

If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.

13. Arbitration/Reparation claim filed with (NASD, AAA, NYSE, CBOE, CFTC, etc.) and Docket/Case Number:

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

15. Is the arbitration/reparation pending? Yes No

16. If the arbitration/reparation is not pending, what was the disposition: _____

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

18. Amount of Monetary Compensation (award, settlement, reparation amount): \$ _____

19. Individual Contribution Amount: \$ _____

If the matter involves a civil litigation, complete items 20-27.

20. Court that case was filed in (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).

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

22. Is the civil litigation pending? Yes No

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

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

25. Amount of Monetary Compensation (judgment, restitution, settlement amount): \$ _____

INDIVIDUAL NAME:	SSN: _____
INDIVIDUAL CRD #:	FIRM CRD #:

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

26. Individual Contribution Amount: \$ _____

27. If the action is currently on appeal enter date appeal filed (MM/DD/YYYY): _____
 Exact Explanation
 If not exact, provide explanation:

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

U5 - INTERNAL REVIEW DRP

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

Check question you are responding to: 7(B)

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

PART I

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

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

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

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

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. The summary must fit within the space provided below. This summary may be submitted electronically to the CRD by the terminating *firm* or may be sent to:
 CRD, P.O. Box 9495, Gaithersburg, MD 20898-9495.

INDIVIDUAL NAME:	SSN: _____
INDIVIDUAL CRD #:	FIRM CRD #:

U5 - INVESTIGATION DRP

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

Check question you are responding to: 7(A)

If the *investigation* has been concluded without formal action, complete items 1, 2, 3 and 4 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. Notice Received From: (Name of Regulator, Agency, SRO, etc. initiating the *investigation*): _____

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

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

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

U5 - REGULATORY ACTION DRP

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

Check question(s) you are responding to: 7(A) 7(D)

One event may result in more than one affirmative answer to the above item. Use only one DRP to report details related 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:
 SEC Other Federal State SRO
 Foreign Federal Banking Agency National Credit Union Administration Other

(Full name of regulator, foreign financial regulatory authority, Federal, State, SRO, commodities exchange, or National Credit Union Administration)

2. Principal Sanction: _____
Other Sanctions:

INDIVIDUAL NAME:	SSN: _ _ - _ - _ _ _
INDIVIDUAL CRD #:	FIRM CRD #:

U5 - REGULATORY ACTION DRP (Continued)

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

4. Docket/Case Number: _____

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

6. Principal Product Type: _____
 Other Product Types:

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

8. Current status? Pending On Appeal Final

9. If on appeal, regulatory action appealed to: (SEC, SRO, Federal or State Court) and Date Appeal Filed:

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

10. How was matter resolved: _____

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

INDIVIDUAL NAME:	SSN: _ _ - _ - _ _ _
INDIVIDUAL CRD #:	FIRM CRD #:

U5 - REGULATORY ACTION DRP (Continued)

12. Resolution Detail:

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

- Monetary/Fine Amount: \$ _____
- Revocation/Expulsion/Denial Disgorgement/Restitution
- Censure Cease and Desist/Injunction
- Bar Suspension

B. Other sanctions ordered:

C. Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against the individual, date paid and if any portion of penalty was waived:

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.

U5 - Termination DRP

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

Check question(s) you are responding to: 7F(1) 7F(2) 7F(3)

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

1. Firm Name: _____

2. Termination Type: _____

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

INDIVIDUAL NAME:	SSN: _ _ - _ - _ _ _
INDIVIDUAL CRD #:	FIRM CRD #:

U5 - Termination DRP (Continued)

4. Allegation(s): _____

5. Principal Product Type: _____
Other Product Types: _____

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.