UNIFORM TERMINATION NOTICE FOR SECURITIES INDUSTRY REGISTRATION

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.

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:

◯ Registered ◯ Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE #:	FIRM BILLING CODE:	◯ Located At ◯ 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. ☐

◯ Registered ◯ Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE #:	FIRM BILLING CODE:	◯ Located At ◯ 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. ☐

◯ Registered ◯ Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE #:	FIRM BILLING CODE:	◯ Located At ◯ 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:

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

*Provide an explanation below:

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

4. DATE OF TERMINATION

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.

INDIVIDUAL NAME:	SSN:
INDIVIDUAL CRD #:	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	NASD	NYSE	AMEX	BSE	NSX	PCX	CBOE	CHX	PHLX	ISE	NQX
OP - Registered Options Principal (S4)											
IR - Investment Company & 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 (S12)											
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 - Operations 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											
FB - Floor Broker											
MB - Market Maker Acting as Floor Broker											
OT - Off-Floor Trader											
MT - Market Maker Authorized Trader											
Other_____ (Paper Form Only)											

INDIVIDUAL NAME:	SSN:
INDIVIDUAL CRD #:	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	☐	☐	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 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:**

Office of Employment Address:

○ Registered ○ Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE #:	FIRM BILLING CODE:	○ Located At ○ 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. ☐

○ Registered ○ Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE #:	FIRM BILLING CODE:	○ Located At ○ 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. ☐

○ Registered ○ Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE #:	FIRM BILLING CODE:	○ Located At ○ 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. ☐

INDIVIDUAL NAME:	SSN:
INDIVIDUAL CRD #:	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.

		Yes	No
	Investigation Disclosure		
7A.	Currently is, or at termination was, the individual the subject of an *investigation* or *proceeding* by a domestic or foreign governmental body or *self-regulatory organization* with jurisdiction over *investment-related* businesses? (Note: Provide details of an *investigation* on an Investigation Disclosure Reporting Page and details regarding a *proceeding* on a Regulatory Action Disclosure Reporting Page.)	○	○
	Internal Review Disclosure		
7B.	Currently is, or at termination was, the individual under internal review for fraud or wrongful taking of property, or violating *investment-related* statutes, regulations, rules or industry standards of conduct?	○	○
	Criminal Disclosure		
7C.	While employed by or associated with your *firm*, or in connection with events that occurred while the individual was employed by or associated with your *firm*, 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 *felony*?	○	○
	2. *charged* with any *felony*?	○	○
	3. convicted of or did the individual plead guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a *misdemeanor involving*: investments or an *investment-related* business, or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any	○	○
	4. *charged* with a *misdemeanor* specified in item 7(C)(3)?	○	○
	Regulatory Action Disclosure		
7D.	While employed by or associated with your *firm*, or in connection with events that occurred while the individual was employed by or associated with your *firm*, was the individual *involved* in any *disciplinary action* by a domestic or foreign governmental body or *self-regulatory organization* (other than those designated as a "*minor rule violation*" under a plan approved by the U.S. Securities and Exchange Commission) with jurisdiction over the *investment-related* businesses?	○	○
	Customer Complaint/Arbitration/Civil Litigation Disclosure		
7E.	1. In connection with events that occurred while the individual was employed by or associated with your *firm*, was the individual named as a respondent/defendant in an *investment-related*, consumer-initiated arbitration or civil litigation which alleged that the individual was *involved* in one or more *sales practice violations* and which:		
	(a) is still pending, or;	○	○
	(b) resulted in an arbitration award or civil judgment against the individual, regardless of amount, or;	○	○
	(c) was settled for an amount of $10,000 or more.	○	○
	2. In connection with events that occurred while the individual was employed by or associated with your *firm*, was the individual the subject of an *investment-related*, consumer-initiated complaint, not otherwise reported under question 7(E)(1) above, which alleged that the individual was *involved* in one or more *sales practice violations*, and which complaint was settled for an amount of $10,000 or more?	○	○
	3. In connection with events that occurred while the individual was employed or associated with your *firm*, was the individual the subject of an *investment-related*, consumer-initiated, written complaint, not otherwise reported under questions 7(E)(1) or 7(E)(2) above, which:		
	(a) would be reportable under question 14I(3)(a) on Form U4, if the individual were still employed by your *firm*, but which has not previously been reported on the individual's Form U4 by your *firm*; or	○	○
	(b) would be reportable under question 14I(3)(b) on Form U4, if the individual were still employed by your *firm*, but which has not previously been reported on the individual's Form U4 by your *firm.*	○	○
	Termination Disclosure		
7F.	Did the individual voluntarily *resign* from your firm, or was the individual discharged or permitted to *resign* from your firm, after allegations were made that accused the individual of:		
	1. violating *investment-related* statutes, regulations, rules or industry standards of conduct?	○	○
	2. fraud or the wrongful taking of property?	○	○
	3. failure to supervise in connection with *investment-related* statutes, regulations, rules or industry standards of conduct?	○	○

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

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*

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:	SSN:
INDIVIDUAL CRD #:	FIRM CRD #:

DISCLOSURE REPORTING PAGES

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: ☐ **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 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 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).

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, F. 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.

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

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.

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**

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

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

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

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): $_____

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.

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

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:

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

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 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:

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:

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

U5 - REGULATORY ACTION DRP (CONTINUED)

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:

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.

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

U5 - TERMINATION DRP

This Disclosure Reporting Page is an ○ **INITIAL OR** ○ **AMENDED** response to report details for affirmative response to ***Questions 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:

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.