

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:

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.

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 DRP_s 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.)	○	○
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?	○	○
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> ?	○	○
	2. <i>charged</i> with any <i>felony</i> ?	○	○
	3. convicted of or did the individual plead guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a <i>misdemeanor involving</i> : investments or an <i>investment-related</i> business, or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	○	○
	4. <i>charged</i> with a <i>misdemeanor</i> specified in item 7(C)(3)?	○	○
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?	○	○
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:		
	(a) is still pending, or;	○	○
	(b) resulted in an arbitration award or civil judgment against the individual, regardless of amount, or;	○	○
	(c) was settled, prior to 05/18/2009, for an amount of \$10,000 or more, or;	○	○
	(d) was settled, on or after 05/18/2009, for an amount of \$15,000 or more?	○	○
	2. In connection with events that occurred while the individual was employed by or associated with your <i>firm</i> , was the individual the subject of an <i>investment-related</i> , consumer-initiated (written or oral) complaint, which alleged that the individual was <i>involved</i> in one or more <i>sales practice violations</i> , and which		
	(a) was settled, prior to 05/18/2009, for an amount of \$10,000 or more, or;	○	○
	(b) was settled, on or after 05/18/2009, for an amount of \$15,000 or more?	○	○

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 questions 7(E)(2) above, which:</p> <p style="margin-left: 20px;">(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 style="margin-left: 20px;">(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> <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 style="margin-left: 20px;">(a) was settled for an amount of \$15,000 or more, or;</p> <p style="margin-left: 20px;">(b) resulted in an arbitration award of civil judgment against any named respondent(s)/defendant(s), regardless of amount?</p> <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 investment-related, consumer-initiated, arbitration claim or civil litigation not otherwise reported under question 7E(4) above, which:</p> <p style="margin-left: 20px;">(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 style="margin-left: 20px;">(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>	<p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>
Termination Disclosure		
<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 style="margin-left: 20px;">1. violating <i>investment-related</i> statutes, regulations, rules or industry standards of conduct?</p> <p style="margin-left: 20px;">2. fraud or the wrongful taking of property?</p> <p style="margin-left: 20px;">3. failure to supervise in connection with <i>investment-related</i> statutes, regulations, rules or industry standards of conduct?</p>	<p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>

8. SIGNATURE
<p>Please Read Carefully</p> <p>All signatures required on this Form U5 filing must be made in this section.</p> <p>A "Signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.</p> <p>8A. FIRM ACKNOWLEDGMENT</p> <p>This section must be completed on all U5 form filings submitted by the <i>firm</i>.</p> <p>8B. INDIVIDUAL ACKNOWLEDGMENT AND CONSENT</p> <p>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).</p>

8A. FIRM ACKNOWLEDGMENT	
I VERIFY THE ACCURACY AND COMPLETENESS OF THE INFORMATION CONTAINED IN AND WITH THIS FORM.	
<p>_____ Person to contact for further information</p>	<p>_____ Telephone # of person to contact</p>
<p>_____ Signature of <i>Appropriate Signatory</i></p>	<p>_____ Date (MM/DD/YYYY)</p>
<p>_____ Type or Print Name of <i>Appropriate Signatory</i></p>	

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

DISCLOSURE REPORTING PAGES

U5 – CRIMINAL DRP

Rev. DRP (05/2009)

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

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

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

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

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

1. Formal action was brought in:

Federal Court State Court Military Court Foreign Court Other: _____

A. Name of Court (Federal, State, Military, Foreign or Other): _____

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

C. Docket/Case#: _____

2. Event Status:

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

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

If not exact, provide explanation:

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

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

If not exact, provide explanation:

B. Event and Disposition Detail:

Charge Details (complete every field for each charge.)

Formal Charge/Description:

No. of Counts: _____

Felony or Misdemeanor: Felony Misdemeanor

Plea for each Charge: _____

Disposition of Charge:

Acquitted

Dismissed

Pre-trial Intervention

Amended

Found not guilty

Reduced

Convicted

Pled guilty

Other (requires explanation)

Deferred Adjudication

Pled not guilty

Explanation:

Date of Amended Charge, if applicable: _____

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:

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:

Acquitted

Dismissed

Pre-trial Intervention

Amended

Found not guilty

Reduced

Convicted

Pled guilty

Other (requires explanation)

Deferred Adjudication

Pled not guilty

Explanation:

Date of Amended Charge, if applicable: _____

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

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

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

Felony

Misdemeanor

Other: _____

Plea for each amended or reduced charge: _____

Disposition of amended or reduced charge:

Acquitted

Dismissed

Pre-trial Intervention

Amended

Found not guilty

Reduced

Convicted

Pled guilty

Other (requires explanation)

Deferred Adjudication

Pled not guilty

Explanation:

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

Exact

Explanation

If not exact, provide explanation:

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

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

U5 - CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DRP

Rev. DRP (05/2009)

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

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

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

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

DRP Instructions:

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

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

1. Customer Name(s): _____

2. A. Customer(s) State of Residence (select "not on list" when the customer's residence is a foreign address): _____

B. Other state(s) of residence/detail:

3. Employing *Firm* when activities occurred which led to the customer complaint, arbitration, CFTC reparation or civil litigation:

4. Allegation(s) and a brief summary of events related to the allegation(s) including dates when activities leading to the allegation(s) occurred:

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

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

6. Alleged Compensatory Damage Amount: \$ _____

- Exact Explanation (If no damage amount is alleged, the complaint must be reported unless the firm has made a good faith determination that the damages from the alleged conduct would be less than \$5,000):

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

Rev. DRP (05/2009)

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

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

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

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

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

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

11. Settlement/Award/Monetary Judgment:
 A. Settlement/Award/Monetary Judgment amount: \$ _____

B. Individual Contribution Amount: \$ _____	
If the matter involves arbitration or CFTC reparation in which the individual is a named respondent, complete items 12-16, as appropriate.	
12. A. Arbitration/CFTC reparation claim filed with (FINRA, AAA, CFTC, etc.): _____ B. Docket/Case#: _____ C. Date notice/process was served (MM/DD/YYYY): _____ <input type="radio"/> Exact <input type="radio"/> Explanation If not exact, provide explanation: _____	
13. Is arbitration/ CFTC reparation pending? <input type="radio"/> Yes <input type="radio"/> No If "No", complete item 14.	
14. If the complaint, arbitration/CFTC reparation or civil litigation is not pending, provide status: <input type="checkbox"/> Award to Applicant (Agent/Representative) <input type="checkbox"/> Award to Customer <input type="checkbox"/> Denied <input type="checkbox"/> Dismissed <input type="checkbox"/> Judgment (other than monetary) <input type="checkbox"/> No Action <input type="checkbox"/> Settled <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other: _____	
15. Disposition Date (MM/DD/YYYY): _____ <input type="radio"/> Exact <input type="radio"/> Explanation If not exact, provide explanation: _____	
U5 - CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DRP (CONTINUED)	
Rev. DRP (05/2009)	
16. Monetary Compensation Details (award, settlement, reparation amount): A. Total Amount: \$ _____ B. Individual Contribution Amount: \$ _____	
If the matter involves a civil litigation in which the individual is a defendant, complete items 17-23.	
17. Formal Action was brought in: <input type="radio"/> Federal Court <input type="radio"/> State Court <input type="radio"/> Foreign Court <input type="radio"/> Military Court <input type="radio"/> Other: _____ A. Name of Court: _____ B. Location of Court (City or County <u>and</u> State or Country): _____ C. Docket/Case#: _____	
18. Status Date (MM/DD/YYYY): _____ <input type="radio"/> Exact <input type="radio"/> Explanation If not exact, provide explanation: _____	
19. Is the civil litigation pending? <input type="radio"/> Yes <input type="radio"/> No If "No", complete item 20.	
20. If the civil litigation is not pending, what was the disposition? <input type="checkbox"/> Denied <input type="checkbox"/> Dismissed <input type="checkbox"/> Judgment (other than monetary) <input type="checkbox"/> Monetary Judgment to Applicant (Agent/Representative) <input type="checkbox"/> Monetary Judgment to Customer <input type="checkbox"/> No Action <input type="checkbox"/> Settled <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other: _____	
21. Disposition Date (MM/DD/YYYY): _____ <input type="radio"/> Exact <input type="radio"/> Explanation If not exact, provide explanation: _____	
22. Monetary Compensation Details (judgment, restitution, settlement amount): A. Total Amount: \$ _____ B. Individual Contribution Amount: \$ _____	

23. If action is currently on appeal:

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

B. Court appeal filed in:
 Federal Court State Court Foreign Court Military Court Other: _____

i. Name of Court: _____

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

iii. Docket/Case#: _____

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

U5 - INTERNAL REVIEW DRP		Rev. DRP (05/2009)
This Disclosure Reporting Page is an <input type="checkbox"/> INITIAL or <input type="checkbox"/> AMENDED response to report details for affirmative response to Question(s) 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":		
<input type="checkbox"/> 7B		
If the individual has been notified that the internal review has been concluded without formal action, complete items 3 and 4 of this DRP to update.		
PART I		
1. Notice Received From: (Name of firm initiating the internal review): _____		
2. Date internal review initiated (MM/DD/YYYY): _____ <input type="radio"/> Exact <input type="radio"/> Explanation If not exact, provide explanation:		
3. Describe briefly the nature of the internal review or details of the conclusion. (The information must fit within the space provided.):		
4. Is internal review pending? <input type="radio"/> Yes <input type="radio"/> No If no, complete item 5. If yes, skip to item 6.		
5. Resolution Details:		
A. Date internal review concluded (MM/DD/YYYY): _____ <input type="radio"/> Exact <input type="radio"/> 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.

U5 - INVESTIGATION DRP

Rev. DRP (05/2009)

This Disclosure Reporting Page is an INITIAL or AMENDED response to report details for affirmative response to **Question(s) 7A** on Form U5;
Check the question(s) you are responding to, regardless of whether you are answering the question(s) "yes" or amending the answer(s) to "no":

7A

Complete this DRP only if you are answering "yes" to Item 14G(2). If you answered "yes" to Item 14G(1), complete the Regulatory Action DRP. If you have been notified that the investigation has been concluded without formal action, complete items 4 and 5 of this DRP to update. One event may result in more than one investigation. If more than one authority is investigating you, use a separate DRP to provide details.

1. *Investigation* initiated by:

A. Notice Received From (select appropriate item):

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

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

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

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

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

5. Resolution Details:

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

B. How was investigation resolved? (select appropriate item):
 Closed Without Further Action Closed - Regulatory Action Initiated Other: _____

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

U5 - REGULATORY ACTION DRP		Rev. DRP (05/2009)																		
This Disclosure Reporting Page is an <input type="checkbox"/> INITIAL or <input type="checkbox"/> AMENDED response to report details for affirmative response to Question(s) 7A and 7D on Form U5; 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": <div style="text-align: center; margin: 5px 0;"> <input type="checkbox"/> 7A <input type="checkbox"/> 7D </div> One event may result in more than one affirmative answer within each of the above items. Use only one DRP to report details to the same event. If an event gives rise to actions by more than one regulator, provide details to each action on a separate DRP.																				
1. Regulatory Action initiated by: A. (Select appropriate item):	<input type="radio"/> SEC <input type="radio"/> Other Federal Agency <input type="radio"/> Jurisdiction <input type="radio"/> SRO <input type="radio"/> CFTC <input type="radio"/> Foreign Financial Regulatory Authority <input type="radio"/> Federal Banking Agency <input type="radio"/> National Credit Union Administration <input type="radio"/> Other: _____																			
B. Full name of regulator (if other than the SEC) that initiated the action: _____																				
2. Sanction(s) Sought (select all that apply):	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Bar</td> <td style="width: 33%;"><input type="checkbox"/> Cease and Desist</td> <td style="width: 33%;"><input type="checkbox"/> Censure</td> </tr> <tr> <td><input type="checkbox"/> Civil and Administrative Penalty(ies)/Fine(s)</td> <td><input type="checkbox"/> Denial</td> <td><input type="checkbox"/> Disgorgement</td> </tr> <tr> <td><input type="checkbox"/> Expulsion</td> <td><input type="checkbox"/> Monetary Penalty other than Fines</td> <td><input type="checkbox"/> Prohibition</td> </tr> <tr> <td><input type="checkbox"/> Reprimand</td> <td><input type="checkbox"/> Requalification</td> <td><input type="checkbox"/> Rescission</td> </tr> <tr> <td><input type="checkbox"/> Restitution</td> <td><input type="checkbox"/> Revocation</td> <td><input type="checkbox"/> Suspension</td> </tr> <tr> <td><input type="checkbox"/> Undertaking</td> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> Bar	<input type="checkbox"/> Cease and Desist	<input type="checkbox"/> Censure	<input type="checkbox"/> Civil and Administrative Penalty(ies)/Fine(s)	<input type="checkbox"/> Denial	<input type="checkbox"/> Disgorgement	<input type="checkbox"/> Expulsion	<input type="checkbox"/> Monetary Penalty other than Fines	<input type="checkbox"/> Prohibition	<input type="checkbox"/> Reprimand	<input type="checkbox"/> Requalification	<input type="checkbox"/> Rescission	<input type="checkbox"/> Restitution	<input type="checkbox"/> Revocation	<input type="checkbox"/> Suspension	<input type="checkbox"/> Undertaking	<input type="checkbox"/> Other: _____	
<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): _____ <input type="radio"/> Exact <input type="radio"/> 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:

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

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:

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: \$ _____

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 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: \$ _____

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.

U5 - TERMINATION DRP

Rev. DRP (05/2009)

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

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

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

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

1. Firm Name: _____

2. Termination Type:

Discharged Permitted to Resign Voluntary Resignation

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

4. Allegation(s):

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

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

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