

## **NMLS INDIVIDUAL FORM**

## UNIFORM BIOGRAPHICAL STATEMENT AND CONSENT FORM

The NMLS Individual Form is the universal form used by individuals required to submit biographical and other information to a state agency through NMLS as part of a license application. Not all sections of the NMLS Individual Form may apply to all applicants.

\* ALL FORMS ARE COMPLETED ELECTRONICALLY THROUGH NMLS - THIS FORM IS FOR INSTRUCTIONAL PURPOSES ONLY \*

| 1. Identifying Information   |                            |                                       |                              |
|--|----------------------------|---------------------------------------|------------------------------|
| (A) Full last, first and middle names:   |                            |                                       |                              |
| Last Name First  | Name                       | Full Middle Name                      | Suffix (if any)              |
| (B) Social Security Number:  | (C) Gender:                | ☐ Female                              | ☐ Male                       |
| (D)(E  | State/Province of Bir      | rth (F) Coun                          | try/Province of Birth        |
| (G) US Citizen: ☐ YES ☐ NO  (H)* State of Government Issued Identification:  |                            |                                       |                              |
| (I)* Government Issued Identification Number:  |                            |                                       |                              |
| (J)* Passport Issuing Country:   | (K)* Pa                    | assport Number:                       |                              |
| * For questions H – K, consult state licensing red   |                            |                                       |                              |
| (L) Business phone, home phone, cell phone, fax  | and email:                 |                                       |                              |
| ( ) - ( )  Business Phone Extension Hom  | ) -<br>ne Phone (optional) | ( <u>)</u> -<br>Cell Phone (optional) |                              |
| ( ) -<br>Fax Line (optional) Email Addres  |                            | (4,111,11)                            |                              |
| (M) Mailing Address:   Same as Current Resident  | ential Address             |                                       |                              |
|  |                            |                                       |                              |
| Number & Street City   | St                         | ate Country/Province                  | Postal Code                  |
| (N) For amendments only: If this filing reports the legal documentation:   | nat an individual's name   | e has changed, enter the new          | v name and attach supporting |
| Last Name First  | Name                       | Full Middle Name                      | Suffix (if any)              |
| 2. Other Names   |                            |                                       |                              |
| Other than your legal name, list all name(s) you are using or have used since the age of 18. Examples include nicknames, aliases, and names used before or after marriage. (Use additional sheets as necessary). |                            |                                       |                              |
| Name   | Naı                        | me                                    |                              |
| Name   | Nai                        | me                                    |                              |

|                                | ential Histo  |  |                                   |         |                    |                          |                      |                                    |
|--------------------------------|---|--|-----------------------------------|---------|--------------------|--------------------------|----------------------|------------------------------------|
|                                | rith current a<br>necessary.                        | address, you must provide all o<br>)   | of your residential add           | dresses | for the past ten y | ears without g           | aps. (Attach a       | dditional                          |
| From<br>(MM/YYYY)              | To<br>(MM/YYYY)                                     | Street Addres  | ss                                |         | City               | State                    | Country/<br>Province | Postal Code                        |
|                                | Current   |  |                                   |         |                    |                          |                      |                                    |
|                                |   |  |                                   |         |                    |                          |                      |                                    |
|                                |   |  |                                   |         |                    |                          |                      |                                    |
|                                |   |  |                                   |         |                    |                          |                      |                                    |
|                                |   |  |                                   |         |                    |                          |                      |                                    |
|                                |   |  |                                   |         |                    |                          |                      |                                    |
|                                |   |  |                                   |         |                    |                          |                      |                                    |
|                                |   |  |                                   |         |                    |                          |                      |                                    |
|                                |   |  |                                   |         |                    |                          |                      |                                    |
| 4 Emplo                        | yment Hist  | orv  |                                   |         |                    |                          |                      |                                    |
| Starting wincluding retirement | rith current of<br>full & part-ti<br>t, full-time s | employment, provide a comple<br>me employments, self-employ<br>tudent, extended travel, etc. In<br>ditional sheets as needed.) | ment, military service            | and ho  | omemaking. Also    | include perio            | ds such as une       | employed,                          |
| From<br>(MM/YYYY)              | To<br>(MM/YYYY)                                     | Employer<br>(company name)   | Position Held<br>(no abbreviation | s)      | Address/City       | State and<br>Postal Code | Country/<br>Province | Financial<br>Services-<br>Related? |
|                                | Current   |  |                                   |         |                    |                          |                      | ☐ Yes ☐ No                         |
|                                |   |  |                                   |         |                    |                          |                      | ☐ Yes ☐ No                         |
|                                |   |  |                                   |         |                    |                          |                      | ☐ Yes ☐ No                         |
|                                |   |  |                                   |         |                    |                          |                      | ☐ Yes ☐ No                         |
|                                |   |  |                                   |         |                    |                          |                      | ☐ Yes ☐ No                         |
|                                |   |  |                                   |         |                    |                          |                      | ☐ Yes ☐ No                         |
|                                |   |  |                                   |         |                    |                          |                      | ☐ Yes ☐ No                         |
|                                |   |  |                                   |         |                    |                          |                      | ☐ Yes ☐ No                         |
|                                |   |  |                                   |         |                    |                          |                      | ☐ Yes ☐ No                         |
|                                |   |  |                                   |         |                    |                          |                      | ☐ Yes ☐ No                         |

| 5. Oth   | ner Business   |     |         |
|--|--|-----|---------|
| Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non-financial services-related activity that is exclusively charitable, civic, religious, |  |     | NO      |
| or frate   | ernal and is recognized as tax exempt.) If YES, provide the following details (attach additional sheets as d.):  |     |         |
|  | Business Name  |     |         |
|  |  |     |         |
|  | Does this business conduct financial services-related activities?   Yes No   |     |         |
|  | Number & Street City State Country/Province Postal C   | ode | *       |
|  | Nature of business:  |     |         |
|  | Position, Title or Relationship with business  | •   |         |
|  | Start Date: Hours per month:   |     |         |
|  | Describe your duties:  |     |         |
| 6. Dis   | closure Questions  |     |         |
|  | answer to any of the following is "YES", provide complete details of all events or proceedings. Send the details to te licensed/registered or requesting licensure/registration. Remember to file updates to these disclosures as needed.  |     | ) where |
|  | Financial Disclosure   | YES | NO      |
| (A)  |  |     |         |
|  | (1) Have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition within the past 10 years?  |     |         |
|  | (2) Based upon events that occurred while you exercised control over an organization, has any organization filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition within the past 10 years?   |     |         |
| (3) Have you been the subject of a foreclosure action within the past 10 years?  |  |     |         |
| (B)  | Has a bonding company ever denied, paid out on, or revoked a bond for you?   |     |         |
| (C)  | Based upon activities that occurred while you exercised control over an organization, has any bonding company ever denied, paid out on, or revoked a bond for any organization?  |     |         |
| (D)  | Do you have any unsatisfied judgments or liens against you?  |     |         |
| (E)  | Are you delinquent on any court ordered child support payments?  |     |         |
|  | Criminal Disclosure  |     |         |
| (F)  |  |     |         |
|  | (1) Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or<br>military court to any felony?   |     |         |
|  | (2) Are there pending charges against you for any felony?  |     |         |
| (G)  | Based upon activities that occurred while you exercised control over an organization:  (1) Has any organization ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?   |     |         |
|  | (2) Are there pending charges against any organization for any felony?   |     |         |
| /L IV  |  |     | Ш       |
| (H)  | (1) Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to committing or conspiring to commit a misdemeanor involving: (i) financial services or a financial services-related business, (ii) fraud, (iii) false statements or omissions, (iv) theft or wrongful taking of property, (v) bribery, (vi) perjury, (vii) forgery, (viii) counterfeiting, or (ix) extortion? |     |         |
|  | (2) Are there pending charges against you for a misdemeanor specified in (H(1)?  |     |         |

|  | YES | NO |
|--|-----|----|
| (I) Based upon activities that occurred while you exercised control over an organization:  |     |    |
| (1) Has any organization ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any misdemeanor specified in (H)(1)?   |     |    |
| (2) Are there pending charges against any organization for any misdemeanor specified in (H)(1)?  |     |    |
| Civil Judicial Disclosure  |     |    |
| (J) (1) Has any domestic or foreign court ever:  |     |    |
| (a) enjoined you in connection with any financial services-related activity?   |     |    |
| (b) found that you were involved in a violation of any financial services-related statute(s) or regulation(s)?   |     |    |
| (c) dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against   |     |    |
| you by a State, federal, or foreign financial regulatory authority?  |     | Ш  |
| (2) Is there a pending financial services-related civil action in which you are named for any alleged violation<br>described in (J)(1)?  |     |    |
| (3) Based upon activities that occurred while you exercised control over an organization, is there a pending financial services-related civil action in which any organization is named for any alleged violation described in (J)(1)?   |     |    |
| Regulatory Action Disclosure   |     |    |
| (K) Has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory organization (SRO) ever:   | _   | _  |
| (1) found you to have made a false statement or omission or been dishonest, unfair or unethical?   |     |    |
| (2) found you to have been involved in a violation of a financial services-related business regulation(s) or<br>statute(s)?  |     |    |
| (3) found you to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?  |     |    |
| (4) entered an order against you in connection with a financial services-related activity?   |     |    |
| (5) revoked your registration or license?  |     |    |
| (6) denied or suspended your registration or license or application for licensure, disciplined you, or otherwise by order, prevented you from associating with a financial services-related business or restricted your activities?  |     |    |
| (7) barred you from association with an entity regulated by such commissions, authority, agency, or officer, or from<br>engaging in a financial services-related business?   |     |    |
| (8) issued a final order against you based on violations of any law or regulations that prohibit fraudulent,<br>manipulative, or deceptive conduct?  |     |    |
| (9) entered an order concerning you in connection with any license or registration?  |     |    |
| (L) Have you ever had an authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended?  |     |    |
| (M) Based upon activities that occurred while you exercised control over an organization, has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory organization (SRO) ever taken any of the actions listed in (K) through (L) above against any organization? |     |    |
| (N) Is there a pending regulatory action proceeding against you for any alleged violation described in (K) through (L)?  |     |    |
| (O) Based upon activities that occurred while you exercised control over an organization, is there a pending regulatory action proceeding against any organization for any alleged violation described in (K) through (L)?   |     |    |
| Customer Arbitration/Civil Litigation Disclosure   |     |    |
| (P) Have you ever been named as a respondent/defendant in a financial services-related consumer-initiated arbitration or civil litigation which:   |     |    |
| (1) is still pending?  |     | Ц  |
| (2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action?  |     |    |

|  |             | 1           |      |  |
|--|-------------|-------------|------|--|
| (3) was settled for any amount?  |             | YES         | NO   |  |
| Termination Disclosure   |             |             |      |  |
| (Q) Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made<br>accused you of:   | that        |             |      |  |
| (1) violating statute(s), regulation(s), rule(s), or industry standards of conduct?  |             |             | Ш    |  |
| (2) fraud, dishonesty, theft, or the wrongful taking of property?  |             |             |      |  |
| 7. Fingerprint Information   |             |             |      |  |
| ☐ I am requesting a Federal Criminal Background Check  |             |             |      |  |
| Confirm background check method:  Submit New Prints Use Archived Prints  |             |             |      |  |
| The FBI requires the following information to be provided:   |             |             |      |  |
| (A) Eye color: (B) Hair color:   |             |             |      |  |
| (C) Height: (D) Weight:  |             |             |      |  |
| (E) Race:  |             |             |      |  |
| 8. Credit Report   |             |             |      |  |
| By requesting a credit report in connection with this filing you agree and instruct us to provide access to the credit report to each state regulator you: (i) have a pending or active license or registration with; or (ii) are requesting a license or registration from in connection with this filing. In addition, if you are a Control Person, you agree and instruct us to provide access to the credit report to each state regulator that any company associated with you through NMLS: (i) has a pending or active license or registration with; or (ii) is requesting a license or registration from in connection with this filing.  Request a new credit report. |             |             |      |  |
|  |             |             |      |  |
| 9. Company Relationship and Sponsorship Representation:  |             |             |      |  |
| (A) ESTABLISH RELATIONSHIP/ CREATE SPONSORSHIP To the best of my knowledge and belief, at the time of approval, the applicant will be familiar with the statutes, regulations, and rules of the state(s) with which this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the applicant an opportunity to review the information contained herein and the applicant has approved this information and signed the form.                                   |             |             |      |  |
| Relationship Effective Date (MM/DD/YYYY):  |             |             |      |  |
| Specify below the license(s) that will be supervised by the company. By making the selection and signing below you denote that the individual's financial-related activities are appropriately supervised by the employer for the individual to be eligible to hold a valid, active, approved license in a state. Supervision of financial-related activity equals Sponsorship. Where required, sponsorships must be established separately for each license. (Use additional sheets as needed)  |             |             |      |  |
| License Name: Sponsorship Effective Date (MM/DD/YYYY):   |             |             |      |  |
| License Name: Sponsorship Effective Date (MM/DD/YYYY):   |             |             |      |  |
| Company Name by Print Name and `   | Title of au | uthorized p | arty |  |

| information contained in and with this application  | SORSHIP I have taken appropriate steps to vertion for termination of an individual license/regnsorship as well. (Use additional sheets as ne  | istration. I am aware that by terminating the   |  |
|---|---|---|--|
| Termination Effective Date (MM/DD/YYYY):  |   |   |  |
| License Name:   | License Name:by   |   |  |
| Company Name  | by<br>Signature of authorized party   | Print Name and Title of authorized party  |  |
| Reason for termination (optional):  Deceased on date (MM/DD/YYYY)  Voluntary Resignation  | Permitted to Re   | sign – Explanation  |  |
| 10. Individual's Acknowledgment & Conse   | ent   |   |  |
| attesting to and submitting this application, are  (1) That the information and statements conta which are made a part of this application, are to authorities, or similar provisions as provide (2) To the extent any information previously s (3) That the jurisdiction(s) to which an applica all laws and regulations; (4) To keep the information contained in this t (5) To comply with the provisions of law, inclu which I am applying. | ained herein, including exhibits attached hereto<br>current, true and complete and are made und<br>ed by law;<br>submitted is not amended and hereby, such inf<br>ation is being submitted may conduct any inves-<br>form current and to file accurate supplemental<br>ading the maintenance of accurate books and to | o, and other information filed herewith, all of<br>ler the penalty of perjury, or un-sworn falsification<br>formation remains accurate and complete;<br>stigation into my background, in accordance with<br>ry information on a timely basis; and<br>records, pertaining to the conduct of business for |  |
| If the Applicant has knowingly made a false statement of a material fact in this application or in any documentation provided to support the foregoing application, then the foregoing application may be denied.   |   |   |  |
| ☐ I verify that I am the named person above and agree to the language as stated.  |   |   |  |
|   |   |   |  |