

## 15. SIGNATURES

Please Read Carefully. All signatures required on this Form U4 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.

- 15A. INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT This section must be completed on all initial or Temporary Registration form filings.
- 15B. FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS This section must be completed on all initial or Temporary Registration form filings.
- 15C. TEMPORARY REGISTRATION ACKNOWLEDGMENT This section must be completed on Temporary Registration form filings to be able to receive Temporary Registration.
- 15D. INDIVIDUAL/APPLICANT'S AMENDMENT ACKNOWLEDGMENT AND CONSENT This section must be completed on any amendment filing that amends any information in Section 14 (Disclosure Questions) or any Disclosure Reporting Page (DRP).
- 15E. FIRM/APPROPRIATE SIGNATORY AMENDMENT REPRESENTATIONS This section must be completed on all amendment form filings.
- 15F. FIRM/APPROPRIATE SIGNATORY CONCURRENCE This section must be completed to concur with a U4 filing made by another *firm* (IA/BD) on behalf of an individual that is also registered with that other *firm* (IA/BD).

### 15A. INDIVIDUAL/APPLICANT'S ACKNOWLEDGEMENT AND CONSENT

1. I swear or affirm that I have read and understand the items and instructions on this form and that my answers (including attachments) are true and complete to the best of my knowledge. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers.
2. I apply for registration with the *jurisdictions* and SROs indicated in Section 4 (SRO REGISTRATION) and Section 5 (JURISDICTION REGISTRATION) as may be amended from time to time and, in consideration of the *jurisdictions* and SROs receiving and considering my application, I submit to the authority of the *jurisdictions* and SROs and agree to comply with all provisions, conditions and covenants of the statutes, constitutions, certificates of incorporation, by-laws and rules and regulations of the *jurisdictions* and SROs as they are or may be adopted, or amended from time to time. I further agree to be subject to and comply with all requirements, rulings, orders, directives and decisions of, and penalties, prohibitions and limitations imposed by the *jurisdictions* and SROs, subject to right of appeal or review as provided by law.
3. I agree that neither the *jurisdictions* or SROs nor any person acting on their behalf shall be liable to me for action taken or omitted to be taken in official capacity or in the scope of employment, except as otherwise provided in the statutes, constitutions, certificates of incorporation, by-laws or the rules and regulations of the *jurisdictions* and SROs.
4. I authorize the *jurisdictions*, SROs, and the *designated entity* to give any information they may have concerning me to any employer or prospective employer, any federal, state or municipal agency, or any other SRO and I release the *jurisdictions*, SROs, and the *designated entity*, and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I agree to arbitrate any dispute, claim or controversy that may arise between me and my *firm*, or a customer, or any other person, that is required to be arbitrated under the rules, constitutions, or by-laws of the SROs indicated in Section 4 (SRO REGISTRATION) as may be amended from time to time and that any arbitration award rendered against me may be entered as a judgment in any court of competent *jurisdiction*.
6. For the purpose of complying with the laws relating to the offer or sale of securities or commodities or investment advisory activities, I irrevocably appoint the administrator of each *jurisdiction* indicated in Section 5 (JURISDICTION REGISTRATION) as may be amended from time to time, or such other person designated by law, and the successors in such office, my attorney upon whom may be served any notice, process, pleading, subpoena or other document in any action or *proceeding* against me arising out of or in connection with the offer or sale of securities or commodities, or investment advisory activities or out of the violation or alleged violation of the laws of such *jurisdictions*. I consent that any such action or *proceeding* against me may be commenced in any court of competent *jurisdiction* and proper venue by service of process upon the appointee as if I were a resident of, and had been lawfully served with process in the *jurisdiction*. I request that a copy of any notice, process, pleading, subpoena or other document served hereunder be mailed to my current residential address as reflected in this form or any amendment thereto.
7. I consent that the service of any process, pleading, subpoena, or other document in any *investigation* or administrative *proceeding* conducted by the SEC, CFTC or a *jurisdiction* or in any civil action in which the SEC, CFTC or a *jurisdiction* are plaintiffs, or the notice of any *investigation* or *proceeding* by any SRO against the *applicant*, may be made by personal service or by regular, registered or certified mail or confirmed telegram to me at my most recent business or home address as reflected in this Form U4, or any amendment thereto,

by leaving such documents or notice at such address, or by any other legally permissible means. I further stipulate and agree that any civil action or administrative *proceeding* instituted by the SEC, CFTC or a *jurisdiction* may be commenced by the service of process as described herein, and that service of an administrative subpoena shall be effected by such service, and that service as aforesaid shall be taken and held in all courts and administrative tribunals to be valid and binding as if personal service thereof had been made.

8. I authorize all my employers and any other person to furnish to any *jurisdiction*, SRO, *designated entity*, employer, prospective employer, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination. Moreover, I release each employer, former employer and each other person from any and all liability, of whatever nature, by reason of furnishing any of the above information, including that information reported on the Uniform Termination Notice for Securities Industry Registration (Form U5). I recognize that I may be the subject of an investigative consumer report and waive any requirement of notification with respect to any investigative consumer report ordered by any *jurisdiction*, SRO, *designated entity*, employer, or prospective employer. I understand that I have the right to request complete and accurate disclosure by the *jurisdiction*, SRO, *designated entity*, employer or prospective employer of the nature and scope of the requested investigative consumer report.

9. I understand and certify that the representations in this form apply to all employers with whom I seek registration as indicated in Section 1 (GENERAL INFORMATION) or Section

6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS) of this form. I agree to update this form by causing an amendment to be filed on a timely basis whenever changes occur to answers previously reported. Further, I represent that, to the extent any information previously submitted is not amended, the information provided in this form is currently accurate and complete.

10. I authorize any employer or prospective employer to file electronically on my behalf any information required in this form or any amendment thereto; I certify that I have reviewed and approved the information to be submitted to any *jurisdiction* or SRO on this Form U4 Application; I agree that I will review and approve all disclosure information that will be filed electronically on my behalf; I further agree to waive any objection to the admissibility of the electronically filed records in any criminal, civil, or administrative *proceeding*.

*Applicant* or *applicant's* agent has typed *applicant's* name under this section to attest to the completeness and accuracy of this record. The *applicant* recognizes that this typed name constitutes, in every way, use or aspect, his or her legally binding signature.

Date (MM/DD/YYYY) \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

**15B. FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS**

**THE FIRM MUST COMPLETE THE FOLLOWING:**

To the best of my knowledge and belief, the *applicant* is currently bonded where required, and, at the time of approval, will be familiar with the statutes, constitution(s), rules and by-laws of the agency, *jurisdiction* or *SRO* with which this application is being filed, and the rules governing registered persons, and will be fully qualified for the position for which application is being made herein. I agree that, notwithstanding the approval of such agency, *jurisdiction* or *SRO* which hereby is requested, I will not employ the *applicant* in the capacity stated herein without first receiving the approval of any authority that may be required by law.

This *firm* has communicated with all of the *applicant's* previous employers for the past three years and has documentation on file with the names of the persons contacted and the date of contact. In addition, 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 U4.

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Appropriate Signatory

**15C. TEMPORARY REGISTRATION ACKNOWLEDGEMENT**

If an *applicant* has been registered in a *jurisdiction* or *self regulatory organization (SRO)* in the 30 days prior to the date an application for registration is filed with the Central Registration Depository or Investment Adviser Registration Depository, he or she may qualify for a Temporary Registration to conduct securities business in that *jurisdiction* or *SRO* if this acknowledgment is executed and filed with the Form U4 at the *applicant's firm*.

This acknowledgment must be signed only if the *applicant* intends to apply for a Temporary Registration while the application for registration is under review.

I request a Temporary Registration in each *jurisdiction* and/or *SRO* requested on this Form U4, while my registration with the *jurisdiction(s)* and/or *SRO(s)* requested is under review;

I am requesting a Temporary Registration with the *firm* filing on my behalf for the *jurisdiction(s)* and/or *SRO(s)* noted in Section 4 (SRO REGISTRATION) and/or Section 5 (JURISDICTION REGISTRATION) of this Form U4;

I understand that I may request a Temporary Registration only in those *jurisdiction(s)* and/or *SRO(s)* in which I have been registered with my prior *firm* within the previous 30 days;

I understand that I may not engage in any securities activities requiring registration in a *jurisdiction* and/or *SRO* until I have received notice from the CRD or IARD that I have been granted a Temporary Registration in that *jurisdiction* and/or *SRO*;

I agree that until the Temporary Registration has been replaced by a registration, any *jurisdiction* and/or *SRO* in which I have applied for registration may withdraw the Temporary Registration;

If a *jurisdiction* or *SRO* withdraws my Temporary Registration, my application will then be held pending in that *jurisdiction* and/or *SRO* until its review is complete and the registration is granted or denied, or the application is withdrawn;

I understand and agree that, in the event my Temporary Registration is withdrawn by a *jurisdiction* and/or *SRO*, I must immediately cease any securities activities requiring a registration in that *jurisdiction* and/or *SRO* until it grants my registration;

I understand that by executing this Acknowledgment I am agreeing not to challenge the withdrawal of a Temporary Registration; however, I do not waive any right I may have in any *jurisdiction* and/or *SRO* with respect to any decision by that *jurisdiction* and/or *SRO* to deny my application for registration.

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

**15D. AMENDMENT INDIVIDUAL/APPLICANT'S ACKNOWLEDGEMENT AND CONSENT**

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

**15E. FIRM/APPROPRIATE SIGNATORY AMENDMENT REPRESENTATIONS**

THE FIRM MUST COMPLETE THE FOLLOWING:

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature of *Appropriate Signatory*

\_\_\_\_\_  
Printed Name

**15F. FIRM/APPROPRIATE SIGNATORY CONCURRENCE**

By typing an appropriate signatory's name in this field, I swear or affirm that I have reviewed and that I concur with this filing:

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature of *Appropriate Signatory*

\_\_\_\_\_  
Printed Name

**ATTACHMENT SHEET**

**Use this attachment to report continued information.**

<b>SECTION NUMBER</b>	<b>ANSWER</b>

**DISCLOSURE REPORTING PAGES**

**U4 - BANKRUPTCY/SIPC/COMPROMISE WITH CREDITORS DRP**

Rev. DRP (05/2009)

This Disclosure Reporting Page is an  INITIAL or  AMENDED response to report details for affirmative response(s) to **Question(s) 14K** on Form U4;

**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":**

14K(1)

14K(2)

14K(3)

If events result in affirmative answers to both 14K(1) and 14K(2), details to each must be provided on separate DRPs.

1. Action Type (select appropriate item):

Bankruptcy [Circle one: Chapter 7, Chapter 11, Chapter 13, Other]

Compromise  Declaration  Liquidation  Receivership  Other: \_\_\_\_\_

2. Action Date (MM/DD/YYYY) (Provide date bankruptcy was filed, or date SIPC was initiated, or date of compromise with creditor): \_\_\_\_\_

Exact

Explanation

If not exact, provide explanation:

3. If the financial action relates to an organization over which you exercise(d) control, provide:

A. Organization Name: \_\_\_\_\_

B. Position, title or relationship: \_\_\_\_\_

C. Investment-related business?  Yes  No

4. Court action brought in:

Federal Court

State Court

Foreign Court

Other: \_\_\_\_\_

A. Name of Court: \_\_\_\_\_

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

C. Docket/Case#: \_\_\_\_\_

Check this box if the Docket/Case# is your SSN, a Bank Card number, or a Personal Identification Number.

5. Is action currently pending?

Yes  No

6. If not pending, provide Disposition Type (select appropriate item):

Direct Payment Procedure

Discharged

Dismissed

Dissolved

SIPA Trustee Appointed

Satisfied/Released

Other: \_\_\_\_\_

7. Disposition Date (MM/DD/YYYY): \_\_\_\_\_

Exact

Explanation

If not exact, provide explanation:

8. If a compromise with creditors, provide:

A. Name of Creditor: \_\_\_\_\_

B. Original amount owed: \$ \_\_\_\_\_

C. Terms/Compromise reached with creditor:

9. If a SIPA trustee was appointed or a direct payment procedure was begun:

A. Provide the amount paid or agreed to be paid by you: \$ \_\_\_\_\_ ; or

The name of the Trustee: \_\_\_\_\_

B. Currently Open?  Yes  No

C. Date Direct Payment Initiated/Filed or Trustee Appointed

(MM/DD/YYYY): \_\_\_\_\_

Exact

Explanation

If not exact, provide explanation:

**U4 - BANKRUPTCY/SIPC/COMPROMISE WITH CREDITORS DRP (CONTINUED)**

Rev. DRP (05/2009)

10. 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.

**U4 - BOND DRP**

Rev. DRP (05/2009)

This Disclosure Reporting Page is an  INITIAL or  AMENDED response to report details for affirmative response(s) to **Question(s) 14L** on Form U4;

**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":**

14L

If multiple, unrelated events result in the same affirmative answer, details must be provided on separate DRPs.

1. Firm Name (Policy Holder): \_\_\_\_\_

2. Bonding Company Name: \_\_\_\_\_

3. Disposition Type:       Denied       Payout       Revoked

4. Disposition Date (MM/DD/YYYY): \_\_\_\_\_  Exact     Explanation  
If not exact, provide explanation:

5. If disposition resulted in Payout:

A. Payout Amount: \$ \_\_\_\_\_

B. Date Paid (MM/DD/YYYY): \_\_\_\_\_  Exact     Explanation

If not exact, provide explanation:

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.

**U4 - CIVIL JUDICIAL DRP**

Rev. DRP (05/2009)

This Disclosure Reporting Page is an  INITIAL or  AMENDED response to report details for affirmative response(s) to **Question(s) 14H** on Form U4;

**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":

14H(1)(a)       14H(1)(b)       14H(1)(c)       14H(2)

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 event. Unrelated civil judicial actions must be reported on separate DRPs.

1. Court Action initiated by:

A. (Select appropriate item):

SEC    Other Federal Agency    Jurisdiction    Foreign Financial Regulatory Authority    Firm    Private Plaintiff

B. Name of party initiating the proceeding: \_\_\_\_\_

2. Relief Sought: (select all that apply):

Cease and Desist

Injunction

Restraining Order

Civil and Administrative Penalty(ies)/Fine(s)

Monetary Penalty other than Fines

Other: \_\_\_\_\_

Disgorgement

Restitution

3. A. Filing Date of Court Action (MM/DD/YYYY): \_\_\_\_\_

Exact

Explanation

If not exact, provide explanation:

B. Date notice/process was served (MM/DD/YYYY): \_\_\_\_\_

Exact

Explanation

If not exact, provide explanation:

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

No Product

Derivative

Mutual Fund

Annuity-Charitable

Direct Investment-DPP & LP Interest

Oil & Gas

Annuity-Fixed

Equipment Leasing

Options

Annuity-Variable

Equity Listed (Common & Preferred Stock)

Penny Stock

Banking Product (other than CD)

Equity-OTC

Prime Bank Instrument

CD

Futures Commodity

Promissory Note

Commodity Option

Futures-Financial

Real Estate Security

Debt-Asset Backed

Index Option

Security Futures

Debt-Corporate

Insurance

Unit Investment Trust

Debt-Government

Investment Contract

Viatical Settlement

Debt-Municipal

Money Market Fund

Other: \_\_\_\_\_

5. Formal Action was brought in:

Federal Court    State Court    Foreign Court    Military Court    Other: \_\_\_\_\_

A. Name of Court: \_\_\_\_\_

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

C. Docket/Case#: \_\_\_\_\_

6. Employing *Firm* when activity occurred which led to the civil judicial action: \_\_\_\_\_

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

8. Current Status?    Pending    On Appeal    Final

9. If pending and any limitations or restrictions are currently in effect, provide details:



10. If on appeal:

A. Action appealed to (provide name of court): \_\_\_\_\_

B. Court Location: \_\_\_\_\_

C. Docket/Case#: \_\_\_\_\_

D. Date appeal filed (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

E. Appeal details (including status):

F. If on Appeal and any limitations or restrictions are currently in effect, 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):

Consent

Judgment Rendered

Settled

Vacated

Vacated Nunc Pro Tunc / ab initio

Dismissed

Withdrawn

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 or Relief Granted? (select all that apply):

Civil and Administrative Penalty(ies)/Fine(s)

Injunction

Cease and Desist

Monetary Penalty other than fines

Disgorgement

Restitution

B. Other Sanctions: \_\_\_\_\_

C. If *enjoined*, provide:

**Injunction Details**

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:

**U4 - CIVIL JUDICIAL DRP (CONTINUED)**

Rev. DRP (05/2009)

**Injunction Details**

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:

**Injunction Details**

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:

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

**Monetary Related Sanction Details**

Monetary Related Sanction Type:  Monetary Fine  Disgorgement  Restitution  Other (requires explanation)  
Explanation:

Total Amount: \$ \_\_\_\_\_  
Portion levied against you: \$ \_\_\_\_\_  
Date Paid by You (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation  
If not exact, provide explanation:

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

**U4 - CIVIL JUDICIAL DRP (CONTINUED)**

Rev. DRP (05/2009)

**Monetary Related Sanction Details**

Monetary Related Sanction Type:  Monetary Fine  Disgorgement  Restitution  Other (requires explanation)  
Explanation:

Total Amount: \$ \_\_\_\_\_

Portion levied against you: \$ \_\_\_\_\_

Date Paid by You (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

Was any portion of penalty waived?  Yes  No

If yes, amount: \$ \_\_\_\_\_

**Monetary Related Sanction Details**

Monetary Related Sanction Type:  Monetary Fine  Disgorgement  Restitution  Other (requires explanation)  
Explanation:

Total Amount: \$ \_\_\_\_\_

Portion levied against you: \$ \_\_\_\_\_

Date Paid by You (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.

**U4 - CRIMINAL DRP**

Rev. DRP (05/2009)

This Disclosure Reporting Page is an  INITIAL or  AMENDED response to report details for affirmative response(s) to **Question(s) 14A and 14B** on Form U4;

**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":**

- 14A(1)(a)       14A(2)(a)       14B(1)(a)       14B(2)(a)  
 14A(1)(b)       14A(2)(b)       14B(1)(b)       14B(2)(b)

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. If charge(s) were brought against an organization over which you exercise(d) control:

A. Organization Name: \_\_\_\_\_

B. *Investment-related* business?       Yes     No

C. Position, title or relationship: \_\_\_\_\_

2. Formal action was brought in:

Federal Court     State Court     Foreign Court     Military Court     Other: \_\_\_\_\_

A. Name of Court: \_\_\_\_\_

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

C. Docket/Case#: \_\_\_\_\_

3. 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:

4. 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: \_\_\_\_\_

**U4 - 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:

**U4 - 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.

5. 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.

**U4 - CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DRP**

Rev. DRP (05/2009)

This Disclosure Reporting Page is an  INITIAL or  AMENDED response to report details for affirmative response(s) to **Question(s) 14I** on Form U4;

**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"/> 14I(1)(a) | <input type="checkbox"/> 14I(2)(a) | <input type="checkbox"/> 14I(3)(a) | <input type="checkbox"/> 14I(4)(a) | <input type="checkbox"/> 14I(5)(a) |
| <input type="checkbox"/> 14I(1)(b) | <input type="checkbox"/> 14I(2)(b) | <input type="checkbox"/> 14I(3)(b) | <input type="checkbox"/> 14I(4)(b) | <input type="checkbox"/> 14I(5)(b) |
| <input type="checkbox"/> 14I(1)(c) |                                    |                                    |                                    |                                    |
| <input type="checkbox"/> 14I(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 you were *involved* in sales practice violations and you are not named as a party, as well as arbitrations/CFTC reparations and civil litigation in which you are 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 you were *involved* in sales practice violations and you are 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 you are a named party, complete items 12-16, as appropriate. If the matter involves a civil litigation in which you are 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): \_\_\_\_\_

**U4 - 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 you were involved in a sales practice violation and you are not named as a party, complete items 7-11 as appropriate. [Note: Report in Items 12-16, or 17-23, as appropriate, only arbitrations/CFTC reparations or civil litigation in which you are named as a party.]**

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

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

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

**If status is arbitration/CFTC reparation in which you are not a named party, provide details in item 7C.  
 If status is arbitration/CFTC reparation in which you are a named party, complete items 12-16.  
 If status is civil litigation in which you are 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. Your Contribution Amount: \$ \_\_\_\_\_

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

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

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

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

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



**U4 - CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DRP (CONTINUED)**

Rev. DRP (05/2009)

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

A. Total Amount: \$ \_\_\_\_\_

B. Your Contribution Amount: \$ \_\_\_\_\_

**If the matter involves a civil litigation in which you are a defendant, complete items 17-23.**

17. Court in which case was filed:

Federal Court     State Court     Foreign Court     Military Court     Other: \_\_\_\_\_

A. Name of Court: \_\_\_\_\_

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

C. Docket/Case#: \_\_\_\_\_

18. Date received by/served on *firm* (MM/DD/YYYY): \_\_\_\_\_

Exact

Explanation

If not exact, provide explanation:

19. Is the civil litigation pending?

Yes

No

If "No", complete item 20.

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

Denied

Dismissed

Judgment (other than monetary)

Monetary Judgment to Applicant (Agent/Representative)

Monetary Judgment to Customer

No Action

Settled

Withdrawn

Other: \_\_\_\_\_

21. Disposition Date (MM/DD/YYYY): \_\_\_\_\_

Exact

Explanation

If not exact, provide explanation:

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

A. Total Amount: \$ \_\_\_\_\_

B. Your Contribution Amount: \$ \_\_\_\_\_

23. If action is currently on appeal:

A. Enter date appeal filed (MM/DD/YYYY): \_\_\_\_\_

Exact

Explanation

If not exact, provide explanation:

B. Court appeal filed in:

Federal Court     State Court     Foreign Court     Military Court     Other: \_\_\_\_\_

i. Name of Court: \_\_\_\_\_

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

iii. Docket/Case#: \_\_\_\_\_

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

**U4 - INVESTIGATION DRP**

Rev. DRP (05/2009)

This Disclosure Reporting Page is an  INITIAL or  AMENDED response to report details for affirmative response(s) to **Question(s) 14G(2)** on Form U4;

**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":**

14G(2)

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 (if other than the SEC) that initiated the *investigation*: \_\_\_\_\_

2. Notice Date (MM/DD/YYYY): \_\_\_\_\_

Exact       Explanation

If not exact, provide explanation:

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

4. Is *investigation* pending?       Yes       No

If no, complete item 5. If yes, skip to item 6.

5. Resolution Details:

A. Date Closed/Resolved (MM/DD/YYYY): \_\_\_\_\_       Exact       Explanation

If not exact, provide explanation:

B. How was *investigation* resolved? (select appropriate item):

Closed Without Further Action       Closed - Regulatory Action Initiated       Other: \_\_\_\_\_

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

**U4 - JUDGMENT/LIEN DRP**

Rev. DRP (05/2009)

This Disclosure Reporting Page is an  INITIAL or  AMENDED response to report details for affirmative response(s) to **Question(s) 14M** on Form U4;

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

14M

If multiple, unrelated events result in the same affirmative answer, details must be provided on separate DRPs.

1. Judgment/Lien Amount: \$ \_\_\_\_\_

2. Judgment/Lien Holder: \_\_\_\_\_

3. Judgment/Lien Type:  Civil  Tax

4. A. Date Filed with Court (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

B. Date individual learned of the Judgment/Lien (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

5. Court action brought in:  Federal Court  State Court  Foreign Court  Other: \_\_\_\_\_

A. Name of Court: \_\_\_\_\_

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

C. Docket/Case#: \_\_\_\_\_

Check this box if the Docket/Case# is your SSN, a Bank Card number, or a Personal Identification Number.

6. Is Judgment/Lien outstanding?  Yes  No

If "No", complete item 7. If "Yes", skip to item 8.

7. If Judgment/Lien is **not** outstanding, provide:

A. Status Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

B. How was matter resolved? (select appropriate item):  Discharged  Released  Removed  Satisfied

8. 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.

**U4 - REGULATORY ACTION DRP**

Rev. DRP (05/2009)

This Disclosure Reporting Page is an  INITIAL or  AMENDED response to report details for affirmative response(s) to **Question(s) 14C, 14D, 14E, 14F and 14G(1)** on Form U4;

**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"/> 14C(1) | <input type="checkbox"/> 14D(1)(a) | <input type="checkbox"/> 14E(1) | <input type="checkbox"/> 14F    |
| <input type="checkbox"/> 14C(2) | <input type="checkbox"/> 14D(1)(b) | <input type="checkbox"/> 14E(2) |                                 |
| <input type="checkbox"/> 14C(3) | <input type="checkbox"/> 14D(1)(c) | <input type="checkbox"/> 14E(3) | <input type="checkbox"/> 14G(1) |
| <input type="checkbox"/> 14C(4) | <input type="checkbox"/> 14D(1)(d) | <input type="checkbox"/> 14E(4) |                                 |
| <input type="checkbox"/> 14C(5) | <input type="checkbox"/> 14D(1)(e) | <input type="checkbox"/> 14E(5) |                                 |
| <input type="checkbox"/> 14C(6) | <input type="checkbox"/> 14D(2)(a) | <input type="checkbox"/> 14E(6) |                                 |
| <input type="checkbox"/> 14C(7) | <input type="checkbox"/> 14D(2)(b) | <input type="checkbox"/> 14E(7) |                                 |
| <input type="checkbox"/> 14C(8) |                                    |                                 |                                 |

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

1. Regulatory Action initiated by:

A. (Select appropriate item):

- SEC  
 Other Federal Agency  
 Jurisdiction  
 SRO  
 CFTC  
 Foreign Financial Regulatory Authority  
 Federal Banking Agency  
 National Credit Union Administration  
 Other: \_\_\_\_\_

B. Full name of regulator (if other than the SEC) that initiated the action: \_\_\_\_\_

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

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

3. Date Initiated (MM/DD/YYYY): \_\_\_\_\_

- Exact    Explanation

If not exact, provide explanation:

4. Docket/Case#: \_\_\_\_\_

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

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

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

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

8. Current Status?    Pending    On Appeal    Final

**U4 - REGULATORY ACTION DRP (CONTINUED)**

Rev. DRP (05/2009)

9. If pending, are there any limitations or restrictions currently in effect?  Yes  No

If the answer is 'yes', provide details:

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 14 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. Does the order constitute a *final order* based on violations of any laws or regulations that prohibit fraudulent, manipulative or deceptive conduct?  Yes  No

13. 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 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:

**U4 - REGULATORY ACTION DRP (CONTINUED)**

Rev. DRP (05/2009)

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:

End Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation: