

Rev. Form U4 (05/2009)

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|-------------------------|--------------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

| 1. GENERAL INFORMATION | | | | | | |
|--|--------------------------|---------------------------|---------------------------|---|---------------------|------------------|
| FIRST NAME: | MIDDLE NAME: | LAST NAME: | | SUFFIX: | | |
| FIRM CRD #: | FIRM NAME: | | | EMPLOYMENT DATE(MM/DD/YYYY): | | |
| FIRM Billing Code: | INDIVIDUAL CRD #: | | | INDIVIDUAL SSN: | | |
| Do you have an independent contractor relationship with the above named <i>firm</i> ? <input type="radio"/> Yes <input type="radio"/> No | | | | | | |
| 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="checkbox"/> | | | | | | |
| <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="checkbox"/> | | | | | | |
| <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="checkbox"/> | | | | | | |

| 2. FINGERPRINT INFORMATION | |
|--|--|
| <u>Electronic Filing Representation</u> | |
| <input type="radio"/> By selecting this option, I represent that I am submitting, have submitted, or promptly will submit to the appropriate SRO a fingerprint card as required under applicable SRO rules; or Fingerprint card barcode _____ | |
| <input type="radio"/> By selecting this option, I represent that I have been employed continuously by the <i>filing firm</i> since the last submission of a fingerprint card to CRD and am not required to resubmit a fingerprint card at this time; or, | |
| <input type="radio"/> By selecting this option, I represent that I have been employed continuously by the <i>filing firm</i> and my fingerprints have been processed by an SRO other than FINRA. I am submitting, have submitted, or promptly will submit the processed results for posting to CRD. | |
| <u>Exceptions to the Fingerprint Requirement</u> | |
| <input type="radio"/> By selecting one or more of the following two options, I affirm that I am exempt from the federal fingerprint requirement because I/ <i>filing firm</i> currently satisfy(ies) the requirements of at least one of the permissive exemptions indicated below pursuant to Rule 17f-2 under the Securities Exchange Act of 1934, including any notice or application requirements specified therein: | |
| <input type="checkbox"/> Rule 17f-2(a)(1)(i) | |
| <input type="checkbox"/> Rule 17f-2(a)(1)(iii) | |
| <u>Investment Adviser Representative Only Applicants</u> | |
| <input type="radio"/> I affirm that I am applying only as an investment adviser representative and that I am not also applying or have not also applied with this <i>firm</i> to become a broker-dealer representative. If this radio button/box is selected, continue below. | |
| <input type="radio"/> I am applying for registration only in <i>jurisdictions</i> that do not have fingerprint card filing requirements, or | |
| <input type="radio"/> I am applying for registration in <i>jurisdictions</i> that have fingerprint card filing requirements and I am submitting, have submitted, or promptly will submit the appropriate fingerprint card directly to the <i>jurisdictions</i> for processing pursuant to applicable <i>jurisdiction</i> rules. | |

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| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

3. REGISTRATION WITH UNAFFILIATED FIRMS

Some *jurisdictions* prohibit "dual registration," which occurs when an individual chooses to maintain a concurrent registration as a representative/agent with two or more *firms* (either BD or IA *firms*) that are not *affiliated*. *Jurisdictions* that prohibit dual registration would not, for example, permit a broker-dealer agent working with brokerage *firm* A to maintain a registration with brokerage *firm* B if *firms* A and B are not owned or controlled by a common parent. Before seeking a dual registration status, you should consult the applicable rules or statutes of the *jurisdictions* with which you seek registration for prohibitions on dual registrations or any liability provisions.

Please indicate whether the individual will maintain a "dual registration" status by answering the questions in this section. (Note: An individual should answer 'yes' only if the individual is currently registered and is seeking registration with a *firm* (either BD or IA) that is not *affiliated* with the individual's current employing *firm*. If this is an initial application, an individual must answer 'no' to these questions; a "dual registration" may be initiated only after an initial registration has been established).

| | | |
|---|-----------------------|-----------------------|
| Answer "yes" or "no" to the following questions: | Yes | No |
| A. Will <i>applicant</i> maintain registration with a broker-dealer that is not <i>affiliated</i> with the <i>filing firm</i> ? If you answer "yes," list the <i>firm(s)</i> in Section 12 (Employment History). | <input type="radio"/> | <input type="radio"/> |
| B. Will <i>applicant</i> maintain registration with an investment adviser that is not <i>affiliated</i> with the <i>filing firm</i> ? If you answer "yes," list the <i>firm(s)</i> in Section 12 (Employment History). | <input type="radio"/> | <input type="radio"/> |

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| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

4. SRO REGISTRATIONS

Check appropriate SRO Registration requests.

Qualifying examinations will be automatically scheduled if needed. If you are only scheduling or re-scheduling an exam, skip this section and complete Section 7 (EXAMINATION REQUESTS).

| REGISTRATION CATEGORY | FINRA | NYSE | NYSE-MKT | BATS-ZX | BATS-YX | BOX | BX | EDGA | EDGX | NSX | ARCA | CBOE | C2 | CHX | PHLX | ISE | ISE GEMINI | NQX | MIAX |
|--|-------|------|----------|---------|---------|-----|----|------|------|-----|------|------|----|-----|------|-----|------------|-----|------|
| OP - Registered Options Principal (S4) | | | | | | | | | | | | | | | | | | | |
| IR - Investment Company and Variable Contracts Products Rep. (S6) | | | | | | | | | | | | | | | | | | | |
| GS - Full Registration/General Securities Representative (S7) | | | | | | | | | | | | | | | | | | | |
| TR - Securities Trader (S7) | | | | | | | | | | | | | | | | | | | |
| TS - Trading Supervisor (S7) | | | | | | | | | | | | | | | | | | | |
| SU - General Securities Sales Supervisor (S9 and S10) | | | | | | | | | | | | | | | | | | | |
| BM - Branch Office Manager (S9 and S10) | | | | | | | | | | | | | | | | | | | |
| SM - Securities Manager (S10) | | | | | | | | | | | | | | | | | | | |
| AR - Assistant Representative/Order Processing (S11) | | | | | | | | | | | | | | | | | | | |
| IE - United Kingdom - Limited General Securities Registered Representative (S17) | | | | | | | | | | | | | | | | | | | |
| DR - Direct Participation Program Representative (S22) | | | | | | | | | | | | | | | | | | | |
| GP - General Securities Principal (S24) | | | | | | | | | | | | | | | | | | | |
| IP - Investment Company and Variable Contracts Products Principal (S26) | | | | | | | | | | | | | | | | | | | |
| FA - Foreign Associate | | | | | | | | | | | | | | | | | | | |
| FN - Financial and Operations Principal (S27) | | | | | | | | | | | | | | | | | | | |
| FI - Introducing Broker-Dealer/Financial and Operations Principal (S28) | | | | | | | | | | | | | | | | | | | |
| RS - Research Analyst (S86, S87) | | | | | | | | | | | | | | | | | | | |
| RP - Research Principal | | | | | | | | | | | | | | | | | | | |
| DP - Direct Participation Program Principal (S39) | | | | | | | | | | | | | | | | | | | |
| OR - Options Representative (S42) | | | | | | | | | | | | | | | | | | | |
| MR - Municipal Securities Representative (S52) | | | | | | | | | | | | | | | | | | | |
| MP - Municipal Securities Principal (S53) | | | | | | | | | | | | | | | | | | | |
| CS - Corporate Securities Representative (S62) | | | | | | | | | | | | | | | | | | | |
| RG - Government Securities Representative (S72) | | | | | | | | | | | | | | | | | | | |
| PG - Government Securities Principal (S73) | | | | | | | | | | | | | | | | | | | |
| SA - Supervisory Analyst (S16) | | | | | | | | | | | | | | | | | | | |
| PR - Limited Representative - Private Securities Offerings (S82) | | | | | | | | | | | | | | | | | | | |
| CD - Canada-Limited General Securities Registered Representative (S37) | | | | | | | | | | | | | | | | | | | |
| CN - Canada-Limited General Securities Registered Representative (S38) | | | | | | | | | | | | | | | | | | | |
| ET - Equity Trader (S55) | | | | | | | | | | | | | | | | | | | |
| AM - Allied Member | | | | | | | | | | | | | | | | | | | |
| AP - Approved Person | | | | | | | | | | | | | | | | | | | |
| LE - Securities Lending Representative | | | | | | | | | | | | | | | | | | | |
| LS - Securities Lending Supervisor | | | | | | | | | | | | | | | | | | | |
| ME - Member Exchange | | | | | | | | | | | | | | | | | | | |
| FE - Floor Employee | | | | | | | | | | | | | | | | | | | |
| OF - Officer | | | | | | | | | | | | | | | | | | | |
| CO - Compliance Official (S14) | | | | | | | | | | | | | | | | | | | |
| CF - Compliance Official Specialist (S14A) | | | | | | | | | | | | | | | | | | | |
| PM - Floor Member Conducting Public Business | | | | | | | | | | | | | | | | | | | |
| PC - Floor Clerk Conducting Public Business | | | | | | | | | | | | | | | | | | | |
| SC - Specialist Clerk (S21) | | | | | | | | | | | | | | | | | | | |
| TA - Trading Assistant (S25) | | | | | | | | | | | | | | | | | | | |
| FP - Municipal Fund (S51) | | | | | | | | | | | | | | | | | | | |
| IF - In-Firm Delivery Proctor | | | | | | | | | | | | | | | | | | | |
| MM - Market Maker Authorized Trader-Options (S56) | | | | | | | | | | | | | | | | | | | |
| FB - Floor Broker (S56) | | | | | | | | | | | | | | | | | | | |
| MB - Market Maker acting as Floor Broker | | | | | | | | | | | | | | | | | | | |
| OT - Authorized Trader (S7) | | | | | | | | | | | | | | | | | | | |
| MT - Market Maker Authorized Trader-Equities (S7) | | | | | | | | | | | | | | | | | | | |

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| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

| REGISTRATION CATEGORY | FINRA | NYSE | NYSE-MKT | BATS-ZX | BATS-YX | BOX | BX | EDGA | EDGX | NSX | ARCA | CBOE | C2 | CHX | PHLX | ISE | ISE | GEMINI | NQX | MIAX |
|--|-------|------|----------|---------|---------|-----|----|------|------|-----|------|------|----|-----|------|-----|-----|--------|-----|------|
| IB – Investment Banking Representative (S79) | | | | | | | | | | | | | | | | | | | | |
| OS – Operations Professional (S99) | | | | | | | | | | | | | | | | | | | | |
| AF - Floor Broker – Options (S56) | | | | | | | | | | | | | | | | | | | | |
| AO - Market Maker – Options (S56) | | | | | | | | | | | | | | | | | | | | |
| AC - Floor Clerk-Options | | | | | | | | | | | | | | | | | | | | |
| CT - Proprietary Trader Compliance Officer (S14) | | | | | | | | | | | | | | | | | | | | |
| PT - Proprietary Trader (S56) | | | | | | | | | | | | | | | | | | | | |
| TP - Proprietary Trader Principal (S24) | | | | | | | | | | | | | | | | | | | | |
| Other _____ (Paper Form Only) | | | | | | | | | | | | | | | | | | | | |

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| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

5. JURISDICTION REGISTRATIONSCheck appropriate *jurisdiction(s)* for broker-dealer agent (AG) and/or investment adviser representative (RA) registration requests.

| 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"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <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): _____

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

6. REGISTRATION REQUESTS WITH AFFILIATED FIRMS

Will *applicant* maintain registration with *firm(s)* under common ownership or control with the *filing firm*? ☐ Yes ☐ No

If "yes", fill in the details to indicate a request for registration with additional *firm(s)*.

If the individual seeks registration with *firm(s)* affiliated with the *filing firm*, complete the following to make a request for registration with the additional *affiliated firm(s)* other than the *filing firm*.

| | |
|------------------------|--|
| AFFILIATED FIRM CRD #: | AFFILIATED FIRM NAME: |
| EMPLOYMENT DATE: | Do you have an independent contractor relationship with the above named <i>firm</i> ? <input type="radio"/> Yes <input type="radio"/> No |

AFFILIATED FIRM BILLING CODE:

Office of Employment Address:

| | | | | | | |
|--------------------------------------|---------------|--------------------|--------------------|---------------------------------------|-------------|-----------|
| <input type="radio"/> Registered | CRD BRANCH #: | NYSE BRANCH CODE#: | FIRM BILLING CODE: | <input type="radio"/> Located At | START DATE: | END DATE: |
| <input type="radio"/> Non-Registered | | | | <input type="radio"/> Supervised From | | |

| | | |
|--|-------|--------|
| 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 | CRD BRANCH #: | NYSE BRANCH CODE#: | FIRM BILLING CODE: | <input type="radio"/> Located At | START DATE: | END DATE: |
| <input type="radio"/> Non-Registered | | | | <input type="radio"/> Supervised From | | |

| | | |
|--|-------|--------|
| 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 | CRD BRANCH #: | NYSE BRANCH CODE#: | FIRM BILLING CODE: | <input type="radio"/> Located At | START DATE: | END DATE: |
| <input type="radio"/> Non-Registered | | | | <input type="radio"/> Supervised From | | |

| | | |
|--|-------|--------|
| 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. ☐

☐ Check here to request the same *SRO* and *jurisdiction* registrations for this *affiliated firm* that are requested on this application for the *filing firm*.

☐ Check here to request different *SRO* and *jurisdiction* registrations than requested on this application for your *filing firm*.

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

AFFILIATED FIRM FINGERPRINT INFORMATION

Electronic Filing Representation

- ☐ By selecting this option, I represent that I am submitting, have submitted, or promptly will submit to the appropriate SRO a fingerprint card as required under applicable SRO rules; or
- Fingerprint card barcode _____
- ☐ By selecting this option, I represent that I have been employed continuously by the *affiliated firm* since the last submission of a fingerprint card to CRD and am not required to resubmit a fingerprint card at this time; or,
- ☐ I am not required to submit a fingerprint card at this time because the fingerprint card submitted by the *filing firm* applies; or,
- ☐ By selecting this option, I represent that I have been employed continuously by the *affiliated firm* and my fingerprints have been processed by an SRO other than FINRA. I am submitting, have submitted, or promptly will submit the processed results for posting to CRD.

Exceptions to the Fingerprint Requirement

- ☐ By selecting one or more of the following two options, I affirm that I am exempt from the federal fingerprint requirement because I/*filing firm* currently satisfy(ies) the requirements of at least one of the permissive exemptions indicated below pursuant to Rule 17f-2 under the Securities Exchange Act of 1934, including any notice or application requirements specified therein:
- ☐ Rule 17f-2(a)(1)(i)
- ☐ Rule 17f-2(a)(1)(iii)

Investment Adviser Representative Only Applicants

- ☐ I affirm that I am applying only as an investment adviser representative and that I am not also applying or have not also applied with this *firm* to become a broker-dealer representative. If this radio button/box is selected, continue below.
- ☐ I am applying for registration only in *jurisdictions* that do not have fingerprint card filing requirements, or
- ☐ I am applying for registration in *jurisdictions* that have fingerprint card filing requirements and I am submitting, have submitted, or promptly will submit the appropriate fingerprint card directly to the *jurisdictions* for processing pursuant to applicable *jurisdiction* rules.

7. EXAMINATION REQUESTS

Scheduling or Rescheduling Examinations. Complete this section only if you are scheduling or rescheduling an examination or continuing education session. Do not select the Series 63 (S63) or Series 65 (S65) examinations in this section if you have completed Section 5 (JURISDICTION REGISTRATION) and have selected registration in a *jurisdiction*. If you have completed Section 5 (JURISDICTION REGISTRATION), and requested an AG registration in a *jurisdiction* that requires that you pass the S63 examination, an S63 examination will be automatically scheduled for you upon submission of this Form U4. If you have completed Section 5 (JURISDICTION REGISTRATION), and requested an RA registration in a *jurisdiction* that requires that you pass the S65 examination, an S65 examination will be automatically scheduled for you upon submission of this Form U4.

| | | | | | | | |
|--|------------------------------|------------------------------|---|------------------------------|------------------------------|-------------------------------|--|
| <input type="checkbox"/> S3 | <input type="checkbox"/> S14 | <input type="checkbox"/> S28 | <input type="checkbox"/> S38 | <input type="checkbox"/> S52 | <input type="checkbox"/> S66 | <input type="checkbox"/> S101 | |
| <input type="checkbox"/> S4 | <input type="checkbox"/> S16 | <input type="checkbox"/> S30 | <input type="checkbox"/> S39 | <input type="checkbox"/> S53 | <input type="checkbox"/> S72 | <input type="checkbox"/> S106 | |
| <input checked="" type="checkbox"/> S5 | <input type="checkbox"/> S17 | <input type="checkbox"/> S31 | <input type="checkbox"/> S42 | <input type="checkbox"/> S55 | <input type="checkbox"/> S79 | <input type="checkbox"/> S201 | |
| <input type="checkbox"/> S6 | <input type="checkbox"/> S22 | <input type="checkbox"/> S32 | <input checked="" type="checkbox"/> S44 | <input type="checkbox"/> S56 | <input type="checkbox"/> S82 | <input type="checkbox"/> S501 | |
| <input type="checkbox"/> S7 | <input type="checkbox"/> S23 | <input type="checkbox"/> S33 | <input checked="" type="checkbox"/> S45 | <input type="checkbox"/> S62 | <input type="checkbox"/> S86 | <input type="checkbox"/> S901 | |
| <input type="checkbox"/> S9 | <input type="checkbox"/> S24 | <input type="checkbox"/> S34 | <input checked="" type="checkbox"/> S46 | <input type="checkbox"/> S63 | <input type="checkbox"/> S87 | | |
| <input type="checkbox"/> S10 | <input type="checkbox"/> S26 | <input type="checkbox"/> S37 | <input type="checkbox"/> S51 | <input type="checkbox"/> S65 | <input type="checkbox"/> S99 | | |
| <input type="checkbox"/> S11 | <input type="checkbox"/> S27 | | | | | | |

Other _____ (Paper Form Only)

OPTIONAL: Foreign Exam City _____ Date (MM/DD/YYYY) _____

If you have taken an exam prior to registering through the CRD system enter the exam type and date taken.

Exam type: _____ Date taken (MM/DD/YYYY): _____

8. PROFESSIONAL DESIGNATIONS

| | | |
|--|--|--|
| Select each designation you currently maintain. | | |
| <input type="checkbox"/> Certified Financial Planner | <input type="checkbox"/> Chartered Financial Consultant (ChFC) | <input type="checkbox"/> Personal Financial Specialist (PFS) |
| <input type="checkbox"/> Chartered Financial Analyst (CFA) | <input type="checkbox"/> Chartered Investment Counselor (CIC) | |

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| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

9. IDENTIFYING INFORMATION/NAME CHANGE

| | | | |
|-----------------------------|--------------------------|-------------------|---|
| FIRST NAME: | MIDDLE NAME: | LAST NAME: | SUFFIX: |
| DATE OF BIRTH (MM/DD/YYYY): | STATE/PROVINCE OF BIRTH: | COUNTRY OF BIRTH: | SEX: <input type="radio"/> Male <input type="radio"/> Female |
| HEIGHT (FT): | HEIGHT (IN): | WEIGHT (LBS): | HAIR COLOR: |
| | | | EYE COLOR: |

10. OTHER NAMES

Enter all other names that you have used or are using, or by which you are known or have been known, other than your legal name, since the age of 18. This field should include, for example, nicknames, aliases, and names used before or after marriage.

| | | | |
|-------------|--------------|------------|---------|
| FIRST NAME: | MIDDLE NAME: | LAST NAME: | SUFFIX: |
| FIRST NAME: | MIDDLE NAME: | LAST NAME: | SUFFIX: |

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|-------------------------|--------------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

11. RESIDENTIAL HISTORY

Starting with the current address, give all addresses for the past 5 years. Report changes as they occur.

| | | | |
|-----------------|---------------|-------------------|-------------------|
| FROM (MM/YYYY): | TO (MM/YYYY): | STREET ADDRESS 1: | STREET ADDRESS 2: |
| CITY: | STATE: | COUNTRY: | POSTAL CODE: |
| FROM (MM/YYYY): | TO (MM/YYYY): | STREET ADDRESS 1: | STREET ADDRESS 2: |
| CITY: | STATE: | COUNTRY: | POSTAL CODE: |
| FROM (MM/YYYY): | TO (MM/YYYY): | STREET ADDRESS 1: | STREET ADDRESS 2: |
| CITY: | STATE: | COUNTRY: | POSTAL CODE: |
| FROM (MM/YYYY): | TO (MM/YYYY): | STREET ADDRESS 1: | STREET ADDRESS 2: |
| CITY: | STATE: | COUNTRY: | POSTAL CODE: |
| FROM (MM/YYYY): | TO (MM/YYYY): | STREET ADDRESS 1: | STREET ADDRESS 2: |
| CITY: | STATE: | COUNTRY: | POSTAL CODE: |
| FROM (MM/YYYY): | TO (MM/YYYY): | STREET ADDRESS 1: | STREET ADDRESS 2: |
| CITY: | STATE: | COUNTRY: | POSTAL CODE: |
| FROM (MM/YYYY): | TO (MM/YYYY): | STREET ADDRESS 1: | STREET ADDRESS 2: |
| CITY: | STATE: | COUNTRY: | POSTAL CODE: |
| FROM (MM/YYYY): | TO (MM/YYYY): | STREET ADDRESS 1: | STREET ADDRESS 2: |
| CITY: | STATE: | COUNTRY: | POSTAL CODE: |
| FROM (MM/YYYY): | TO (MM/YYYY): | STREET ADDRESS 1: | STREET ADDRESS 2: |
| CITY: | STATE: | COUNTRY: | POSTAL CODE: |
| FROM (MM/YYYY): | TO (MM/YYYY): | STREET ADDRESS 1: | STREET ADDRESS 2: |
| CITY: | STATE: | COUNTRY: | POSTAL CODE: |
| FROM (MM/YYYY): | TO (MM/YYYY): | STREET ADDRESS 1: | STREET ADDRESS 2: |
| CITY: | STATE: | COUNTRY: | POSTAL CODE: |
| FROM (MM/YYYY): | TO (MM/YYYY): | STREET ADDRESS 1: | STREET ADDRESS 2: |
| CITY: | STATE: | COUNTRY: | POSTAL CODE: |
| FROM (MM/YYYY): | TO (MM/YYYY): | STREET ADDRESS 1: | STREET ADDRESS 2: |
| CITY: | STATE: | COUNTRY: | POSTAL CODE: |
| FROM (MM/YYYY): | TO (MM/YYYY): | STREET ADDRESS 1: | STREET ADDRESS 2: |
| CITY: | STATE: | COUNTRY: | POSTAL CODE: |

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

12. EMPLOYMENT HISTORY

Provide complete employment history for the past 10 years. Include the *firm(s)* noted in Section 1 (GENERAL INFORMATION) and Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS). Include all *firm(s)* from Section 3 (REGISTRATION WITH UNAFFILIATED FIRMS). Account for all time including full and part-time employments, self-employment, military service, and homemaking. Also include statuses such as unemployed, full-time education, extended travel, or other similar statuses.

Report changes as they occur.

| | | | |
|-----------------|---------------|--|----------------|
| FROM (MM/YYYY): | TO (MM/YYYY): | NAME OF FIRM OR COMPANY: | CITY: |
| STATE: | COUNTRY: | INVESTMENT-RELATED BUSINESS? <input type="radio"/> Yes <input type="radio"/> No | POSITION HELD: |
| FROM (MM/YYYY): | TO (MM/YYYY): | NAME OF FIRM OR COMPANY: | CITY: |
| STATE: | COUNTRY: | INVESTMENT-RELATED BUSINESS? <input type="radio"/> Yes <input type="radio"/> No | POSITION HELD: |
| FROM (MM/YYYY): | TO (MM/YYYY): | NAME OF FIRM OR COMPANY: | CITY: |
| STATE: | COUNTRY: | INVESTMENT-RELATED BUSINESS? <input type="radio"/> Yes <input type="radio"/> No | POSITION HELD: |
| FROM (MM/YYYY): | TO (MM/YYYY): | NAME OF FIRM OR COMPANY: | CITY: |
| STATE: | COUNTRY: | INVESTMENT-RELATED BUSINESS? <input type="radio"/> Yes <input type="radio"/> No | POSITION HELD: |
| FROM (MM/YYYY): | TO (MM/YYYY): | NAME OF FIRM OR COMPANY: | CITY: |
| STATE: | COUNTRY: | INVESTMENT-RELATED BUSINESS? <input type="radio"/> Yes <input type="radio"/> No | POSITION HELD: |
| FROM (MM/YYYY): | TO (MM/YYYY): | NAME OF FIRM OR COMPANY: | CITY: |
| STATE: | COUNTRY: | INVESTMENT-RELATED BUSINESS? <input type="radio"/> Yes <input type="radio"/> No | POSITION HELD: |
| FROM (MM/YYYY): | TO (MM/YYYY): | NAME OF FIRM OR COMPANY: | CITY: |
| STATE: | COUNTRY: | INVESTMENT-RELATED BUSINESS? <input type="radio"/> Yes <input type="radio"/> No | POSITION HELD: |
| FROM (MM/YYYY): | TO (MM/YYYY): | NAME OF FIRM OR COMPANY: | CITY: |
| STATE: | COUNTRY: | INVESTMENT-RELATED BUSINESS? <input type="radio"/> Yes <input type="radio"/> No | POSITION HELD: |
| FROM (MM/YYYY): | TO (MM/YYYY): | NAME OF FIRM OR COMPANY: | CITY: |
| STATE: | COUNTRY: | INVESTMENT-RELATED BUSINESS? <input type="radio"/> Yes <input type="radio"/> No | POSITION HELD: |
| FROM (MM/YYYY): | TO (MM/YYYY): | NAME OF FIRM OR COMPANY: | CITY: |
| STATE: | COUNTRY: | INVESTMENT-RELATED BUSINESS? <input type="radio"/> Yes <input type="radio"/> No | POSITION HELD: |
| FROM (MM/YYYY): | TO (MM/YYYY): | NAME OF FIRM OR COMPANY: | CITY: |
| STATE: | COUNTRY: | INVESTMENT-RELATED BUSINESS? <input type="radio"/> Yes <input type="radio"/> No | POSITION HELD: |
| FROM (MM/YYYY): | TO (MM/YYYY): | NAME OF FIRM OR COMPANY: | CITY: |
| STATE: | COUNTRY: | INVESTMENT-RELATED BUSINESS? <input type="radio"/> Yes <input type="radio"/> No | POSITION HELD: |
| FROM (MM/YYYY): | TO (MM/YYYY): | NAME OF FIRM OR COMPANY: | CITY: |
| STATE: | COUNTRY: | INVESTMENT-RELATED BUSINESS? <input type="radio"/> Yes <input type="radio"/> No | POSITION HELD: |

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

13. OTHER BUSINESS

Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non *investment-related* activity that is exclusively charitable, civic, religious or fraternal and is recognized as tax exempt.) If YES, please provide the following details: the name of the other business, whether the business is *investment-related*, the address of the other business, the nature of the other business, your position, title, or relationship with the other business, the start date of your relationship, the approximate number of hours/month you devote to the other business, the number of hours you devote to the other business during securities trading hours, and briefly describe your duties relating to the other business.

☐ Yes ☐ No

If "Yes," please enter details below.

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

14. DISCLOSURE QUESTIONS (CONTINUED)

| | YES | NO |
|---|-----------------------|-----------------------|
| <p>(2) Have you been subject to any <i>final order</i> of a state securities commission (or any agency or office performing like functions), state authority that supervises or examines banks, savings associations, or credit unions, state insurance commission (or any agency or office performing like functions), an appropriate <i>federal banking agency</i>, or the National Credit Union Administration, that:</p> <p>(a) bars you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in the business of securities, insurance, banking, savings association activities, or credit union activities; or</p> <p>(b) constitutes a <i>final order</i> based on violations of any laws or regulations that prohibit fraudulent, manipulative, or deceptive conduct?</p> | <input type="radio"/> | <input type="radio"/> |
| <p>14E. Has any <i>self-regulatory organization</i> ever:</p> <p>(1) <i>found</i> you to have made a false statement or omission?</p> <p>(2) <i>found</i> you to have been <i>involved</i> in a violation of its rules (other than a violation designated as a "<i>minor rule violation</i>" under a plan approved by the U.S. Securities and Exchange Commission)?</p> <p>(3) <i>found</i> you to have been the cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked or restricted?</p> <p>(4) disciplined you by expelling or suspending you from membership, barring or suspending your association with its members, or restricting your activities?</p> <p>(5) <i>found</i> you to have 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 <i>found</i> you to have been unable to comply with any provision of such Act, rule or regulation?</p> <p>(6) <i>found</i> you to have 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?</p> <p>(7) <i>found</i> you to have failed reasonably to supervise another person subject to your supervision, with a view to preventing the violation 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?</p> | <input type="radio"/> | <input type="radio"/> |
| 14F. Have you ever had an authorization to act as an attorney, accountant or federal contractor that was revoked or suspended? | <input type="radio"/> | <input type="radio"/> |
| <p>14G. Have you been notified, in writing, that you are now the subject of any:</p> <p>(1) regulatory complaint or <i>proceeding</i> that could result in a "yes" answer to any part of 14C, D or E? (If "yes", complete the <i>Regulatory Action Disclosure Reporting Page</i>.)</p> <p>(2) <i>investigation</i> that could result in a "yes" answer to any part of 14A, B, C, D or E? (If "yes", complete the <i>Investigation Disclosure Reporting Page</i>.)</p> | <input type="radio"/> | <input type="radio"/> |
| Civil Judicial Disclosure | YES | NO |
| <p>14H. (1) Has any domestic or foreign court ever:</p> <p>(a) <i>enjoined</i> you in connection with any <i>investment-related</i> activity?</p> <p>(b) <i>found</i> that you were <i>involved</i> in a violation of any <i>investment-related</i> statute(s) or regulation(s)?</p> <p>(c) dismissed, pursuant to a settlement agreement, an <i>investment-related</i> civil action brought against you by a state or <i>foreign financial regulatory authority</i>?</p> <p>(2) Are you named in any pending <i>investment-related</i> civil action that could result in a "yes" answer to any part of 14H(1)?</p> | <input type="radio"/> | <input type="radio"/> |
| Customer Complaint/Arbitration/Civil Litigation Disclosure | YES | NO |
| <p>14I. (1) Have you ever been <u>named</u> as a respondent/defendant in an <i>investment-related</i>, consumer-initiated arbitration or civil litigation which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and which:</p> <p>(a) is still pending, or;</p> <p>(b) resulted in an arbitration award or civil judgment against you, regardless of amount, or;</p> <p>(c) was settled, prior to 05/18/2009, for an amount of \$10,000 or more, or;</p> <p>(d) was settled, on or after 05/18/2009, for an amount of \$15,000 or more?</p> | <input type="radio"/> | <input type="radio"/> |

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

14. DISCLOSURE QUESTIONS (CONTINUED)

| | YES | NO |
|--|---|---|
| <p>(2) Have you ever been the subject of an <i>investment-related</i>, consumer-initiated (written or oral) complaint, which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i>, and which:</p> <p>(a) was settled, prior to 05/18/2009, for an amount of \$10,000 or more, or;</p> <p>(b) was settled, on or after 05/18/2009, for an amount of \$15,000 or more?</p> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |
| <p>(3) Within the past twenty four (24) months, have you been the subject of an <i>investment-related</i>, consumer-initiated, written complaint, not otherwise reported under question 14I(2) above, which:</p> <p>(a) alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and contained a claim for compensatory damages of \$5,000 or more (if no damage amount is alleged, the complaint must be reported unless the <i>firm</i> has made a good faith determination that the damages from the alleged conduct would be less than \$5,000), or;</p> <p>(b) alleged that you were <i>involved</i> in forgery, theft, misappropriation or conversion of funds or securities?</p> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |
| Answer questions (4) and (5) below only for arbitration claims or civil litigation filed on or after 05/18/2009. | | |
| <p>(4) Have you ever been the subject of an <i>investment-related</i>, consumer-initiated arbitration claim or civil litigation which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i>, and which:</p> <p>(a) was settled for an amount of \$15,000 or more, or;</p> <p>(b) resulted in an arbitration award or civil judgment against any named respondent(s)/defendant(s), regardless of amount?</p> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |
| <p>(5) Within the past twenty four (24) months, have you been the subject of an <i>investment-related</i>, consumer-initiated arbitration claim or civil litigation not otherwise reported under question 14I(4) above, which:</p> <p>(a) alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and contained a claim for compensatory damages of \$5,000 or more (if no damage amount is alleged, the arbitration claim or civil litigation must be reported unless the <i>firm</i> has made a good faith determination that the damages from the alleged conduct would be less than \$5,000), or;</p> <p>(b) alleged that you were <i>involved</i> in forgery, theft, misappropriation or conversion of funds or securities?</p> | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |
| Termination Disclosure | YES | NO |
| <p>14J. Have you ever voluntarily <i>resigned</i>, been discharged or permitted to <i>resign</i> after allegations were made that accused you of:</p> <p>(1) violating <i>investment-related</i> statutes, regulations, rules, or industry standards of conduct?</p> <p>(2) fraud or the wrongful taking of property?</p> <p>(3) failure to supervise in connection with <i>investment-related</i> statutes, regulations, rules or industry standards of conduct?</p> | <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Financial Disclosure | YES | NO |
| <p>14K. Within the past 10 years:</p> <p>(1) have you made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(2) based upon events that occurred while you exercised <i>control</i> over it, has an organization made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(3) based upon events that occurred while you exercised <i>control</i> over it, has a broker or dealer been the subject of an involuntary bankruptcy petition, or had a trustee appointed, or had a direct payment procedure initiated under the Securities Investor Protection Act?</p> | <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 14L. Has a bonding company ever denied, paid out on, or revoked a bond for you? | <input type="radio"/> | <input type="radio"/> |
| 14M. Do you have any unsatisfied judgments or liens against you? | <input type="radio"/> | <input type="radio"/> |

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

ATTACHMENT SHEET

Use this attachment to report continued information.

| SECTION NUMBER | ANSWER |
|----------------|--------|
| | |

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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:

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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.

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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.

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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:

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

U4 - CIVIL JUDICIAL DRP (CONTINUED)

Rev. DRP (05/2009)

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:

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|-------------------------|--------------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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): _____
 If not exact, provide explanation:

☐ Exact☐ Explanation

Start Date (MM/DD/YYYY): _____
 If not exact, provide explanation:

☐ Exact☐ Explanation

End Date (MM/DD/YYYY): _____
 If not exact, provide explanation:

☐ Exact☐ Explanation

Injunction Details

Registration Capacities Affected (e.g., General Securities Principal, Financial Operations Principal, All Capacities, etc.):

Duration (length of time): _____
 If not exact, provide explanation:

☐ Exact☐ Explanation

Start Date (MM/DD/YYYY): _____
 If not exact, provide explanation:

☐ Exact☐ Explanation

End Date (MM/DD/YYYY): _____
 If not exact, provide explanation:

☐ Exact☐ 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): _____
 If not exact, provide explanation:

☐ Exact☐ Explanation

Was any portion of penalty waived?

☐ Yes☐ No

If yes, amount: \$ _____

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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.

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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: _____

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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:

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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.

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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): _____

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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: _____

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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.

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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.

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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: <input type="radio"/> Civil <input type="radio"/> Tax | |
| 4. A. Date Filed with Court (MM/DD/YYYY): _____ <input type="radio"/> Exact <input type="radio"/> Explanation | |
| If not exact, provide explanation: _____ | |
| B. Date individual learned of the Judgment/Lien (MM/DD/YYYY): _____ <input type="radio"/> Exact <input type="radio"/> Explanation | |
| If not exact, provide explanation: _____ | |
| 5. Court action brought in: <input type="radio"/> Federal Court <input type="radio"/> State Court <input type="radio"/> Foreign 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#: _____ | |
| Check this box if the Docket/Case# is your SSN, a Bank Card number, or a Personal Identification Number. <input type="checkbox"/> | |
| 6. Is Judgment/Lien outstanding? <input type="radio"/> Yes <input type="radio"/> 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): _____ <input type="radio"/> Exact <input type="radio"/> Explanation | |
| If not exact, provide explanation: _____ | |
| B. How was matter resolved? (select appropriate item): <input type="radio"/> Discharged <input type="radio"/> Released <input type="radio"/> Removed <input type="radio"/> 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. | |

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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: _____ |

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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)

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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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|-------------------------|--------------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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)

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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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|-------------------------|--------------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

If not exact, provide explanation:

End Date (MM/DD/YYYY): _____ ☐ Exact ☐ Explanation

If not exact, provide explanation:

U4 - REGULATORY ACTION DRP (CONTINUED)

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D. 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:

E. 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 you: \$ _____
 Payment Plan:

Is Payment Plan Current? ☐ Yes ☐ No
 Date Paid by you (MM/DD/YYYY): _____ ☐ Exact ☐ Explanation
 If not exact, provide explanation:

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|-------------------------|--------------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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 you: \$ _____
 Payment Plan:

U4 - REGULATORY ACTION DRP (CONTINUED)

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Is Payment Plan Current? ☐ Yes ☐ No
 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 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 you: \$ _____
 Payment Plan:

Is Payment Plan Current? ☐ Yes ☐ No
 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: \$ _____

14. 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.

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

U4 - TERMINATION 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) 14J** 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":

☐ 14J(1) ☐ 14J(2) ☐ 14J(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: _____ |

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

| | |
|------------------|-------------------|
| INDIVIDUAL NAME: | INDIVIDUAL CRD #: |
| FIRM NAME: | FIRM CRD #: |

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.