INDIVIDUAL NAME:	SSN:
INDIVIDUAL CRD #:	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 firm?: ◯ Yes ◯ No

Office of Employment Address:

◯ Registered ◯ Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE #:	*FIRM* BILLING CODE:	◯ Located At ◯ Supervised From	START DATE:	END DATE:
OFFICE OF EMPLOYMENT ADDRESS STREET 1:			CITY:		STATE:	
OFFICE OF EMPLOYMENT ADDRESS STREET 2:			COUNTRY:		POSTAL CODE:	

Private Residence Check Box: If the Office of Employment address is a private residence, check this box. ☐

◯ Registered ◯ Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE #:	*FIRM* BILLING CODE:	◯ Located At ◯ Supervised From	START DATE:	END DATE:
OFFICE OF EMPLOYMENT ADDRESS STREET 1:			CITY:		STATE:	
OFFICE OF EMPLOYMENT ADDRESS STREET 2:			COUNTRY:		POSTAL CODE:	

Private Residence Check Box: If the Office of Employment address is a private residence, check this box. ☐

◯ Registered ◯ Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE #:	*FIRM* BILLING CODE:	◯ Located At ◯ Supervised From	START DATE:	END DATE:
OFFICE OF EMPLOYMENT ADDRESS STREET 1:			CITY:		STATE:	
OFFICE OF EMPLOYMENT ADDRESS STREET 2:			COUNTRY:		POSTAL CODE:	

Private Residence Check Box: If the Office of Employment address is a private residence, check this box. ☐

2. 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 *filing firm* since the last submission of a fingerprint card to CRD and am not required to resubmit a fingerprint card at this time; or,

◯ By selecting this option, I represent that I have been employed continuously by the *filing firm* and my fingerprints have been processed by an *SRO* other than NASD. 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.

INDIVIDUAL NAME:	SSN:
INDIVIDUAL CRD #:	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 *applicant* maintain registration with a broker-dealer that is not *affiliated* with the *filing firm*? If you answer "yes," list the *firm(s)* in Section 12 (Employment History).	○	○
B. Will *applicant* maintain registration with an investment adviser that is not *affiliated* with the *filing firm*? If you answer "yes," list the *firm(s)* in Section 12 (Employment History).	○	○

INDIVIDUAL NAME:	SSN:
INDIVIDUAL CRD #:	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	NASD	NYSE	AMEX	BSE	NSX	ARCA	CBOE	CHX	PHLX	ISE	NQX
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 (S44)											
FB - Floor Broker											
MB - Market Maker acting as Floor Broker											
OT - Authorized Trader (S7)											
MT - Market Maker Authorized Trader-Equities (S7)											
Other_____ (Paper Form Only)											

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

5. JURISDICTION REGISTRATIONS

Check 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	☐	☐	Illinois	☐	☐	Montana	☐	☐	Puerto Rico	☐	☐
Alaska	☐	☐	Indiana	☐	☐	Nebraska	☐	☐	Rhode Island	☐	☐
Arizona	☐	☐	Iowa	☐	☐	Nevada	☐	☐	South Carolina	☐	☐
Arkansas	☐	☐	Kansas	☐	☐	New Hampshire	☐	☐	South Dakota	☐	☐
California	☐	☐	Kentucky	☐	☐	New Jersey	☐	☐	Tennessee	☐	☐
Colorado	☐	☐	Louisiana	☐	☐	New Mexico	☐	☐	Texas	☐	☐
Connecticut	☐	☐	Maine	☐	☐	New York	☐	☐	Utah	☐	☐
Delaware	☐	☐	Maryland	☐	☐	North Carolina	☐	☐	Vermont	☐	☐
District of Columbia	☐	☐	Massachusetts	☐	☐	North Dakota	☐	☐	Virgin Islands	☐	☐
Florida	☐	☐	Michigan	☐	☐	Ohio	☐	☐	Virginia	☐	☐
Georgia	☐	☐	Minnesota	☐	☐	Oklahoma	☐	☐	Washington	☐	☐
Hawaii	☐	☐	Mississippi	☐	☐	Oregon	☐	☐	West Virginia	☐	☐
Idaho	☐	☐	Missouri	☐	☐	Pennsylvania	☐	☐	Wisconsin	☐	☐
									Wyoming	☐	☐

☐ AGENT OF THE ISSUER REGISTRATION (AI) Indicate 2 letter *jurisdiction* code(s):_____

INDIVIDUAL NAME:	SSN:
INDIVIDUAL CRD #:	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 firm?:** ❍ Yes ❍ No
***AFFILIATED FIRM* BILLING CODE:**	
Office of Employment Address:	

❍ Registered ❍ Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE #:	*FIRM* BILLING CODE:	❍ Located At ❍ Supervised From	START DATE:	END DATE:

OFFICE OF EMPLOYMENT ADDRESS STREET 1:	CITY:	STATE:
OFFICE OF EMPLOYMENT ADDRESS STREET 2:	COUNTRY:	POSTAL CODE:

Private Residence Check Box: If the Office of Employment address is a private residence, check this box. ☐

❍ Registered ❍ Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE #:	*FIRM* BILLING CODE:	❍ Located At ❍ Supervised From	START DATE:	END DATE:

OFFICE OF EMPLOYMENT ADDRESS STREET 1:	CITY:	STATE:
OFFICE OF EMPLOYMENT ADDRESS STREET 2:	COUNTRY:	POSTAL CODE:

Private Residence Check Box: If the Office of Employment address is a private residence, check this box. ☐

❍ Registered ❍ Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE #:	*FIRM* BILLING CODE:	❍ Located At ❍ Supervised From	START DATE:	END DATE:

OFFICE OF EMPLOYMENT ADDRESS STREET 1:	CITY:	STATE:
OFFICE OF EMPLOYMENT ADDRESS STREET 2:	COUNTRY:	POSTAL CODE:

Private Residence Check Box: If the Office of Employment address is a private residence, check this box. ☐

☐ 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*.

INDIVIDUAL NAME:	SSN:
INDIVIDUAL CRD #:	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 NASD. 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.

☐ **S3**	☐ **S11**	☐ **S23**	☐ **S32**	☐ **S46**	☐ **S66**	☐ **S201**
☐ **S4**	☐ **S14**	☐ **S24**	☐ **S33**	☐ **S51**	☐ **S72**	
☐ **S5**	☐ **S14A**	☐ **S25**	☐ **S37**	☐ **S52**	☐ **S73**	
☐ **S6**	☐ **S15**	☐ **S26**	☐ **S38**	☐ **S53**	☐ **S82**	
☐ **S7**	☐ **S16**	☐ **S27**	☐ **S39**	☐ **S55**	☐ **S86**	
☐ **S7A**	☐ **S17**	☐ **S28**	☐ **S42**	☐ **S62**	☐ **S87**	
☐ **S9**	☐ **S21**	☐ **S30**	☐ **S44**	☐ **S63**	☐ **S101**	
☐ **S10**	☐ **S22**	☐ **S31**	☐ **S45**	☐ **S65**	☐ **S106**	

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.

☐ **Certified Financial Planner**	☐ **Chartered Financial Consultant (ChFC)**	☐ **Personal Financial Specialist (PFS)**
☐ **Chartered Financial Analyst (CFA)**	☐ **Chartered Investment Counselor (CIC)**	

INDIVIDUAL NAME:	SSN:
INDIVIDUAL CRD #:	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: ◯ MALE ◯ 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:

INDIVIDUAL NAME:	SSN:
INDIVIDUAL CRD #:	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:
FROM (MM/YYYY):	TO (MM/YYYY):	STREET ADDRESS 1:	STREET ADDRESS 2:
CITY:	STATE:	COUNTRY:	POSTAL CODE:

INDIVIDUAL NAME:	SSN:
INDIVIDUAL CRD #:	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? ◯ Yes ◯ No	POSITION HELD:
FROM (MM/YYYY):	TO (MM/YYYY):	NAME OF *FIRM* OR COMPANY:	CITY:
STATE:	COUNTRY:	*INVESTMENT-RELATED* BUSINESS? ◯ Yes ◯ No	POSITION HELD:
FROM (MM/YYYY):	TO (MM/YYYY):	NAME OF *FIRM* OR COMPANY:	CITY:
STATE:	COUNTRY:	*INVESTMENT-RELATED* BUSINESS? ◯ Yes ◯ No	POSITION HELD:
FROM (MM/YYYY):	TO (MM/YYYY):	NAME OF *FIRM* OR COMPANY:	CITY:
STATE:	COUNTRY:	*INVESTMENT-RELATED* BUSINESS? ◯ Yes ◯ No	POSITION HELD:
FROM (MM/YYYY):	TO (MM/YYYY):	NAME OF *FIRM* OR COMPANY:	CITY:
STATE:	COUNTRY:	*INVESTMENT-RELATED* BUSINESS? ◯ Yes ◯ No	POSITION HELD:
FROM (MM/YYYY):	TO (MM/YYYY):	NAME OF *FIRM* OR COMPANY:	CITY:
STATE:	COUNTRY:	*INVESTMENT-RELATED* BUSINESS? ◯ Yes ◯ No	POSITION HELD:
FROM (MM/YYYY):	TO (MM/YYYY):	NAME OF *FIRM* OR COMPANY:	CITY:
STATE:	COUNTRY:	*INVESTMENT-RELATED* BUSINESS? ◯ Yes ◯ No	POSITION HELD:
FROM (MM/YYYY):	TO (MM/YYYY):	NAME OF *FIRM* OR COMPANY:	CITY:
STATE:	COUNTRY:	*INVESTMENT-RELATED* BUSINESS? ◯ Yes ◯ No	POSITION HELD:
FROM (MM/YYYY):	TO (MM/YYYY):	NAME OF *FIRM* OR COMPANY:	CITY:
STATE:	COUNTRY:	*INVESTMENT-RELATED* BUSINESS? ◯ Yes ◯ No	POSITION HELD:
FROM (MM/YYYY):	TO (MM/YYYY):	NAME OF *FIRM* OR COMPANY:	CITY:
STATE:	COUNTRY:	*INVESTMENT-RELATED* BUSINESS? ◯ Yes ◯ No	POSITION HELD:
FROM (MM/YYYY):	TO (MM/YYYY):	NAME OF *FIRM* OR COMPANY:	CITY:
STATE:	COUNTRY:	*INVESTMENT-RELATED* BUSINESS? ◯ Yes ◯ No	POSITION HELD:
FROM (MM/YYYY):	TO (MM/YYYY):	NAME OF *FIRM* OR COMPANY:	CITY:
STATE:	COUNTRY:	*INVESTMENT-RELATED* BUSINESS? ◯ Yes ◯ No	POSITION HELD:
FROM (MM/YYYY):	TO (MM/YYYY):	NAME OF *FIRM* OR COMPANY:	CITY:
STATE:	COUNTRY:	*INVESTMENT-RELATED* BUSINESS? ◯ Yes ◯ No	POSITION HELD:

INDIVIDUAL NAME:	SSN:
INDIVIDUAL CRD #:	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.

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

14. DISCLOSURE QUESTIONS

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS 'YES',
COMPLETE DETAILS OF ALL EVENTS OR PROCEEDINGS ON APPROPRIATE DRP(S)

REFER TO THE EXPLANATION OF TERMS SECTION OF FORM U4 INSTRUCTIONS FOR EXPLANATIONS OF ITALICIZED TERMS.

	YES	NO
Criminal Disclosure		
14A. (1) Have you ever:		
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any *felony*?	❍	❍
(b) been *charged* with any *felony*?	❍	❍
(2) Based upon activities that occurred while you exercised *control* over it, has an organization ever:		
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any *felony*?	❍	❍
(b) been *charged* with any *felony*?	❍	❍
14B. (1) Have you ever:		
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a *misdemeanor involving*: investments or an *investment-related* business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	❍	❍
(b) been *charged* with a *misdemeanor* specified in 14B(1)(a)?	❍	❍
(2) Based upon activities that occurred while you exercised *control* over it, has an organization ever:		
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to a *misdemeanor* specified in 14B(1)(a)?	❍	❍
(b) been *charged* with a *misdemeanor* specified in 14B(1)(a)?	❍	❍
Regulatory Action Disclosure		
14C. Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:		
(1) *found* you to have made a false statement or omission?	❍	❍
(2) *found* you to have been *involved* in a violation of its regulations or statutes?	❍	❍
(3) *found* you to have been a cause of an *investment-related* business having its authorization to do business denied, suspended, revoked, or restricted?	❍	❍
(4) entered an *order* against you in connection with *investment-related* activity?	❍	❍
(5) imposed a civil money penalty on you, or *ordered* you to cease and desist from any activity?	❍	❍
14D. (1) Has any other Federal regulatory agency or any state regulatory agency or *foreign financial regulatory authority* ever:		
(a) *found* you to have made a false statement or omission or been dishonest, unfair or unethical?	❍	❍
(b) *found* you to have been *involved* in a violation of *investment-related* regulation(s) or statute(s)?	❍	❍
(c) *found* you to have been a cause of an *investment-related* business having its authorization to do business denied, suspended, revoked or restricted?	❍	❍
(d) entered an *order* against you in connection with an *investment-related* activity?	❍	❍
(e) denied, suspended, or revoked your registration or license or otherwise, by *order*, prevented you from associating with an *investment-related* business or restricted your activities?	❍	❍
(2) Have you been subject to any *final order* 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 *federal banking agency*, or the National Credit Union Administration, that:		
(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	❍	❍
(b) (b) constitutes a *final order* based on violations of any laws or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	❍	❍
14E. Has any *self-regulatory organization* or commodities exchange ever:		
(1) *found* you to have made a false statement or omission?	❍	❍
(2) *found* you to have been *involved* in a violation of its rules (other than a violation designated as a "*minor rule violation*" under a plan approved by the U.S. Securities and Exchange Commission)?	❍	❍
(3) *found* you to have been the cause of an *investment-related* business having its authorization to do business denied, suspended, revoked or restricted?	❍	❍
(4) disciplined you by expelling or suspending you from membership, barring or suspending your association with its members, or restricting your activities?	❍	❍

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

14. DISCLOSURE QUESTIONS (CONTINUED)

	YES	NO
14F. Have you ever had an authorization to act as an attorney, accountant or federal contractor that was revoked or suspended?	❍	❍
14G. Have you been notified, in writing, that you are now the subject of any:		
(1) regulatory complaint or *proceeding* that could result in a "yes" answer to any part of 14C, D or E? (*If "yes", complete the Regulatory Action Disclosure Reporting Page.)*	❍	❍
(2) *investigation* that could result in a "yes" answer to any part of 14A, B, C, D or E? (*If "yes", complete the Investigation Disclosure Reporting Page.*)	❍	❍
Civil Judicial Disclosure		
14H. (1) Has any domestic or foreign court ever:		
(a) *enjoined* you in connection with any *investment-related* activity?	❍	❍
(b) *found* that you were *involved* in a violation of any *investment-related* statute(s) or regulation(s)?	❍	❍
(c) dismissed, pursuant to a settlement agreement, an *investment-related* civil action brought against you by a state or *foreign financial regulatory authority*?	❍	❍
(2) Are you named in any pending *investment-related* civil action that could result in a "yes" answer to any part of 14H(1)?	❍	❍
Customer Complaint/Arbitration/Civil Litigation Disclosure		
14I. (1) Have you ever been named as a respondent/defendant in an *investment-related,* consumer-initiated arbitration or civil litigation which alleged that you were *involved* in one or more *sales practice violations* and which:		
(a) is still pending, or;	❍	❍
(b) resulted in an arbitration award or civil judgment against you, regardless of amount, or;	❍	❍
(c) was settled for an amount of $10,000 or more?	❍	❍
(2) Have you ever been the subject of an *investment-related*, consumer-initiated complaint, not otherwise reported under question 14I(1) above, which alleged that you were *involved* in one or more *sales practice violations*, and which complaint was settled for an amount of $10,000 or more?	❍	❍
(3) Within the past twenty four (24) months, have you been the subject of an *investment-related*, consumer-initiated, written complaint, not otherwise reported under question 14I(1) or (2) above, which:		
(a) alleged that you were *involved* in one or more *sales practice violations* 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 *firm* has made a good faith determination that the damages from the alleged conduct would be less than $5,000), or;	❍	❍
(b) alleged that you were *involved* in forgery, theft, misappropriation or conversion of funds or securities?	❍	❍
Termination Disclosure		
14J. Have you ever voluntarily *resigned*, been discharged or permitted to *resign* after allegations were made that accused you of:		
(1) violating *investment-related* statutes, regulations, rules, or industry standards of conduct?	❍	❍
(2) fraud or the wrongful taking of property?	❍	❍
(3) failure to supervise in connection with *investment-related* statutes, regulations, rules or industry standards of conduct?	❍	❍
Financial Disclosure		
14K. Within the past 10 years:		
(1) have you made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?	❍	❍
(2) based upon events that occurred while you exercised *control* over it, has an organization made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy	❍	❍
(3) based upon events that occurred while you exercised *control* 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?	❍	❍
14L. Has a bonding company ever denied, paid out on, or revoked a bond for you?	❍	❍
14M. Do you have any unsatisfied judgments or liens against you?	❍	❍

INDIVIDUAL NAME:	SSN:
INDIVIDUAL CRD #:	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

INDIVIDUAL NAME:	SSN:
INDIVIDUAL CRD #:	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

INDIVIDUAL NAME:	SSN:
INDIVIDUAL CRD #:	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

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

ATTACHMENT SHEET

Use this attachment to report continued information.

SECTION NUMBER	ANSWER

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

DISCLOSURE REPORTING PAGES

U4 - BANKRUPTCY/SIPC/COMPROMISE WITH CREDITORS DRP

This Disclosure Reporting Page is an ○ **INITIAL OR** ○ **AMENDED** response to report details for affirmative responses to ***Questions 14K(1), 14K(2), and 14K(3)*** on Form U4;

Check question(s) you are responding to: ☐ **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:_____

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*, enter organization name and your position, title or relationship:

   Was the organization *investment-related*? ○ **Yes** ○ **No**

4. Court action brought in (Name of Federal, State or Foreign Court), Location of Court (City or County and State or Country), Docket/Case Number and Bankruptcy Chapter Number (if Federal Bankruptcy Filing):

5. Is action currently pending? ○ **Yes** ○ **No**

6. If not pending, provide Disposition Type:_____

7. Disposition Date (MM/DD/YYYY):_____ ○ **Exact** ○ **Explanation**

   If not exact, provide explanation:

8. Provide a brief summary of events leading to the action and if not discharged, explain. (Your information must fit within the space provided.):

9. If a SIPA trustee was appointed or a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the name of the trustee:

   Currently Open? ○ **Yes** ○ **No**

   Date Direct Payment Initiated/Filed or Trustee Appointed (MM/DD/YYYY):_____ ○ **Exact** ○ **Explanation**

   If not exact, provide explanation:

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.

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

U4 - BOND DRP

This Disclosure Reporting Page is an ○ **INITIAL OR** ○ **AMENDED** response to report details for affirmative response to ***Question 14L*** on Form U4;

Check question you are responding to: ☐ **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: _____

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

5. If disposition resulted in Payout, list Payout Amount and Date Paid:

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.

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

U4 - CIVIL JUDICIAL DRP

This Disclosure Reporting Page is an ○ **INITIAL OR** ○ **AMENDED** response to report details for affirmative response to ***Question 14H*** on Form U4;

Check question(s) you are responding to:

☐ **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 to the same event. Unrelated civil judicial actions must be reported on separate DRPs.

1. Court Action intiated by: (Name of regulator, *foreign financial regulatory authority, SRO*, commodities exchange, Agency, *Firm*, Private Plaintiff, etc.)

2. Principal Relief Sought:_____
   Other Relief Sought:

3. Filing Date of Court Action (MM/DD/YYYY):_____ ○ **Exact** ○ **Explanation**
   If not exact, provide explanation:

4. Principal Product Type:_____
   Other Product Types:

5. Formal Action was brought in (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case Number):

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 on appeal, action appealed to (provide name of court): Date Appeal Filed (MM/DD/YYYY):

10. If Pending, date notice/process was served (MM/DD/YYYY):_____ ○ **Exact** ○ **Explanation**
    If not exact, provide explanation:

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

U4 - CIVIL JUDICIAL DRP (CONTINUED)

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 14 only.

11. How was matter resolved:_____

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

13. Resolution Detail:
    A. Were any of the following Sanctions Ordered or Relief Granted? (Check appropriate items):
    ☐ **Monetary/Fine** Amount: $_____ ☐ **Revocation/Expulsion/Denial** ☐ **Disgorgement/Restitution**
    ☐ **Censure** ☐ **Cease and Desist/Injunction** ☐ **Bar** ☐ **Suspension**
    B. Other Sanctions:
    C. Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you, date paid and if any portion of penalty was waived:

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.

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

U4 - CRIMINAL DRP

This Disclosure Reporting Page is an ○ **INITIAL OR** ○ **AMENDED** response to report details for affirmative responses to ***Questions 14A and 14B*** on Form U4;

Check question(s) you are responding to:

☐ **14A(1)(a)** ☐ **14A(1)(b)** ☐ **14A(2)(a)** ☐ **14A(2)(b)** ☐ **14B(1)(a)** ☐ **14B(1)(b)** ☐ **14B(2)(a)** ☐ **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*: Enter Organization Name, whether or not the organizaton was an *investment-related* business and your position, title or relationship.

2. Formal Charge(s) were brought in: (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).

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

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

   If not exact, provide explanation:

   B. Event Disclosure Detail **(include Charge(s)/Charge Description(s), and for each charge provide: 1. number of counts, 2. *felony* or *misdemeanor*, 3. plea for each charge, and 4. product type if charge is *investment-related*)**:

   C. Did any of the Charge(s) within the Event involve a *Felony*? ○ **Yes** ○ **No**

   D. Current status of the Event? ○ **Pending** ○ **On Appeal** ○ **Final**

   E. Event Status Date (complete unless status is Pending) (MM/DD/YYYY):_____ ○ **Exact** ○ **Explanation**

   If not exact, provide explanation:

4. **Disposition Disclosure Detail**

   Include for each charge, A. Disposition Type [e.g., convicted, acquitted, dismissed, pretrial, etc.], B. Date, C. Sentence/Penalty, D. Duration [if sentence - suspension, probation, etc.], E. Start Date of Penalty, F. Penalty/Fine Amount and G. Date Paid.

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.

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

U4 - CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DRP

This Disclosure Reporting Page is an ○ **INITIAL OR** ○ **AMENDED** response to report details for affirmative response to ***Question 14I*** on Form U4;

Check question(s) you are responding to:

☐ **14I(1)(a)** ☐ **14I(1)(b)** ☐ **14I(1)(c)** ☐ **14I(2)** ☐ **14I(3)(a)** ☐ **14I(3)(b)**

One event may result in more than one affirmative answer to the above items. Use only one DRP to report details related to one customer complaint/arbitration/civil litigation. Use a separate DRP for each customer complaint/arbitration/civil litigation.

DRP Instructions:
- In all matters (i.e., customer complaints, arbitrations/CFTC reparations, civil litigations), complete items 1-6.
- If the matter involves only a customer complaint, also complete items 7-12, as appropriate.
- If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.
- If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.
- If the matter involves a civil litigation, complete items 20-27.
- Item 28 is an optional field and applies to all event types (i.e., customer complaint, arbitration/CFTC reparation, civil litigation).

Complete items 1-6 for all events.

1. Customer Name(s):

2. Customer(s) State of Residence:_____
   Other state(s) of residence/detail:

3. Employing *Firm* when activities occurred which led to the complaint:_____

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

5. Principal Product Type: _____ Other Product Types:

6. Alleged Compensatory Damage Amount: $_____

If the matter involves only a customer complaint, complete items 7-12 as appropriate.

7. Date customer complaint was received (MM/DD/YYYY): _____ ○ **Exact** ○ **Explanation**
   If not exact, provide explanation:

8. Is the customer complaint pending? ○ **Yes** ○ **No**

If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.

9. If the customer complaint is not pending, provide status:
   If status is settlement, complete items 11 and 12;
   If status is arbitration/reparation, complete items 13-19;
   If status is litigation, complete items 20-27.

   ○ **Closed/No Action** ○ **Withdrawn** ○ **Denied** ○ **Settled** ○ **Arbitration/Reparation** ○ **Litigation**

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

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

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

11. Settlement Amount (if settled without arbitration, litigation or reparation): $_____

12. Individual Contribution Amount: $_____

If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.

13. Arbitration/Reparation claim filed with (NASD, AAA, NYSE, CBOE, CFTC, etc.) and Docket/Case Number:

14. Date notice/process was served (MM/DD/YYYY):_____ ◯ **Exact** ◯ **Explanation**
If not exact, provide explanation:

15. Is arbitration/reparation pending? ◯ **Yes** ◯ **No**

16. If the arbitration/reparation is not pending, what was the disposition?:_____

17. Disposition Date (MM/DD/YYYY):_____ ◯ **Exact** ◯ **Explanation**
If not exact, provide explanation:

18. Amount of Monetary Compensation (award, settlement, reparation amount): $_____

19. Individual Contribution Amount: $_____

If the matter involves a civil litigation, complete items 20-27.

20. Court that case was filed in (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).

21. Date notice/process was served (MM/DD/YYYY):_____ ◯ **Exact** ◯ **Explanation**
If not exact, provide explanation:

22. Is the civil litigation pending? ◯ **Yes** ◯ **No**

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

24. Disposition Date (MM/DD/YYYY):_____ ◯ **Exact** ◯ **Explanation**
If not exact, provide explanation:

25. Amount of Monetary Compensation (judgment, restitution, settlement amount): $_____

26. Individual Contribution Amount: $_____

27. If the action is currently on appeal enter date appeal filed (MM/DD/YYYY):_____ ◯ **Exact** ◯ **Explanation**
If not exact, provide explanation:

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

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

U4 - INVESTIGATION DRP

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

Check question you are responding to: ☐ **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 1, 2, 3 and 4 of this DRP to update. One event may result in more than one *investigation*. If more than one authority is investigating you, use a separate DRP to provide details.

1. Notice Received From: (Name of Regulator, Agency, *SRO*, etc. initiating the *investigation*):_____

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

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

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

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

U4 - JUDGMENT/LIEN DRP

This Disclosure Reporting Page is an ○ **INITIAL OR** ○ **AMENDED** response to report details for affirmative response to ***Question 14M*** on Form U4;

Check question you are responding to: ☐ **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:_____

4. Date Filed (MM/DD/YYYY):_____ ○ **Exact** ○ **Explanation**

   If not exact, provide explanation:

5. Is Judgment/Lien outstanding? ○ **Yes** ○ **No**

   If No, provide status date (MM/DD/YYYY):_____ ○ **Exact** ○ **Explanation**

   If not exact, provide explanation:

   If No, how was matter resolved?

6. Court (Name of Federal, State or Foreign Court), Location of Court (City or County and State or Country) and Docket/Case Number:

7. 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.

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

U4 - REGULATORY ACTION DRP

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

Check question(s) you are responding to:

☐ **14C(1)** ☐ **14C(2)** ☐ **14C(3)** ☐ **14C(4)** ☐ **14C(5)** ☐ **14D(1)(a)** ☐ **14D(1)(b)** ☐ **14D(1)(c)**

☐ **14D(1)(d)** ☐ **14D(1)(e)** ☐ **14D(2)(a)** ☐ **14D(2)(b)** ☐ **14E(1)** ☐ **14E(2)** ☐ **14E(3)** ☐ **14E(4)**

☐ **14F** ☐ **14G(1)**

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

1. Regulatory Action initiated by: ○ **SEC** ○ **Other Federal** ○ **State** ○ ***SRO*** ○ **Foreign**
   ○ ***Federal Banking Agency*** ○ **National Credit Union Administration** ○ **Other**
   (Full name of regulator, *foreign financial regulatory authority*, Federal, State, *SRO,* commodities exchange or National Credit Union Administration)

2. Principal Sanction:_____
   Other Sanctions:

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

4. Docket/Case Number:_____

5. Employing *Firm* when activity occurred which led to the regulatory action:_____

6. Principal Product Type:_____
   Other Product Types:

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

8. Current status? ○ **Pending** ○ **On Appeal** ○ **Final**

9. If on appeal, regulatory action appealed to: (SEC, *SRO*, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was the matter resolved:_____

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

12. **Resolution Detail:**
    A. Were any of the following sanctions ordered? (Check all appropriate items):
    ☐ **Monetary/Fine** Amount: $_____ ☐ **Revocation/Expulsion/Denial** ☐ **Disgorgement/Restitution**
    ☐ **Censure** ☐ **Cease and Desist/Injunction** ☐ **Bar** ☐ **Suspension**
    B. Other sanctions ordered:

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

U4 - REGULATORY ACTION DRP (CONTINUED)

C. Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you, date paid and if any portion of penalty was waived:

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

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

U4 - TERMINATION DRP

This Disclosure Reporting Page is an ❍ **INITIAL OR** ❍ **AMENDED** response to report details for affirmative response to ***Question 14J*** on Form U4;

Check question(s) you are responding to: ☐ **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:_____

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

4. Allegation(s):

5. Principal Product Type:_____ Other Product Types:

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