

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

NOTICE TO THE INDIVIDUAL WHO IS THE SUBJECT OF THIS FILING

Even if you are no longer registered you continue to be subject to the jurisdiction of regulators for at least two years after your registration is terminated and may have to provide information about your activities while associated with this firm. Therefore, you must forward any residential address changes for two years following your termination date or last Form U5 amendment to: CRD Address Changes, P.O. Box 9495, Gaithersburg, MD 20898-9495.

1. GENERAL INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:	SUFFIX:
FIRM CRD #:	FIRM NAME:	FIRM NFA#:	
INDIVIDUAL CRD #:	INDIVIDUAL SSN:	INDIVIDUAL NFA#:	FIRM Billing Code:

Office of Employment Address:

<input type="radio"/> Registered <input type="radio"/> Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE #:	FIRM BILLING CODE:	<input type="radio"/> Located At <input type="radio"/> Supervised From	START DATE:	END DATE:
OFFICE OF EMPLOYMENT ADDRESS STREET 1:			CITY:	STATE:		
OFFICE OF EMPLOYMENT ADDRESS STREET 2:			COUNTRY:	POSTAL CODE:		

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

<input type="radio"/> Registered <input type="radio"/> Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE #:	FIRM BILLING CODE:	<input type="radio"/> Located At <input type="radio"/> Supervised From	START DATE:	END DATE:
OFFICE OF EMPLOYMENT ADDRESS STREET 1:			CITY:	STATE:		
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Private Residence Check Box: If the Office of Employment address is a private residence, check this box.

<input type="radio"/> Registered <input type="radio"/> Non-Registered	CRD BRANCH #:	NYSE BRANCH CODE #:	FIRM BILLING CODE:	<input type="radio"/> Located At <input type="radio"/> Supervised From	START DATE:	END DATE:
OFFICE OF EMPLOYMENT ADDRESS STREET 1:			CITY:	STATE:		
OFFICE OF EMPLOYMENT ADDRESS STREET 2:			COUNTRY:	POSTAL CODE:		

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

2. CURRENT RESIDENTIAL ADDRESS

NOTICE TO THE FIRM: This is the last reported residential address. If this is not current, please enter the current residential address.	FROM (MM/YYYY):	TO (MM/YYYY):
ADDRESS STREET 1:	CITY:	STATE:
ADDRESS STREET 2:	COUNTRY:	POSTAL CODE:

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

3. FULL TERMINATION

Is this a **FULL TERMINATION?** Yes No
 Note: A "Yes" response will terminate ALL registrations with all SROs and all jurisdictions.

Reason For Termination:
 Discharged Other Permitted to Resign Deceased Voluntary

Termination Explanation:
 If the Reason for Termination entered above is Permitted to Resign, Discharged or Other, provide an explanation below:

If amending the Reason for Termination and/or termination explanation, provide an explanation below:

4. DATE OF TERMINATION

Date Terminated (MM/DD/YYYY): _____

A complete date of termination is required for *full termination*. This date represents the date the *firm* terminated the individual's association with the *firm* in a capacity for which registration is required.

For *partial termination*, the date of termination is only applicable to post-dated termination requests during the renewal period.

Notes: For *full termination*, this date is used by *jurisdictions/SROs* to determine whether an individual is required to requalify by examination or obtain an appropriate waiver upon reassociating with another *firm*.

The *SRO/jurisdiction* determines the effective date of termination of registration.

If amending the Date of Termination, provide an explanation below:

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

5. PARTIAL TERMINATION

For a *partial termination*, do not complete the Reason for Termination in Section 3 (FULL TERMINATION) or Section 7 (DISCLOSURE QUESTIONS). The Reason for Termination and Section 7 (DISCLOSURE QUESTIONS) should only be completed on Form U5 for *full termination* requests.

5A. SRO PARTIAL TERMINATION

If this is a **PARTIAL TERMINATION**, mark the appropriate **SRO** registration categories to be terminated.

REGISTRATION CATEGORY	FINRA	NYSE	AMEX	BATS	BX	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:	INDIVIDUAL CRD #:
FIRM NAME:	FIRM CRD #:

5B. JURISDICTION PARTIAL TERMINATION

Check appropriate *jurisdiction(s)* for broker-dealer agent (AG) and/or investment adviser representative (RA) termination.

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

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

6. AFFILIATED FIRM TERMINATION

Is this a *multiple termination* with one or more *firms affiliated* with the *filing firm*? Yes No

If "yes" to the above question and the termination requests for the *filing firm* are identical to the termination requests of each *affiliated firm*, then mark the same termination request for each affiliate. If the termination requests of the *affiliated firm(s)* differ from those of the *filing firm*, complete the *SRO* and/or *jurisdiction* sections for each *affiliated firm*.

AFFILIATED FIRM CRD #:	AFFILIATED FIRM NAME:	AFFILIATED FIRM BILLING CODE:
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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:
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OFFICE OF EMPLOYMENT ADDRESS STREET 2:	COUNTRY:	POSTAL CODE:
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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:
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OFFICE OF EMPLOYMENT ADDRESS STREET 2:	COUNTRY:	POSTAL CODE:
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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:
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OFFICE OF EMPLOYMENT ADDRESS STREET 2:	COUNTRY:	POSTAL CODE:
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Private Residence Check Box: If the Office of Employment address is a private residence, check this box.

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

7. DISCLOSURE QUESTIONS

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IN SECTION 7 IS 'YES', COMPLETE DETAILS OF ALL EVENTS OR PROCEEDINGS ON APPROPRIATE DRP(S). IF THE INFORMATION IN SECTION 7 HAS ALREADY BEEN REPORTED ON FORM U4 OR FORM U5, DO NOT RESUBMIT DRPs FOR THESE ITEMS. REFER TO THE EXPLANATION OF TERMS SECTION OF FORM U5 INSTRUCTIONS FOR EXPLANATION OF ITALICIZED WORDS.

Disclosure Certification Checkbox (optional):

By selecting the Disclosure Certification Checkbox, the *firm* certifies that (1) there is no additional information to be reported at this time; (2) details relating to Questions 7A, 7C, 7D and 7E have been previously reported on behalf of the individual via Form U4 and/or amendments to Form U4 (if applicable); and (3) updated information will be provided, if needed, as it becomes available to the firm.
 Note: Use of "Disclosure Certification Checkbox" is optional.

	Yes	No
Investigation Disclosure		
7A. Currently is, or at termination was, the individual the subject of an <i>investigation</i> or <i>proceeding</i> by a domestic or foreign governmental body or <i>self-regulatory organization</i> with jurisdiction over <i>investment-related</i> businesses? (Note: Provide details of an <i>investigation</i> on an Investigation Disclosure Reporting Page and details regarding a <i>proceeding</i> on a Regulatory Action Disclosure Reporting Page.)	<input type="radio"/>	<input type="radio"/>
Internal Review Disclosure		
7B. Currently is, or at termination was, the individual under internal review for fraud or wrongful taking of property, or violating <i>investment-related</i> statutes, regulations, rules or industry standards of conduct?	<input type="radio"/>	<input type="radio"/>
Criminal Disclosure		
7C. While employed by or associated with your <i>firm</i> , or in connection with events that occurred while the individual was employed by or associated with your <i>firm</i> , was the individual:		
1. convicted of or did the individual plead guilty or nolo contendere ("no contest") in a domestic, foreign or military court to any <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
2. <i>charged</i> with any <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
3. convicted of or did the individual plead guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a <i>misdemeanor involving</i> : investments or an <i>investment-related</i> business, or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	<input type="radio"/>	<input type="radio"/>
4. <i>charged</i> with a <i>misdemeanor</i> specified in item 7(C)(3)?	<input type="radio"/>	<input type="radio"/>
Regulatory Action Disclosure		
7D. While employed by or associated with your <i>firm</i> , or in connection with events that occurred while the individual was employed by or associated with your <i>firm</i> , was the individual <i>involved</i> in any <i>disciplinary action</i> by a domestic or foreign governmental body or <i>self-regulatory organization</i> (other than those designated as a " <i>minor rule violation</i> " under a plan approved by the U.S. Securities and Exchange Commission) with jurisdiction over the <i>investment-related</i> businesses?	<input type="radio"/>	<input type="radio"/>
Customer Complaint/Arbitration/Civil Litigation Disclosure		
7E. 1. In connection with events that occurred while the individual was employed by or associated with your <i>firm</i> , was the individual <u>named</u> as a respondent/defendant in an <i>investment-related</i> , consumer-initiated arbitration or civil litigation which alleged that the individual was <i>involved</i> in one or more <i>sales practice violations</i> and which:		
(a) is still pending, or;	<input type="radio"/>	<input type="radio"/>
(b) resulted in an arbitration award or civil judgment against the individual, regardless of amount, or;	<input type="radio"/>	<input type="radio"/>
(c) was settled, prior to 05/18/2009, for an amount of \$10,000 or more, or;	<input type="radio"/>	<input type="radio"/>
(d) was settled, on or after 05/18/2009, for an amount of \$15,000 or more?	<input type="radio"/>	<input type="radio"/>
2. In connection with events that occurred while the individual was employed by or associated with your <i>firm</i> , was the individual the subject of an <i>investment-related</i> , consumer-initiated (written or oral) complaint, which alleged that the individual was <i>involved</i> in one or more <i>sales practice violations</i> , and which		
(a) was settled, prior to 05/18/2009, for an amount of \$10,000 or more, or;	<input type="radio"/>	<input type="radio"/>
(b) was settled, on or after 05/18/2009, for an amount of \$15,000 or more?	<input type="radio"/>	<input type="radio"/>

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

7. DISCLOSURE QUESTIONS (CONTINUED)

	Yes	No
<p>3. In connection with events that occurred while the individual was employed by or associated with your <i>firm</i>, was the individual the subject of an <i>investment-related</i>, consumer-initiated, written complaint, not otherwise reported under question 7(E)(2) above, which:</p> <p>(a) would be reportable under question 14I(3)(a) on Form U4, if the individual were still employed by your <i>firm</i>, but which has not previously been reported on the individual's Form U4 by your <i>firm</i>; or</p> <p>(b) would be reportable under question 14I(3)(b) on Form U4, if the individual were still employed by your <i>firm</i>, but which has not previously been reported on the individual's Form U4 by your <i>firm</i>.</p>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
<p>Answer questions (4) and (5) below only for arbitration claims or civil litigation filed on or after 05/18/2009.</p>		
<p>4. In connection with events that occurred while the individual was employed by or associated with your <i>firm</i>, was the individual the subject of an <i>investment-related</i>, consumer-initiated, arbitration claim or civil litigation which alleged that the individual was <i>involved</i> in one or more <i>sales practice violations</i>, and which:</p> <p>(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. In connection with events that occurred while the individual was employed by or associated with your <i>firm</i>, was the individual the subject of an <i>investment-related</i>, consumer-initiated, arbitration claim or civil litigation not otherwise reported under question 7E(4) above, which:</p> <p>(a) would be reportable under question 14I(5)(a) on Form U4, if the individual were still employed by your <i>firm</i>, but which has not previously been reported on the individual's Form U4 by your <i>firm</i>; or</p> <p>(b) would be reportable under question 14I(5)(b) on Form U4, if the individual were still employed by your <i>firm</i>, but which has not previously been reported on the individual's Form U4 by your <i>firm</i>.</p>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
<p>Termination Disclosure</p>		
<p>7F. Did the individual voluntarily <i>resign</i> from your <i>firm</i>, or was the individual discharged or permitted to <i>resign</i> from your <i>firm</i>, after allegations were made that accused the individual of:</p> <p>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"/>

8. SIGNATURE

Please Read Carefully

All signatures required on this Form U5 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.

8A. FIRM ACKNOWLEDGMENT

This section must be completed on all U5 form filings submitted by the *firm*.

8B. INDIVIDUAL ACKNOWLEDGMENT AND CONSENT

This section must be completed on amendment U5 form filings where the individual is submitting changes to Part II of the INTERNAL REVIEW DRP or changes to Section 2 (CURRENT RESIDENTIAL ADDRESS).

8A. FIRM ACKNOWLEDGMENT

I VERIFY THE ACCURACY AND COMPLETENESS OF THE INFORMATION CONTAINED IN AND WITH THIS FORM.

Person to contact for further information

Telephone # of person to contact

Signature of *Appropriate Signatory*

Date (MM/DD/YYYY)

Type or Print Name of *Appropriate Signatory*

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

8B. INDIVIDUAL ACKNOWLEDGMENT AND CONSENT

I VERIFY THE ACCURACY AND COMPLETENESS OF THE INFORMATION CONTAINED IN SECTION 2 (CURRENT RESIDENTIAL ADDRESS) AND/OR IN PART II OF THE INTERNAL REVIEW DRP.

Individual Signature

Date (MM/DD/YYYY)

Type or Print Name of Individual

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

DISCLOSURE REPORTING PAGES

U5 - CRIMINAL DRP

Rev. DRP (05/2009)

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

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

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

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

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

1. Formal action was brought in:

Federal Court
 State Court
 Military Court
 Foreign Court
 Other: _____

A. Name of Court: _____

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

C. Docket/Case#: _____

2. Event Status:

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

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

If not exact, provide explanation:

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

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

If not exact, provide explanation:

B. Event and Disposition Detail:

Charge Details (complete every field for each charge.)

Formal Charge/Description:

No. of Counts: _____

Felony or Misdemeanor:
 Felony
 Misdemeanor

Plea for each Charge: _____

Disposition of Charge:

- | | | |
|---|--|--|
| <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: _____

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

U5 - CRIMINAL DRP (CONTINUED)

Rev. DRP (05/2009)

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

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

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

Plea for each amended or reduced charge: _____

Disposition of amended or reduced charge:

- | | | |
|---|--|--|
| <input type="radio"/> Acquitted | <input type="radio"/> Dismissed | <input type="radio"/> Pre-trial Intervention |
| <input type="radio"/> Amended | <input type="radio"/> Found not guilty | <input type="radio"/> Reduced |
| <input type="radio"/> Convicted | <input type="radio"/> Pled guilty | <input type="radio"/> Other (requires explanation) |
| <input type="radio"/> Deferred Adjudication | <input type="radio"/> Pled not guilty | |

Explanation:

Charge Details (complete every field for each charge.)

Formal Charge/Description:

No. of Counts: _____

Felony or *Misdemeanor*: Felony Misdemeanor

Plea for each Charge: _____

Disposition of Charge:

- | | | |
|---|--|--|
| <input type="radio"/> Acquitted | <input type="radio"/> Dismissed | <input type="radio"/> Pre-trial Intervention |
| <input type="radio"/> Amended | <input type="radio"/> Found not guilty | <input type="radio"/> Reduced |
| <input type="radio"/> Convicted | <input type="radio"/> Pled guilty | <input type="radio"/> Other (requires explanation) |
| <input type="radio"/> Deferred Adjudication | <input type="radio"/> Pled not guilty | |

Explanation:

Date of Amended Charge, if applicable: _____

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

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

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

Plea for each amended or reduced charge: _____

Disposition of amended or reduced charge:

- | | | |
|---|--|--|
| <input type="radio"/> Acquitted | <input type="radio"/> Dismissed | <input type="radio"/> Pre-trial Intervention |
| <input type="radio"/> Amended | <input type="radio"/> Found not guilty | <input type="radio"/> Reduced |
| <input type="radio"/> Convicted | <input type="radio"/> Pled guilty | <input type="radio"/> Other (requires explanation) |
| <input type="radio"/> Deferred Adjudication | <input type="radio"/> Pled not guilty | |

Explanation:

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

U5 - CRIMINAL DRP (CONTINUED)

Rev. DRP (05/2009)

Charge Details (complete every field for each charge.)

Formal Charge/Description:

No. of Counts: _____

Felony or Misdemeanor: Felony Misdemeanor

Plea for each Charge: _____

Disposition of Charge:

- | | | |
|---|--|--|
| <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:

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

If not exact, provide explanation:

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

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

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

U5 - CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DRP

Rev. DRP (05/2009)

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

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

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

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

DRP Instructions:

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

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

1. Customer Name(s): _____																																	
2. A. Customer(s) State of Residence (select "not on list" when the customer's residence is a foreign address): _____ B. Other state(s) of residence/detail: _____																																	
3. Employing Firm when activities occurred which led to the customer complaint, arbitration, CFTC reparation or civil litigation: _____																																	
4. Allegation(s) and a brief summary of events related to the allegation(s) including dates when activities leading to the allegation(s) occurred: _____																																	
5. Product Type(s): (select all that apply)																																	
<table border="0"> <tr> <td><input type="checkbox"/> No Product</td> <td><input type="checkbox"/> Derivative</td> <td><input type="checkbox"/> Mutual Fund</td> </tr> <tr> <td><input type="checkbox"/> Annuity-Charitable</td> <td><input type="checkbox"/> Direct Investment-DPP & LP Interest</td> <td><input type="checkbox"/> Oil & Gas</td> </tr> <tr> <td><input type="checkbox"/> Annuity-Fixed</td> <td><input type="checkbox"/> Equipment Leasing</td> <td><input type="checkbox"/> Options</td> </tr> <tr> <td><input type="checkbox"/> Annuity-Variable</td> <td><input type="checkbox"/> Equity Listed (Common & Preferred Stock)</td> <td><input type="checkbox"/> Penny Stock</td> </tr> <tr> <td><input type="checkbox"/> Banking Product (other than CD)</td> <td><input type="checkbox"/> Equity-OTC</td> <td><input type="checkbox"/> Prime Bank Instrument</td> </tr> <tr> <td><input type="checkbox"/> CD</td> <td><input type="checkbox"/> Futures Commodity</td> <td><input type="checkbox"/> Promissory Note</td> </tr> <tr> <td><input type="checkbox"/> Commodity Option</td> <td><input type="checkbox"/> Futures-Financial</td> <td><input type="checkbox"/> Real Estate Security</td> </tr> <tr> <td><input type="checkbox"/> Debt-Asset Backed</td> <td><input type="checkbox"/> Index Option</td> <td><input type="checkbox"/> Security Futures</td> </tr> <tr> <td><input type="checkbox"/> Debt-Corporate</td> <td><input type="checkbox"/> Insurance</td> <td><input type="checkbox"/> Unit Investment Trust</td> </tr> <tr> <td><input type="checkbox"/> Debt-Government</td> <td><input type="checkbox"/> Investment Contract</td> <td><input type="checkbox"/> Viatical Settlement</td> </tr> <tr> <td><input type="checkbox"/> Debt-Municipal</td> <td><input type="checkbox"/> Money Market Fund</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<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: _____
<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																															
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<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: _____ <input type="radio"/> Exact <input type="radio"/> 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): _____																																	

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

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

Rev. DRP (05/2009)

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

Note: Report in Items 12-16, or 17-23, as appropriate, only arbitrations/CFTC reparations or civil litigation in which the individual is named as a party.

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

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

9. If the complaint, arbitration/CFTC reparation or civil litigation is not pending, provide status:
 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 (the individual is a named party)
 Evolved into Civil litigation (the individual is a named party)

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

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

11. Settlement/Award/Monetary Judgment:
 A. Settlement/Award/Monetary Judgment amount: \$ _____
 B. Individual Contribution Amount: \$ _____

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

12. A. Arbitration/CFTC reparation claim filed with (FINRA, AAA, CFTC, etc.): _____
 B. Docket/Case#: _____
 C. Date notice/process was served (MM/DD/YYYY): _____ 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:

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

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

Rev. DRP (05/2009)

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

- A. Total Amount: \$ _____
- B. Individual Contribution Amount: \$ _____

If the matter involves a civil litigation in which the individual is a defendant, complete items 17-23.

17. 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 notice/process was served (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. Individual 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.

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

U5 - INTERNAL REVIEW 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) 7B** on Form U5;

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

7B

If the individual has been notified that the internal review has been concluded without formal action, complete items 4 and 5 of this DRP to update.

PART I

1. Notice Received From (Name of firm initiating the internal review): _____

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

3. Describe briefly the nature of the internal review. (The information must fit within the space provided):

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

5. Resolution Details:
A. Date internal review concluded (MM/DD/YYYY): _____ Exact Explanation
If not exact, provide explanation:

B. How was internal review concluded (provide details of the conclusion)?

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

PART II

INDIVIDUAL SUBJECT MAY USE THIS SPACE FOR DETAILS TO AFFIRMATIVE ANSWERS OF ITEM 7(B) ONLY

The individual who is the subject of the internal review may provide a brief summary of this event limited to 4000 characters. The summary may be submitted electronically to the Registration and Disclosure Department by the terminating *firm* or may be sent via hard copy to:

Registration and Disclosure
FINRA
P.O. Box 9495
Gaithersburg, MD 20898-9495

Note: **Section 8B. INDIVIDUAL ACKNOWLEDGEMENT AND CONSENT** of the Form U5 **requires** individuals to verify the accuracy and completeness of the information in Part II of the Internal Review DRP. An executed (i.e. signed and dated) acknowledgement and consent must be submitted with the summary.

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

U5 - 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) 7A** on Form U5;

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

7A

Complete this DRP only if you are answering "yes" to Item 7(A) to report an *investigation*. Complete a Regulatory Action DRP if you answered "yes" to item 7(A) and are reporting details of either a pending or final *proceeding*. 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, 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.

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

U5 - 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) 7A and 7D** on Form U5;

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

7A
 7D

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.

<p>1. Regulatory Action initiated by:</p> <p>A. (Select appropriate item):</p> <p> <input type="radio"/> SEC <input type="radio"/> Other Federal Agency <input type="radio"/> Jurisdiction <input type="radio"/> SRO <input type="radio"/> CFTC <input type="radio"/> Foreign Financial Regulatory Authority <input type="radio"/> Federal Banking Agency <input type="radio"/> National Credit Union Administration <input type="radio"/> Other: _____ </p> <p>B. Full name of regulator (if other than the SEC) that initiated the action: _____</p>																																	
<p>2. Sanction(s) Sought (select all that apply):</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Bar</td> <td><input type="checkbox"/> Cease and Desist</td> <td><input type="checkbox"/> Censure</td> </tr> <tr> <td><input type="checkbox"/> Civil and Administrative Penalty(ies)/Fine(s)</td> <td><input type="checkbox"/> Denial</td> <td><input type="checkbox"/> Disgorgement</td> </tr> <tr> <td><input type="checkbox"/> Expulsion</td> <td><input type="checkbox"/> Monetary Penalty other than Fines</td> <td><input type="checkbox"/> Prohibition</td> </tr> <tr> <td><input type="checkbox"/> Reprimand</td> <td><input type="checkbox"/> Requalification</td> <td><input type="checkbox"/> Rescission</td> </tr> <tr> <td><input type="checkbox"/> Restitution</td> <td><input type="checkbox"/> Revocation</td> <td><input type="checkbox"/> Suspension</td> </tr> <tr> <td><input type="checkbox"/> Undertaking</td> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Bar	<input type="checkbox"/> Cease and Desist	<input type="checkbox"/> Censure	<input type="checkbox"/> Civil and Administrative Penalty(ies)/Fine(s)	<input type="checkbox"/> Denial	<input type="checkbox"/> Disgorgement	<input type="checkbox"/> Expulsion	<input type="checkbox"/> Monetary Penalty other than Fines	<input type="checkbox"/> Prohibition	<input type="checkbox"/> Reprimand	<input type="checkbox"/> Requalification	<input type="checkbox"/> Rescission	<input type="checkbox"/> Restitution	<input type="checkbox"/> Revocation	<input type="checkbox"/> Suspension	<input type="checkbox"/> Undertaking	<input type="checkbox"/> Other: _____																
<input type="checkbox"/> Bar	<input type="checkbox"/> Cease and Desist	<input type="checkbox"/> Censure																															
<input type="checkbox"/> Civil and Administrative Penalty(ies)/Fine(s)	<input type="checkbox"/> Denial	<input type="checkbox"/> Disgorgement																															
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<input type="checkbox"/> Restitution	<input type="checkbox"/> Revocation	<input type="checkbox"/> Suspension																															
<input type="checkbox"/> Undertaking	<input type="checkbox"/> Other: _____																																
<p>3. Date Initiated (MM/DD/YYYY): _____ <input type="radio"/> Exact <input type="radio"/> Explanation</p> <p>If not exact, provide explanation: _____</p>																																	
<p>4. Docket/Case #: _____</p>																																	
<p>5. Employing Firm when activity occurred which led to the regulatory action: _____</p>																																	
<p>6. Product Type(s) (select all that apply):</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> No Product</td> <td><input type="checkbox"/> Derivative</td> <td><input type="checkbox"/> Mutual Fund</td> </tr> <tr> <td><input type="checkbox"/> Annuity-Charitable</td> <td><input type="checkbox"/> Direct Investment-DPP & LP Interest</td> <td><input type="checkbox"/> Oil & Gas</td> </tr> <tr> <td><input type="checkbox"/> Annuity-Fixed</td> <td><input type="checkbox"/> Equipment Leasing</td> <td><input type="checkbox"/> Options</td> </tr> <tr> <td><input type="checkbox"/> Annuity-Variable</td> <td><input type="checkbox"/> Equity Listed (Common & Preferred Stock)</td> <td><input type="checkbox"/> Penny Stock</td> </tr> <tr> <td><input type="checkbox"/> Banking Product (other than CD)</td> <td><input type="checkbox"/> Equity-OTC</td> <td><input type="checkbox"/> Prime Bank Instrument</td> </tr> <tr> <td><input type="checkbox"/> CD</td> <td><input type="checkbox"/> Futures Commodity</td> <td><input type="checkbox"/> Promissory Note</td> </tr> <tr> <td><input type="checkbox"/> Commodity Option</td> <td><input type="checkbox"/> Futures-Financial</td> <td><input type="checkbox"/> Real Estate Security</td> </tr> <tr> <td><input type="checkbox"/> Debt-Asset Backed</td> <td><input type="checkbox"/> Index Option</td> <td><input type="checkbox"/> Security Futures</td> </tr> <tr> <td><input type="checkbox"/> Debt-Corporate</td> <td><input type="checkbox"/> Insurance</td> <td><input type="checkbox"/> Unit Investment Trust</td> </tr> <tr> <td><input type="checkbox"/> Debt-Government</td> <td><input type="checkbox"/> Investment Contract</td> <td><input type="checkbox"/> Viatical Settlement</td> </tr> <tr> <td><input type="checkbox"/> Debt-Municipal</td> <td><input type="checkbox"/> Money Market Fund</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<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: _____
<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																															
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<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: _____																															
<p>7. Describe the allegations related to this regulatory action. (Your information must fit within the space provided.):</p> 																																	
<p>8. Current Status? <input type="radio"/> Pending <input type="radio"/> On Appeal <input type="radio"/> Final</p>																																	
<p>9. If pending, are there any limitations or restrictions currently in effect? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If the answer is 'yes', provide details:</p> 																																	

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

U5 - REGULATORY ACTION DRP (CONTINUED)

Rev. DRP (05/2009)

10. If on appeal:
- A. Action appealed to:
- SEC SRO CFTC Federal Court State Agency or Commission State Court
- Other: _____
- B. Date appeal filed (MM/DD/YYYY): _____ Exact Explanation
- If not exact, provide explanation:
- C. Are there any limitations or restrictions currently in effect while on appeal? Yes No
- If the answer is 'yes', provide details:

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

11. Resolution Detail:
- A. How was matter resolved? (select appropriate item):
- Acceptance, Waiver & Consent (AWC) Consent Decision
- Decision & Order of Offer of Settlement Dismissed Order
- Settled Stipulation and Consent Vacated
- Vacated Nunc Pro Tunc/ab initio 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? (Select all appropriate items):
- | | | |
|--|--|--|
| <input type="checkbox"/> Bar (Permanent) | <input type="checkbox"/> Bar (Temporary/Time Limited) | <input type="checkbox"/> Cease and Desist |
| <input type="checkbox"/> Censure | <input type="checkbox"/> Civil and Administrative Penalty(ies)/Fine(s) | <input type="checkbox"/> Denial |
| <input type="checkbox"/> Disgorgement | <input type="checkbox"/> Expulsion | <input type="checkbox"/> Letter of Reprimand |
| <input type="checkbox"/> Monetary Penalty other than Fines | <input type="checkbox"/> Prohibition | <input type="checkbox"/> Requalification |
| <input type="checkbox"/> Rescission | <input type="checkbox"/> Restitution | <input type="checkbox"/> Revocation |
| <input type="checkbox"/> Suspension | <input type="checkbox"/> Undertaking | |
- B. Other sanctions ordered: _____
- C. If the regulator provided in Question 1A above is the SEC, CFTC, an SRO, did the action result in a finding of a willful violation or failure to supervise? Yes No
- If yes, was the individual *found* to have:
- (1) willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board, or to have been unable to comply with any provision of such Act, rule or regulation? Yes No
- (2) willfully aided, abetted, counseled, commanded, induced, or procured the violation by any person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board? Yes No
- (3) failed reasonably to supervise another person subject to the individual's supervision, with a view to preventing the violation by such person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board? Yes No

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

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D. If suspended or barred, provide:

Sanction Details

Sanction type: Bar (Permanent) Bar (Temporary/Time Limited) Suspension
 Registration Capacities affected (e.g., General Securities Principal, Financial Operations Principal, All Capacities, etc.):

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

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

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

Sanction Details

Sanction type: Bar (Permanent) Bar (Temporary/Time Limited) Suspension
 Registration Capacities affected (e.g., General Securities Principal, Financial Operations Principal, All Capacities, etc.):

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

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

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

Sanction Details

Sanction type: Bar (Permanent) Bar (Temporary/Time Limited) Suspension
 Registration Capacities affected (e.g., General Securities Principal, Financial Operations Principal, All Capacities, etc.):

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

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

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

U5 - REGULATORY ACTION DRP (CONTINUED)

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

E. If requalification by exam/retraining was a condition of the sanction, provide:

Requalification Details

Requalification type: Requalification by Exam Re-Training Other
 Length of time given to requalify/retrain: _____
 Type of Exam required: _____
 Has condition been satisfied? Yes No
 Explanation:

Requalification Details

Requalification type: Requalification by Exam Re-Training Other
 Length of time given to requalify/retrain: _____
 Type of Exam required: _____
 Has condition been satisfied? Yes No
 Explanation:

Requalification Details

Requalification type: Requalification by Exam Re-Training Other
 Length of time given to requalify/retrain: _____
 Type of Exam required: _____
 Has condition been satisfied? Yes No
 Explanation:

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

Monetary Sanction Details

Monetary Related Sanction Type: Civil and Administrative Penalty(ies)/Fine(s) Disgorgement
 Monetary Penalty other than Fines Restitution
 Total Amount: \$ _____
 Portion Levied against the individual: \$ _____
 Payment Plan:
 Is Payment Plan Current? Yes No
 Date Paid by the individual (MM/DD/YYYY): _____ Exact Explanation
 If not exact, provide explanation:
 Was any portion of penalty waived? Yes No
 If yes, amount: \$ _____

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

U5 - REGULATORY ACTION DRP (CONTINUED)

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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 individual: \$ _____
 Payment Plan:

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

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

Monetary Sanction Details

Monetary Related Sanction Type: Civil and Administrative Penalty(ies)/Fine(s) Disgorgement
 Monetary Penalty other than Fines Restitution

Total Amount: \$ _____
 Portion Levied against the individual: \$ _____
 Payment Plan:

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

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

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

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

U5 - TERMINATION DRP

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

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

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

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

1. Firm Name: _____

2. Termination Type:
 Discharged Permitted to Resign Voluntary Resignation

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

4. Allegation(s):

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

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

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