

UNITED STATES OF AMERICA
before the
SECURITIES EXCHANGE COMMISSION

In the Matter of the Application of

MICHAEL CLARK, CRD# 2580455

In Support of Application for Review
Of FINRA's Statutory Disqualification

File No. 3-20276

PETITIONER'S BRIEF IN SUPPORT OF APPLICATION FOR REVIEW

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INTRODUCTION

FINRA's decision to statutorily disqualify Mr. Clark is based on a Stipulation Surrendering License filed by the New York State Department of Financial Services (the "New York Stipulation"), whereby Mr. Clark voluntarily surrendered his insurance license in New York, and an Order of Summary Revocation filed by the California Department of Insurance (the "California Default Order") that revoked Mr. Clark's insurance license in California for not responding to the state regarding tax liens and the New York Stipulation. However, Mr. Clark recently reapplied for an insurance license in New York and his application was approved. Therefore, the only remaining basis for FINRA's statutory disqualification decision is the California Default Order.

The New York Stipulation and the California Default Order both directly or indirectly stem from amounts Mr. Clark owed to the IRS for income taxes during the 2010 – 2015 time period. Importantly, Mr. Clark disclosed all of the tax liens filed by the IRS on his Form U4 with the Financial Industry Regulatory Authority (FINRA). Moreover, since 2016 Mr. Clark has made all current tax payments. Mr. Clark is also in the process of repaying taxes owed during the 2010 – 2015 time period. Mr. Clark has also submitted a request to begin an installment agreement with the IRS.¹

Mr. Clark was permitted to and reapplied for his license in New York, the application was approved, and Mr. Clark has an active insurance license in New York. He was also permitted to reapply for a California insurance license immediately after the Default Order was issued, he has since reapplied for a California insurance license, and his application is pending. Therefore, there are clearly no lasting sanctions that would equate the revocations of Mr. Clark's New York and California insurance license revocations to a bar of his license in either state.

¹ Mr. Clark's completed IRS forms 433-A and 433-D, which he mailed to the appropriate IRS department as part of the installment agreement process, are attached as **Exhibit A**.

ARGUMENT

I. The revocations of Mr. Clark's insurance licenses are not equivalent to a bar.

The Commission should set aside Mr. Clark's statutory disqualification because the Exchange Act, prior Commission decisions, and FINRA's own action all indicate that an insurance license revocation without lasting sanctions in place is not the equivalent of a bar.

The Commission has found that a revocation may be the equivalent of a bar where the revocation has the same practical effect of a bar. *Meyers Assocs., L.P.*, Exchange Act Release No. 81778, 2017 WL 4335044, at *4-5 (Sept. 29, 2017). In *Meyers*, the Commission found that the order had the practical effect of a bar because the financial professional was still prohibited from engaging in a particular activity. However, Orders revoking insurance licenses do not have the same practical effect as a bar if the impacted advisor is not prohibited from reapplying for licensure, particularly when the advisor has already reapplied and regained his license. Mr. Clark is now licensed in New York, so clearly the revocation of his license did not bar him from reapplying. The remaining California Default Order revoked Mr. Clark's license in California. Again, Mr. Clark was permitted to immediately reapply for his California insurance license, which application is simply pending review.

The Commission recognizes that whether an advisor has a right to reapply for his license should impact issues involving statutory disqualification. *May Capital Group, LLC and Melvin Rokeach*, Exchange Release Act No. 53796, at *17 (May 12, 2006) ("where the Commission previously imposed a bar with the right to reapply, it was unfair, in the absence of new information, to deny a membership continuance application, once the right to reapply commenced, on the sole basis of the underlying misconduct."). The Commission's decision in *Saava* recognizes the importance of considering whether sanctions exist beyond just a revocation. *Nicolas S. Saava*,

Exchange Act Release No. 72485, 2014 SEC LEXIS 5100, at 5 (June 26, 2014). In *Saava*, the Commission considered a final order from the Vermont State Department of Banking, Insurance, Securities, and Health Care Administration that revoked the advisor's securities license in Vermont. Critically, the final order also prevented the advisor from seeking re-registration as a broker in Vermont. The Commission determined that, because the final order prevented the advisor from seeking re-registration, the sanctions from the final order were "still in effect" after the order revoked the advisor's license. Obviously, that is not the case here.

More recently, the Commission expressly declined to determine whether an applicant would still be subject to a bar under Section 15(b)(4)(H)(i) beyond the three-year period in which the applicant was prohibited from reapplying for registration. *Meyers Assocs., L.P.*, Exchange Act Release No. 81778, at *8 n.44 (Sept. 29, 2017). The Commission has the opportunity to consider this serious legal issue in the instant case and find that the temporary and non-final revocation of an insurance license should not bar a financial professional from the securities industry for life, an extreme sanction not befitting the conduct involved.

The California Default Order in this matter does not include sanctions beyond a revocation and does not prohibit Mr. Clark from re-applying for a California insurance license. In fact, Mr. Clark could have reapplied for a license *immediately* after entry of the Default Order.² After reapplied for (and receiving) a new insurance license in New York, Mr. Clark reapplied for his California insurance license. His application is currently pending.³ Once his California license is approved, FINRA's argument that Mr. Clark's revocations operate as a bar will be moot. However,

² The FAQs on the California Department of Insurance website state as much. The FAQs are attached as **Exhibit B**.

³ Mr. Clark has submitted an application and all necessary paperwork for his California insurance license. At this point, he is simply waiting for the California Department of Insurance to review his application. The California Department of Insurance advised that his application was referred to "Background" for review on May 20, 2021. A screenshot from the California Department of Insurance website that provides an update on the application is attached as **Exhibit C**.

the Commission does not need to wait for the California Department of Insurance to make this decision for them. The fact that Mr. Clark has the ability to reapply for a license and could make the choice to reapply is enough to show that the revocation was not equivalent to a bar because unlike in *Meyers* or in *Saava*, the California Default Order did not institute any lasting sanctions.

If the California Department of Insurance wanted to bar Mr. Clark from re-applying for a California insurance license, it could have done so by including such language in the Default Order. It did not. The Default Order simply revoked Mr. Clark's insurance license without any lasting sanction or effect. Accordingly, Mr. Clark is not barred from the insurance industry and should not be subject to a statutory disqualification.

II. FINRA's decision to statutorily disqualify Mr. Clark is based on an incorrect interpretation of Exchange Act Section 15(b)(4)(H)(i).

FINRA's decision to statutorily disqualify Mr. Clark is based on an incorrect interpretation of Exchange Act Section 15(b)(4)(H)(i) that, in conjunction with Exchange Act Section (3)(a)(39)(F), provides for statutory disqualification if a person is "subject to any final order of a . . . State insurance commission . . . that—bars such person from association with an entity regulated by such commission." (emphasis added). FINRA interprets the New York Stipulation that revoked Mr. Clark's insurance license to also operate as a bar. A plain reading of the applicable Exchange Act Sections, FINRA's own forms, New York law, and a recent SEC decision all show that FINRA's interpretation is incorrect.

The plain language of the Exchange Act indicates that revocations and bars are different because the terms are used separately in the context of statutory disqualifications. Section 3(a)(39)(A)-(F) uses the terms "revocation" and "bar" to describe different circumstances by which a person could become statutorily disqualified. The two terms are never conflated. "Revocation" is only used in Section 3(a)(39)(B) in the context of securities licenses and is never

used in the context of insurance licenses. FINRA should not conflate the terms and unilaterally decide that the revocation of Mr. Clark's New York insurance license is actually a bar despite the term "bar" never appearing in the New York Stipulation.⁴

FINRA's Form U4 (Uniform Application for Securities Industry Registration or Transfer) also distinguishes between bars and revocations.⁵ For example, the Form U4 Regulatory Action disclosure reporting page includes a list of possible sanctions for brokers to select when disclosing certain regulatory events. Bars and revocations are separate items on the list, which appears to be a clear indication that the terms are in fact different and should be analyzed differently as it pertains to sanctions. Moreover, the Form U4 requires disclosure of additional details for bars, but not revocations. When financial professionals disclose administrative actions that solely revoke their license, they would obviously check the box for "revocation" without any reason to believe that the action is also a bar. It is misleading for FINRA to distinguish between a revocation and a bar when requesting information from financial professionals, while subsequently claiming that FINRA can later interpret that revocation as the same thing as a bar.

III. The Exchange Act's fairness requirement supports setting aside Mr. Clark's statutory disqualification.

"[A] fundamental principle governing all SRO disciplinary proceedings is fairness." *Jeffrey Ainley Hayden*, Exchange Release Act No. 42772, 2000 WL 649146 (May 11, 2000). Fairness principles support setting aside Mr. Clark's statutory disqualification because Mr. Clark has regained his insurance license in New York and is currently in the process of applying for a new California insurance license. If Mr. Clark's forthcoming application for an insurance license in California is accepted, the statutory disqualification notice will be moot, and FINRA's argument

⁴ FINRA advised that it considers some but not all insurance license revocations to be "bars" and that its determination is based on factors that FINRA considers internally but that have never been disclosed to brokers like Mr. Clark.

⁵ The Form U4 with relevant sections highlighted is attached as **Exhibit D**.

that Mr. Clark is currently barred from the insurance industry will be defeated even under FINRA's flawed and inconsistent argument that a revocation is equivalent to a bar. When applying the fairness test, the FINRA National Adjudicatory Council acknowledges that "we do not believe that the SEC intended to create a mechanical test based solely on those time periods, irrespective of other factors." *Morgan Stanley DW Inc. et al.*, Disciplinary Proceeding No. CAF000045, at 10 (July 29, 2002).

A fairness analysis should consider the facts and circumstances of each case. *Morgan Stanley DW Inc. et al.*, Disciplinary Proceeding No. CAF000045, at *23 (July 29, 2002) (Courts have consistently noted that "fairness" concepts--whether in the context of constitutional, statutory or common law claims or defenses--are rooted in equity and require consideration of the facts and circumstances of each case.) It is inherently unfair for FINRA to (1) provide guidance indicating that license revocations are not the equivalent of bars and (2) selectively choose to statutorily disqualify certain brokers whose insurance licenses are revoked but not others.

The FINRA Sanction Guidelines developed by the FINRA National Adjudicatory Council and made available to advisors like Mr. Clark explains that a "bar" is a "**permanent** expulsion of an individual from associating with a firm in any and all capacities." (emphasis added).⁶ Yet FINRA has taken the exact opposite position with respect to Mr. Clark. There is clearly nothing permanent about the revocation of Mr. Clark's New York insurance license because he is now licensed in New York. The revocation of his California insurance license was also temporary because he had the right to reapply and rejoin the California insurance industry immediately after entry of the California Default Order. The right to reapply alone shows the California Insurance Commission did not intend to permanently bar Mr. Clark from the industry. It would be an extreme

⁶ See FINRA Sanction Guidelines (https://www.finra.org/sites/default/files/Sanctions_Guidelines.pdf)

and disproportionate sanction to statutorily disqualify Mr. Clark from the securities industry based on revocation of an insurance license that he is permitted to reapply for.

It is also unfair for FINRA to selectively pick and choose which license revocations should be treated as bars subject to statutorily disqualification and which should not. Before initiating the instant appeal, Mr. Clark's employing broker dealer Ameriprise Financial Services, LLC and undersigned counsel met with FINRA on April 6, 2021, to discuss FINRA's decision to statutorily disqualify Mr. Clark. FINRA advised during the meeting that it does not consider all insurance license revocations to be "bars" and that its determination is based on factors that FINRA considers internally but has never disclosed to brokers like Mr. Clark. For example, FINRA explained that insurance license revocations based on a failure to pay required fees are not bars from FINRA's perspective and that brokers whose licenses are revoked for this reason would not be subject to statutory disqualification. FINRA explained that revocations based on more egregious conduct could be considered bars. It is patently unfair for FINRA to take such an inconsistent approach, particularly when that approach is inconsistent with its own Sanction Guidelines.

IV. Conclusion

Mr. Clark has already regained his New York insurance license and is in the process of regaining his California insurance license. Since becoming an advisor 25 years ago, Mr. Clark has been committed to providing his clients the highest level of service and excellence in financial planning. That commitment remains today. For the foregoing reasons, Mr. Clark respectfully requests that the Commission retract FINRA's statutory disqualification which was based solely on temporary insurance license revocations that did not have the practical effect of a bar.

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July 1, 2021

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing has been furnished to the following via the email and the SEC portal this 1st day of July 2021:

Vanessa Countryman, Secretary
Securities Exchange Commission
Via Email: apfilings@sec.gov
Via eFAP

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s/ Niels P. Murphy
Attorney

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MICHAEL CLARK'S INDEX OF ATTACHMENTS

<u>Attachment</u>	<u>Description</u>
A	Michael Clark Tax Forms 433-A and 433-D
B	California Background Review Frequently Asked Questions
C	California Department of Insurance License Status
D	Form U4 with Highlighted Portions

Clark - Exhibit A

Collection Information Statement for Wage Earners and Self-Employed Individuals

CC

Wage Earners Complete Sections 1, 2, 3, 4, and 5 including the signature line on page 4. *Answer all questions or write N/A if the question is not applicable.*
Self-Employed Individuals Complete Sections 1, 3, 4, 5, 6 and 7 and the signature line on page 4. *Answer all questions or write N/A if the question is not applicable.*
 For **Additional Information**, refer to Publication 1854, "How To Prepare a Collection Information Statement."

Include attachments if additional space is needed to respond completely to any question.

Name on Internal Revenue Service (IRS) Account	SSN or ITIN on IRS Account	Employer Identification Number EIN
--	----------------------------	------------------------------------

Section 1: Personal Information

1a Full Name of Taxpayer and Spouse <i>(if applicable)</i> MICHAEL K CLARK	1c Home Phone (NA)	1d Cell Phone [REDACTED]
1b Address <i>(Street, City, State, ZIP code) (County of Residence)</i> [REDACTED]	1e Business Phone (603) 218-1304	1f Business Cell Phone ()
	2b Name, Age, and Relationship of persons in household or claimed as a dependent(s)	
2a Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <i>(Single, Divorced, Widowed)</i>		
3a Taxpayer	SSN or ITIN	Date of Birth <i>(mmddyyyy)</i>
3b Spouse		Driver's License Number and State

Section 2: Employment Information for Wage Earners

If you or your spouse have self-employment income instead of, or in addition to wage income, complete Business Information in Sections 6 and 7.

Taxpayer		Spouse	
4a Taxpayer's Employer Name MICHAEL K CLARK AMERIPRISE FINANCIAL		5a Spouse's Employer Name	
4b Address <i>(Street, City, State, and ZIP code)</i> 116 SOUTH RIVER ROAD B# E BEDFORD, NEW HAMPSHIRE 03110		5b Address <i>(Street, City, State, and ZIP code)</i>	
4c Work Telephone Number (603) 218-1304	4d Does employer allow contact at work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5c Work Telephone Number ()	5d Does employer allow contact at work <input type="checkbox"/> Yes <input type="checkbox"/> No
4e How long with this employer 25 <i>(years)</i> <i>(months)</i>	4f Occupation FINANCIAL PLANNER	5e How long with this employer <i>(years)</i> <i>(months)</i>	5f Occupation
4g Number of withholding allowances claimed on Form W-4	4h Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Other	5g Number of withholding allowances claimed on Form W-4	5h Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other

Section 3: Other Financial Information *(Attach copies of applicable documentation)*

6 Are you a party to a lawsuit <i>(If yes, answer the following)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Location of Filing	Represented by	Docket/Case No.
Amount of Suit \$	Possible Completion Date <i>(mmddyyyy)</i>	Subject of Suit	
7 Have you ever filed bankruptcy <i>(If yes, answer the following)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date Filed <i>(mmddyyyy)</i>	Date Dismissed <i>(mmddyyyy)</i>	Date Discharged <i>(mmddyyyy)</i>	Petition No.
			Location Filed
8 In the past 10 years, have you lived outside of the U.S for 6 months or longer <i>(If yes, answer the following)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Dates lived abroad: from <i>(mmddyyyy)</i>		To <i>(mmddyyyy)</i>	
9a Are you the beneficiary of a trust, estate, or life insurance policy <i>(If yes, answer the following)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Place where recorded:			EIN:
Name of the trust, estate, or policy		Anticipated amount to be received \$	When will the amount be received
9b Are you a trustee, fiduciary, or contributor of a trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name of the trust:			EIN:
10 Do you have a safe deposit box (business or personal) <i>(If yes, answer the following)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Location <i>(Name, address and box number(s))</i>		Contents	Value \$
11 In the past 10 years, have you transferred any assets for less than their full value <i>(If yes, answer the following)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List Asset(s)	Value at Time of Transfer \$	Date Transferred <i>(mmddyyyy)</i>	To Whom or Where was it Transferred

Installment Agreement

(See instructions on the back of this page)

Name and address of taxpayer(s) Michael K Clark [REDACTED]	Social Security or Employer Identification Number (SSN/EIN) (Taxpayer) [REDACTED] (Spouse) [REDACTED]
Your telephone numbers (including area code) (Home) [REDACTED] (Work, cell or business) [REDACTED]	For assistance, call: 1-800-829-0115 (Business), or 1-800-829-8374 (Individual - Self-Employed/Business Owners), or 1-800-829-0922 (Individuals - Wage Earners)
<input type="checkbox"/> Submit a new Form W-4 to your employer to increase your withholding.	Or write _____ (City, State, and ZIP Code)

Kinds of taxes (form numbers) 1041 1040 FEDERAL	Tax periods 2008-2017	Amount owed as of _____ \$ [REDACTED]
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I / We agree to pay the federal taxes shown above, PLUS PENALTIES AND INTEREST PROVIDED BY LAW, as follows
 \$ 1,020.00 on 7/1/2021 and \$ 1,020 on the 1st of each month thereafter

I / We also agree to increase or decrease the above installment payments as follows:

Date of increase (or decrease)	Amount of increase (or decrease)	New installment payment amount

The terms of this agreement are provided on the back of this page. Please review them thoroughly.

MKC By initialing here and my signature below, I agree to the terms of this agreement, as provided in this form, if it is approved by the Internal Revenue Service.

Additional Conditions / Terms (To be completed by IRS)	By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process and administer this agreement over its duration.
--	--

DIRECT DEBIT — Attach a voided check or complete this part only if you choose to make payments by direct debit. Read the instructions on the back of this page.

a. Routing number [REDACTED]
 b. Account number [REDACTED]


I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the Internal Revenue Service to terminate the authorization. To revoke payment, I must contact the Internal Revenue Service at the applicable toll free number listed above no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

Debit Payments Self-Identifier

If you are unable to make electronic payments through a debit instrument (debit payments) by providing your banking information in a. and b. above, please check the box below:

I am unable to make debit payments

Note: Not checking this box indicates that you are able but choosing not to make debit payments. See Instructions to Taxpayer below for more details.

Your signature: 	Date 06/08/2021	Title (if Corporate Officer or Partner)	Spouse's signature (if a joint liability)	Date
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FOR IRS USE ONLY

AGREEMENT LOCATOR NUMBER: _____

Check the appropriate boxes:

- | | |
|---|--|
| <input type="checkbox"/> RSI "1" no further review | <input type="checkbox"/> AI "0" Not a PPIA |
| <input type="checkbox"/> RSI "5" PPIA IMF 2 year review | <input type="checkbox"/> AI "1" Field Asset PPIA |
| <input type="checkbox"/> RSI "6" PPIA BMF 2 year review | <input type="checkbox"/> AI "2" All other PPIAs |

Agreement Review Cycle _____ Earliest CSED _____

Check box if pre-assessed modules included

Originator's ID number _____ Originator Code _____
 Name _____ Title _____

A NOTICE OF FEDERAL TAX LIEN (Check one box below)

- HAS ALREADY BEEN FILED
 WILL BE FILED IMMEDIATELY
 WILL BE FILED WHEN TAX IS ASSESSED
 MAY BE FILED IF THIS AGREEMENT DEFAULTS

NOTE: A NOTICE OF FEDERAL TAX LIEN WILL NOT BE FILED ON ANY PORTION OF YOUR LIABILITY WHICH REPRESENTS AN INDIVIDUAL SHARED RESPONSIBILITY PAYMENT UNDER THE AFFORDABLE CARE ACT.

Agreement examined or approved by (Signature, title, function) _____ Date _____

Clark - Exhibit B

Background Review FAQs

Frequently Asked Questions

[What do I need to know about the background check before I apply for a license](#)

[How can I make sure I answer the background screening questions on the license application accurately and I can avoid denial of my license](#)

[What happens if I have a criminal conviction on my Record and how it could impact my ability to obtain a license](#)

[What happens if disciplinary proceedings are initiated by CDI](#)

[License background information for non-resident applicants](#)

Would you like to Chat?



What do I need to Know about the Background Check Before I Apply for a License?

1. What kind of background review check does the CDI perform on each application?

Prior to license issuance, the California Department of Insurance (CDI) completes detailed background checks on all license applications. This includes the receipt and review of criminal offender record information (CORI) from the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) resulting from the [fingerprints submitted on each applicant](#). The National Association of Insurance Commissioner's (NAIC's) Regulatory Information Retrieval System (RIRS), State Producer Licensing Data Base (SPLD), and Special Activities Data Base (SAD) are also checked for any disciplinary actions.

2. How can an applicant expedite the Licensing Background review?

Answer all background screening questions truthfully and provide all required background documentation at the time of application. The number one reason that an application may be denied is the applicant's failure to accurately disclose their conviction record. Therefore, checking the "Yes" box when appropriate and providing the required information regarding each conviction are the most important things that an applicant can do to avoid unnecessary delays.

3. Why am I being told I must wait 45 days before contacting the Producer Licensing Background Section (PLBS) for a status on my background review?

Many applicants contact PLBS only days after receiving notice that their application has been sent for additional background review. Handling these calls takes considerable time away from the actual background review process. The PLBS staff will contact the applicant directly by letter when they need any additional information.

4. What information should I provide if I contact the Producer Licensing Background Section for a status on my case?

Your full name, the name of the corporate filing (if different from the applicant); return phone number, case number or file number (if known); name of background analyst assigned to the matter (if known).

5. How long will it take for someone in the Producer Licensing Background Section to contact me with a status?

If you leave a message at the PLBS Main line number (916) 492-3650, our staff can usually pull the file and return the call within 24 to 72 hours. However, the time for a return call does fluctuate, depending on our workload and staffing.

Because of the legal nature of our work, and security concerns, we correspond with applicants undergoing background reviews in writing.

6. Can anyone call PLBS for a status on my background review case?

No. Due to confidentiality provisions of law, and DOJ/FBI rules about security of CORI information, it is PLBS's policy to only discuss pending licensing background matters with the applicants undergoing background review. We do not discuss these matters with the applicants' employers so we ask that the employers not contact PLBS for case status checks on their applicants who are undergoing background review. The applicants should contact PLBS directly.

7. Can CDI pre-evaluate my criminal conviction to determine if my conviction would have an impact on licensure before I apply?

No. The CDI does not have the resources to pre-screen applications. Each application must be carefully documented and reviewed before a decision can be made. When reporting convictions, the applicant is required to provide a complete explanation of the underlying circumstances, and certified copy of the court documents. The CDI reviews these applications on a case by case basis to make a determination based on the underlying conduct and documentation provided. In many cases, the underlying arrest report is also obtained and reviewed.

Sections 1668 and 1669 are the California Insurance Code (CIC) sections relied upon most often to deny licensure in most cases. See Question 21 for a link to the Producer Background Review Regulations that are relied upon in determining licensing suitability.

If you have a felony conviction involving dishonesty or breach of trust, you must apply for written consent under Title 18 USC 1033 from the Commissioner before engaging in the business of insurance. [Instructions, applications, and forms for obtaining 1033 consent](#) are available on this website.

8. Does the CDI perform background checks after a license is issued?

Yes. CDI also receives subsequent CORI reports on criminal violations and disciplinary actions after licenses are issued. Furthermore, when licenses are renewed, licensees are required to disclose criminal violations and background changes since their last renewal application.

Under [CIC 1729.2](#) licensees also have an ongoing duty to report background changes to CDI. These background change disclosures are reviewed by PLBS to determine if any disciplinary action against the license is warranted.

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How Can I Make Sure I Answer the Background Screening Questions on the License Application Accurately and How Can I Avoid Denial of my License?

9. How can I avoid Denial of my license application?

Answer the background screening questions on your application truthfully and completely. You must read the background screening questions on the application carefully and answer truthfully and completely. Provide all the information being requested at the time you file your application to prevent delays.

Failure to disclose disciplinary actions or crimes which occurred, can be considered an attempt to obtain a license by fraud or misrepresentation and could result in the Denial and/or Delay in processing of your application. Regardless of any advice that may have been received from others, the license applicant is held responsible, under penalty of perjury, for disclosing accurate and complete information.

Carefully review your entire history and provide complete and accurate information. You must provide accurate, complete and detailed background information regarding:

- Any disciplinary action taken against a business or professional license;
- Any criminal convictions (except juvenile offenses) (This includes DUIs, reckless driving convictions, driving on a suspended license convictions, misdemeanors, felonies, military offenses, etc.); and
- Any criminal charges pending at the time you submit your application.

When in doubt disclose. In the event you have one or more offenses to report, please make sure you disclose all convictions regardless of how long ago they occurred, or whether or not a conviction has been dismissed under California Penal Code Section 1203.4 or a similar statute. A clearance of this type does not eliminate all possible adverse consequences or release a person from all "penalties and disabilities" resulting from the charges in the case.

Would you like to Chat?



Warning: The failure to disclose charges/convictions will cause substantial delays in the processing of your application and may result in denial of your license application. Failure to disclose all conviction information falsification of the application which was signed under penalty of perjury and is grounds for denial.

Keep in mind that due to the severity and nature of the criminal history in some instances, the license application can still be denied regardless of how well the applicant follows instructions in the application process in completing the background questions.

10. What is the definition of "crime" for purposes of answering the licensing background application crime question?

A crime includes a misdemeanor, felony or military offense. You may exclude juvenile offenses. A few examples of offenses which must be disclosed on the license application include, but are not limited to:

- ◆ Driving while under the influence of alcohol or drugs;
- ◆ Driving without a license or while license is suspended;
- ◆ Any criminal charges pending at the time you submit your application;
- ◆ Reckless driving;
- ◆ Hit and Run While Driving a Vehicle;
- ◆ Petty Theft;
- ◆ Shoplifting;
- ◆ Soliciting a Prostitute;

11. What is the definition of a "conviction" for purposes of the licensing background question on the application?

"Conviction" includes, but is not limited to, having ever been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having had any charge dismissed or plea withdrawn pursuant to California Penal Code Section 1203.4, or having been given probation, a suspended sentence, or a fine.

You can have a conviction even though you never served jail time and were given probation.

12. What happens if I fail to disclose all or part of my conviction(s) or an arrest resulting in charges being filed?

Failure to disclose all or part of your conviction(s) may be grounds for denial or disciplinary action as you falsified information required on your application for licensure or renewal of licensure. If you do not disclose an arrest resulting in charge being filed and/or resulting conviction, it is likely that your license will be denied or it may be issued subject to a period of probation (i.e. license restriction).

There will be a delay in issuance even if CDI decides to issue the license because applications with false answers are given less priority than those who are truthful and disclose their backgrounds.

13. Do I have to report an arrest on my license application if I was not convicted?

Only if charges were filed do you have to report an arrest. If no charges were filed, you do not have to report an "arrest only." You should check with the court and Police or Arresting Agency to find out if charges were filed before you answer the question on your application for licensure.

14. What happens if I can't obtain certified court documents on my conviction(s)?

You must submit written proof from the court specifying the inability to locate the required documents.

15. Do I have to report a conviction that was expunged (i.e. conviction was sealed, stricken or deleted from official records)?

Yes. Pursuant to California Penal Code Section 1203.4, you are required to report a conviction that was expunged. The law specifies that it does not relieve you from obligation to disclose the conviction in response to any direct question contained in any questionnaire or application for public office, for licensure by any state or local agency.

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What Happens if I Have a Criminal Conviction on my Record? How Could it Impact My Ability to Obtain a License?



16. How does a criminal conviction affect my insurance license application?

The CDI is unable to provide legal advice. The CDI assesses whether or not an individual should hold a license by reference to a number of areas. Those offenses that are substantially related to the qualifications and duties of the licensee are looked at the most closely. One of the more important criteria of our review is the disclosure of the conviction. All information related to an applicant's criminal history is considered such as the seriousness of the crime, the relevance to the current role being held and how long ago it was committed. A conviction that does not, at first glance appear to be substantially related to the qualifications, functions or duties of a licensee, may under closer scrutiny be revealed otherwise.

Section 1669 of the CIC allows CDI to summarily deny or revoke a license based on a criminal conviction for a felony violation of law or prior revocation administration action against a professional license without affording a hearing.

Section 1668 of the CIC allows CDI to deny or revoke a license based on a felony or misdemeanor conviction a hearing afforded to the applicant.

Section 1668 and 1669 are the most common Insurance Code sections relied upon in taking action against a license.

17. Can I get licensed in California if I have a criminal conviction?

You may or may not be granted licensure depending on the circumstances of the case, the length of time since the conviction, and actions you have taken for rehabilitation. If you are currently on probation, especially for a theft, violence, or dishonesty related offense, you may have to wait until the probation is completed before being granted a license. Each case is looked at on a case by case basis and the underlying facts and circumstances are evaluated in each case.

18. How can I get a probationary or "restricted" license issued to me?

In some cases, based on the applicant's criminal record, CDI may offer the applicant a restricted license under section 1742 of the CIC in lieu of denying the applicant because of the criminal conviction or in lieu of taking them to hearing. The restricted license is a fully functioning license that will remain on a probationary status (usually for a minimum of three years). The restricted license can be summarily revoked (i.e. without first holding a hearing) if a subsequent violation of law occurs. Upon the completion of three years under the restricted license with no further violations, the licensee can request to have the restrictions removed.

19. How do I get the restrictions on my insurance license removed?

Send your written request to the Producer Licensing Background Section at 320 Capitol Mall, Sacramento, CA 95814-4309 asking that the restrictions be removed. You can also fax your request to the Producer Licensing Background Section at (916) 323-1512. Your request will then be forwarded to our Legal Department for review. Please note that the normal benchmark for removing restrictions is typically 3-5 years.

20. How does CDI determine which violations are substantially related to the applicant's license or duties of the licensee?

Pursuant to Title 10, California Code of Regulations, Section 2183.2, 2183.3 and 2183.4, for purposes of denial, suspension, revocation, and/or restriction of a license or license application, in addition to matters specifically mentioned by statute as grounds, a crime or act that is substantially related to the qualifications, functions or duties of an insurance licensee includes, but is not limited to, the following:

- (a) Any felony;
- (b) Any misdemeanor which evidences present or potential unfitness to perform the functions authorized by the license in the manner consistent with the public health, safety, and welfare, including but not limited to soliciting, attempting, or committing crimes involving the following:
 - (1) Dishonesty or fraud;
 - (2) Any conviction arising out of acts performed in the business of insurance or any other licensed business or profession;
 - (3) Theft;
 - (4) Sexually related conduct affecting a person who is an observer or non-consenting participant in the conduct or convictions, or which requires registration pursuant to the provisions of Section 290 of the California Penal Code;
 - (5) Resisting, delaying, or obstructing a public officer in violation of California Penal Code Section 148;
 - (6) Any act or offense wherein the person willfully causes injury to the person or property of another;

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- (7) Violation of a relation of trust or confidence, or breach of fiduciary duty;
- (8) Conduct which demonstrates a pattern of repeated and willful disregard of law.
- (9) Any act which demonstrates a willful attempt to derive a personal financial benefit through the nonpayment or underpayment of taxes, assessments, or levies duly imposed upon the licensee or applicant by federal, state or local government or a willful, failure to comply with a court order.

In considering discipline of a licensee or license applicant, the weight to be afforded to a substantially related conviction may be determined by the application of guidelines including, but not limited to the following:

- a) The extent to which the particular act or omission has adversely affected other person(s) or victim(s), including but not limited to, insurers, clients, employers, or other persons and the probability such adverse actions will continue;
- b) The recency or remoteness in time of the act, misconduct, or omission;
- c) The type of license applied for or held by the license applicant involved;
- d) The extenuating or aggravating circumstances surrounding the act, misconduct or omission;
- e) Whether the licensee or applicant has a history or prior license discipline, particularly where the prior discipline is for the same or similar type of conduct.

[Background review regulations](#) are accessible on this website.

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What happens if Disciplinary Proceedings are initiated by CDI?

21. If disciplinary proceedings to deny my application are initiated, what happens?

Process for Hearings:

If a Right to a Hearing is Being Afforded To You: You will receive formal legal notice by mail at your mailing address of record in the form of a "Statement of Issues" setting forth the grounds for denial and that you are being given the opportunity for a hearing via a "Notice of Defense."

In some cases, you may receive a "Special Notice of Defense" allowing you the option to voluntarily consent to a denial of your application and for the issuance of a restricted license, waiving your right to the hearing.

If you have no Right to a Hearing (e.g. such as a case under Section 1669 of the CIC), you will receive a "Summary Order of Denial" officially denying your pending application without right to a hearing. The Summary Order of Application Denial is usually effective in 30 days.

22. Can I represent myself at the Hearing?

Yes. The [Office of Administrative Hearing's web site](#) has information about the process and how you may represent yourself at hearing if you choose to do so.

23. How can I appeal the Denial decision?

Send a written request for reconsideration into the CDI's Legal Division within 30 days of the Final Order setting forth the reasons why you feel the reconsideration should be granted. You should include any and all additional evidence you would like reconsidered. It is important that you not just include the same information previously provided. Examples of the types of evidence to include would include rehabilitation evidence, letters of recommendation, witness statements, etc. You can mail the request to Department of Insurance, Legal Division, 300 Capitol Mall, Suite 1700, Sacramento, CA 95814 or send by Fax to (916) 324-1883.

24. Can I withdraw my application during the licensing background review process?

Yes. At any time you can elect to withdraw your application during the background review process. If your application is withdrawn the CDI will usually elect not to proceed on the matter. You can withdraw your application by sending a written request to the Producer Licensing Background Section at 320 Capitol Mall, Sacramento, CA 95814.

25. Will anyone be notified if my license application is denied by CDI?

Yes. The NAIC Regulatory Information Retrieval System (RIRS) will be notified of the final action and the [final Order of Denial will be published on CDI's public web site](#) for 10 years.

26. What happens if I do not respond to the PLBS during the background review process?

The CDI can initiate a Default decision against you or cite you for a violation for failure to respond to a CDI inquiry as required under CIC 1736.5. This disciplinary action could become a matter of public record and be reported to NAIC RIRS. As such, you are highly encouraged to respond and not ignore the PLBS.

27. How can I demonstrate rehabilitation?

Applicants are given the opportunity to explain any criminal conviction. You will be asked to do this in writing. In addition to providing any explanation, you may also provide evidence of rehabilitation such as counseling, gainful employment, completion of appropriate rehabilitation programs, letters from probation officers, evidence of completion of 12 step programs, certificates of rehabilitation, etc.

28. If my license is revoked, how long before I can reapply?

You can reapply at any time. However, under CIC 1669, CDI can summarily deny an applicant previously revoked within 5 years of the prior revocation.

29. If my license is revoked or denied can I get my filing fees refunded?

No. All application filing fees are non-refundable.

30. How can I obtain a copy of my own Criminal History Record (Rap sheet)?

You must contact the California Department of Justice for a copy. Instructions for obtaining a copy of your own sheet are contained at the [DOJ' web site](#). The CDI is prohibited from providing you with a copy as a DOJ rule prohibits us from disseminating copies of rap sheets, even to the licensing applicants whose fingerprints are involved.

31. Can I get my felony conviction reduced to a misdemeanor under 17b of the California Penal Code then apply or reapply for licensure?

Yes. You can try reapplying once the felony has been reduced to a misdemeanor. In most cases, a misdemeanor conviction resulting from a felony reduction will be looked at more favorably. Furthermore, a misdemeanor conviction usually entitles you to rights to a hearing, whereas a felony conviction does not in all instances. If the conviction was dishonesty related or recent it may still be a concern though. You may want to consult with an attorney to find out if your felony conviction can be reduced to a misdemeanor, before you apply for licensure.

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Licensing Background Information for Non-Resident Applicants

32. If I am a non-resident applying from another State and I have a criminal history and my home state has already licensed me, does it automatically qualify me for licensure in California?

No. California still conducts a fingerprint based background check on all non-resident applicants. The requirements for licensure and types and elements of crimes differ from State to State. Once uniform standards for underlying criteria for evaluating backgrounds are developed, California may reconsider its position.

33. Does California accept documents from the National Insurance Producer Registry (NIPR) Attachment Warehouse as part of the background review process on non-resident applicants?

Yes. California is a participating State. As long as the applicant is willing to provide certified original copies in the event the matter is taken to hearing or results in disciplinary action where the documents must be introduced as evidence. California is in the process of developing a paperless document submission system for residents to also submit such documents in an electronic format.

34. If California takes action against my non-resident license will they notify NAIC RIRS of the action against my non-resident license?

Yes. California will report the action to NAIC RIRS on your non-resident license. As a result, your home state will find out about the matter if they also check NAIC RIRS.

35. How do I comply with the fingerprint requirements in California as a non-resident applicant?

[Fingerprint instructions for non-residents](#) are on our website. They also explain what to do in the event your fingerprints are delayed.

36. Do the background questions on the NIPR application differ from the background questions on the California application form?

Yes. California's licensing application form requires disclosures pertaining to misdemeanor traffic convictions involving vehicle code violations, such as driving under the influence violations, driving without a license, reckless driving or driving on a suspended license and the NIPR and uniform non-resident applications currently do not.

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require such disclosures for these particular types of criminal convictions. Important: When applying in California, these types of criminal violations of law must be disclosed as part of the background screening review process by non-resident applicants even though the NAIC Uniform applications say they may be excluded.

37. If the Department denies my license based upon information received from the Department of Justice that is not verified by fingerprints what recourse do I have under Penal Code 11105.75(a)(1)?

If your license is denied, Penal Code 11105.75(a) (1) allows you to challenge the identification. You may also appeal the decision on the grounds that you as the applicant are not the person so identified.

The Department nor any of its employees or any requesting agency or entity shall be liable to any applicant for misidentifications made pursuant to this penal code section.

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Clark - Exhibit C

Check License Application Status Service - Individual

Last Name: *

Clark

Date Of Birth: *

(Please use 'MM/DD/YYYY' format)

(Last 4 digits) Social Security Number: *

Business Location Zip Code: *

03110

Reset

Retrieve Applicat

License Application Status - Individuals

* Select the Identification Number to retrieve application

CLARK, MICHAEL - If it has been more than 30 days since your application was referred to the Background Section, you can obtain a status by calling 916-492-3650. All calls will be returned within 48 hours.

Identification Number	Description	License Type(s)	Received Date	Status	Download
2873190	Non-Res Ins Producer (Indv)	Accident and Health (AH) Life-Only (LO) Variable Contracts (VC)	12-MAY-21	Referred to Background (20-MAY-21)	Not Available

* If an individual's license application is not retrieved, please call California Department of Insurance (CDI) Licensing Hotline at (800) 967-9331, or send an email to [Producer License Bureau](#). Please be sure to include your name, telephone number, license number (if applicable) and email address in all correspondence with CDI.

Disclaimer: The Check License Application Status Service (CLASS) displays the required items stated in [California Insurance Code](#) for license applications that are submitted by individuals and business entities to the CDI. CLASS is available to assist applicants and licensees to confirm that their license application requirements were submitted for review by CDI. CLASS does not make a determination as to if the license application requirements are met nor does CLASS determine if a license can be issued based on the "pass" or "pending" responses listed on this web page.



Clark - Exhibit D

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

1. GENERAL INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:	SUFFIX:
FIRM CRD #:	FIRM NAME:	EMPLOYMENT DATE(MM/DD/YYYY):	
FIRM Billing Code:	INDIVIDUAL CRD #:	INDIVIDUAL SSN:	

Do you have an independent contractor relationship with the above named firm?: Yes No

Office of Employment Address:

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

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

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

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

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

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

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 FINRA. I am submitting, have submitted, or promptly will submit the processed results for posting to CRD.

Exceptions to the Fingerprint Requirement

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

Rule 17f-2(a)(1)(i)

Rule 17f-2(a)(1)(iii)

Investment Adviser Representative Only Applicants

I affirm that I am applying only as an investment adviser representative and that I am not also applying or have not also applied with this firm to become a broker-dealer representative. If this radio button/box is selected, continue below.

I am applying for registration only in jurisdictions that do not have fingerprint card filing requirements, or

I am applying for registration in jurisdictions that have fingerprint card filing requirements and I am submitting, have submitted, or promptly will submit the appropriate fingerprint card directly to the jurisdictions for processing pursuant to applicable jurisdiction rules.

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

3. REGISTRATION WITH UNAFFILIATED FIRMS

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

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

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

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

4. SRO REGISTRATIONS

Select appropriate *SRO* Registration requests.

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

REPRESENTATIVE LEVEL REGISTRATION CATEGORIES

	FINRA	NYSE	NYSE-AMER	NYSE-ARCA	NYSE-CHI	NYSE-NAT	CBOE	CBOE C2	CBOE BYX	CBOE BZX	CBOE EDGA	CBOE EDGX	NOX	BX	ISE	ISE GEMX	ISE MRX	PHLX	MIAx EMERALD	MIAx OPTIONS	MIAx PEARL	BOX	IEX	LTSE	MEMX
REGISTRATION CATEGORIES																									
IR - Investment Company and Variable Contracts Products Rep. (S6TO)																									
GS - Full Registration/General Securities Representative (S7TO)																									
DR - Direct Participation Program Representative (S22TO)																									
MR - Municipal Securities Representative (S52TO)																									
TD - Securities Trader (S57TO)																									
IB - Investment Banking Representative (S79TO)																									
PR - Limited Representative - Private Securities Offerings (S82TO)																									
RS - Research Analyst (S86 and S87)																									
OS - Operations Professional (S99TO)																									
Other (Paper Form Only)																									
RETIRED REGISTRATION CATEGORIES																									
AR - Assistant Representative/Order Processing																									
CD - Canada-Limited General Securities Registered Representative																									
CN - Canada-Limited General Securities Registered Representative																									
CS - Corporate Securities Representative																									
FA - Foreign Associate																									
IE - United Kingdom - Limited General Securities Registered Representative																									
OR - Options Representative																									
RG - Government Securities Representative																									

PRINCIPAL LEVEL REGISTRATION CATEGORIES

	FINRA	NYSE	NYSE-AMER	NYSE-ARCA	NYSE-CHI	NYSE-NAT	CBOE	CBOE C2	CBOE BYX	CBOE BZX	CBOE EDGA	CBOE EDGX	NOX	BX	ISE	ISE GEMX	ISE MRX	PHLX	MIAx EMERALD	MIAx OPTIONS	MIAx PEARL	BOX	IEX	LTSE	MEMX
REGISTRATION CATEGORIES																									
OP - Registered Options Principal (S4)																									
SU - General Securities Sales Supervisor (S9 and S10)																									
CO - Compliance Official (S14)																									
CR - Compliance Officer (S14)																									

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

	FINRA	NYSE	NYSE-AMER	NYSE-ARCA	NYSE-CHI	NYSE-NAT	CBOE	CBOE C2	CBOE BYX	CBOE BZX	CBOE EDGA	CBOE EDGX	NOX	BX	ISE	ISE GEMX	ISE MRX	PHLX	MIA X EMERALD	MIA X OPTIONS	MIA X PEARL	BOX	IEX	LTSE	MEMX
REGISTRATION CATEGORIES																									
SA – Supervisory Analyst (S16)																									
GP – General Securities Principal (S24)																									
RP – Research Principal (S24)																									
BP – Investment Banking Principal (S24)																									
TP – Securities Trader Principal (S24)																									
PO – Private Securities Offerings Principal (S24)																									
IP – Investment Company and Variable Contracts Products Principal (S26)																									
FN – Financial and Operations Principal (S27)																									
FI – Introducing Broker-Dealer/Financial and Operations Principal (S28)																									
DP – Direct Participation Program Principal (S39)																									
FP – Municipal Fund (S51)																									
MP – Municipal Securities Principal (S53)																									
PG – Government Securities Principal																									
Other _____ (Paper Form Only)																									
RETIRED REGISTRATION CATEGORIES																									
SM – Securities Manager																									

EXCHANGE-SPECIFIC REGISTRATION CATEGORIES

	FINRA	NYSE	NYSE-AMER	NYSE-ARCA	NYSE-CHI	NYSE-NAT	CBOE	CBOE C2	CBOE BYX	CBOE BZX	CBOE EDGA	CBOE EDGX	NOX	BX	ISE	ISE GEMX	ISE MRX	PHLX	MIA X EMERALD	MIA X OPTIONS	MIA X PEARL	BOX	IEX	LTSE	MEMX
REGISTRATION CATEGORIES																									
AP – Approved Person																									
CF – Compliance Official Specialist																									
FE – Floor Employee																									
LE – Securities Lending Representative																									
LS – Securities Lending Supervisor																									
ME - Member Exchange																									
MT – Market Maker Authorized Trader-Equities																									
OM – Options Member (S57TO)																									
CT – Securities Trader Compliance Officer (S14)																									
FL – Floor Clerk – Equities (S19)																									

INDIVIDUAL NAME:	INDIVIDUAL CRD #:
FIRM NAME:	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	<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): _____

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

6. REGISTRATION REQUESTS WITH AFFILIATED FIRMS

Will applicant maintain registration with firm(s) under common ownership or control with the filing firm? Yes No
 If "yes", fill in the details to indicate a request for registration with additional firm(s).
 If the individual seeks registration with firm(s) affiliated with the filing firm, complete the following to make a request for registration with the additional affiliated firm(s) other than the filing firm.

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

AFFILIATED 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:
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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:
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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:
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OFFICE OF EMPLOYMENT ADDRESS STREET 1: CITY: STATE:

OFFICE OF EMPLOYMENT ADDRESS STREET 2: COUNTRY: POSTAL CODE:

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

- Check here to request the same SRO and jurisdiction registrations for this affiliated firm that are requested on this application for the filing firm.
- Check here to request different SRO and jurisdiction registrations than requested on this application for your filing firm.

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

AFFILIATED FIRM FINGERPRINT INFORMATION

Electronic Filing Representation

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

Exceptions to the Fingerprint Requirement

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

Investment Adviser Representative Only Applicants

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

7. EXAMINATION REQUESTS

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

<input type="checkbox"/> SIE	<input type="checkbox"/> S16	<input type="checkbox"/> S30	<input type="checkbox"/> S52TO	<input type="checkbox"/> S79TO			
<input type="checkbox"/> S3	<input type="checkbox"/> S22TO	<input type="checkbox"/> S31	<input type="checkbox"/> S53	<input type="checkbox"/> S82TO			
<input type="checkbox"/> S4	<input type="checkbox"/> S23	<input type="checkbox"/> S32	<input type="checkbox"/> S54	<input type="checkbox"/> S86			
<input type="checkbox"/> S6TO	<input type="checkbox"/> S24	<input type="checkbox"/> S34	<input type="checkbox"/> S57TO	<input type="checkbox"/> S87			
<input type="checkbox"/> S7TO	<input type="checkbox"/> S26	<input type="checkbox"/> S39	<input type="checkbox"/> S63	<input type="checkbox"/> S99TO			
<input type="checkbox"/> S9	<input type="checkbox"/> S27	<input type="checkbox"/> S50	<input type="checkbox"/> S65	<input type="checkbox"/> S101			
<input type="checkbox"/> S10	<input type="checkbox"/> S28	<input type="checkbox"/> S51	<input type="checkbox"/> S66	<input type="checkbox"/> S201			
<input type="checkbox"/> S14							

Other _____ (Paper Form Only)

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

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

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

8. PROFESSIONAL DESIGNATIONS

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

9. IDENTIFYING INFORMATION/NAME CHANGE

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

10. OTHER NAMES

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

FIRST NAME:	MIDDLE NAME:	LAST NAME:	SUFFIX:
FIRST NAME:	MIDDLE NAME:	LAST NAME:	SUFFIX:

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

11. RESIDENTIAL HISTORY

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

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

12. EMPLOYMENT HISTORY

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

Report changes as they occur.

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

13. OTHER BUSINESS

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

Yes No

If "Yes," please enter details below.

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

INDIVIDUAL NAME:	INDIVIDUAL CRD #:
FIRM NAME:	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 <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
	(b) been <i>charged</i> with any <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
	(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 <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
	(b) been <i>charged</i> with any <i>felony</i> ?	<input type="radio"/>	<input type="radio"/>
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 <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"/>
	(b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="radio"/>	<input type="radio"/>
	(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 <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="radio"/>	<input type="radio"/>
	(b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="radio"/>	<input type="radio"/>
Regulatory Action Disclosure			
14C.	Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:	YES	NO
	(1) <i>found</i> you to have made a false statement or omission?	<input type="radio"/>	<input type="radio"/>
	(2) <i>found</i> you to have been <i>involved</i> in a violation of its regulations or statutes?	<input type="radio"/>	<input type="radio"/>
	(3) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="radio"/>	<input type="radio"/>
	(4) entered an <i>order</i> against you in connection with <i>investment-related</i> activity?	<input type="radio"/>	<input type="radio"/>
	(5) imposed a civil money penalty on you, or <i>ordered</i> you to cease and desist from any activity?	<input type="radio"/>	<input type="radio"/>
	(6) <i>found</i> you to have willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board, or <i>found</i> you to have been unable to comply with any provision of such Act, rule or regulation?	<input type="radio"/>	<input type="radio"/>
	(7) <i>found</i> you to have willfully aided, abetted, counseled, commanded, induced, or procured the violation by any person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board?	<input type="radio"/>	<input type="radio"/>
	(8) <i>found</i> you to have failed reasonably to supervise another person subject to your supervision, with a view to preventing the violation of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board?	<input type="radio"/>	<input type="radio"/>
14D.	(1) Has any other Federal regulatory agency or any state regulatory agency or foreign financial regulatory authority ever:		
	(a) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="radio"/>	<input type="radio"/>
	(b) <i>found</i> you to have been <i>involved</i> in a violation of <i>investment-related</i> regulation(s) or statute(s)?	<input type="radio"/>	<input type="radio"/>
	(c) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="radio"/>	<input type="radio"/>
	(d) entered an <i>order</i> against you in connection with an <i>investment-related</i> activity?	<input type="radio"/>	<input type="radio"/>
	(e) denied, suspended, or revoked your registration or license or otherwise, by <i>order</i> , prevented you from associating with an <i>investment-related</i> business or restricted your activities?	<input type="radio"/>	<input type="radio"/>

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

14. DISCLOSURE QUESTIONS (CONTINUED)

	YES	NO
(2) Have you been subject to any <i>final order</i> of a state securities commission (or any agency or office performing like functions), state authority that supervises or examines banks, savings associations, or credit unions, state insurance commission (or any agency or office performing like functions), an appropriate <i>federal banking agency</i> , or the National Credit Union Administration, that:		
(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	<input type="radio"/>	<input type="radio"/>
(b) constitutes a <i>final order</i> based on violations of any laws or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="radio"/>	<input type="radio"/>
14E. Has any self-regulatory organization ever:		
(1) found you to have made a false statement or omission?	<input type="radio"/>	<input type="radio"/>
(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)?	<input type="radio"/>	<input type="radio"/>
(3) found you to have been the cause of an investment-related business having its authorization to do business denied, suspended, revoked or restricted?	<input type="radio"/>	<input type="radio"/>
(4) disciplined you by expelling or suspending you from membership, barring or suspending your association with its members, or restricting your activities?	<input type="radio"/>	<input type="radio"/>
(5) found you to have willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board, or found you to have been unable to comply with any provision of such Act, rule or regulation?	<input type="radio"/>	<input type="radio"/>
(6) found you to have willfully aided, abetted, counseled, commanded, induced, or procured the violation by any person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board?	<input type="radio"/>	<input type="radio"/>
(7) found you to have failed reasonably to supervise another person subject to your supervision, with a view to preventing the violation of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board?	<input type="radio"/>	<input type="radio"/>
14F. Have you ever had an authorization to act as an attorney, accountant or federal contractor that was revoked or suspended?	<input type="radio"/>	<input type="radio"/>
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.)	<input type="radio"/>	<input type="radio"/>
(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.)	<input type="radio"/>	<input type="radio"/>
Civil Judicial Disclosure	YES	NO
14H. (1) Has any domestic or foreign court ever:		
(a) enjoined you in connection with any investment-related activity?	<input type="radio"/>	<input type="radio"/>
(b) found that you were involved in a violation of any investment-related statute(s) or regulation(s)?	<input type="radio"/>	<input type="radio"/>
(c) dismissed, pursuant to a settlement agreement, an investment-related civil action brought against you by a state or foreign financial regulatory authority?	<input type="radio"/>	<input type="radio"/>
(2) Are you named in any pending investment-related civil action that could result in a "yes" answer to any part of 14H(1)?	<input type="radio"/>	<input type="radio"/>
Customer Complaint/Arbitration/Civil Litigation Disclosure	YES	NO
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,	<input type="radio"/>	<input type="radio"/>
(b) resulted in an arbitration award or civil judgment against you, 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"/>

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

14. DISCLOSURE QUESTIONS (CONTINUED)

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

15. SIGNATURES

Please Read Carefully. All signatures required on this Form U4 filing must be made in this section.

A "signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

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

15A. INDIVIDUAL/APPLICANT'S ACKNOWLEDGEMENT AND CONSENT

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

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

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

9. I understand and certify that the representations in this form apply to all employers with whom I seek registration as indicated in Section 1 (GENERAL INFORMATION) or Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS) of this form. I agree to update this form by causing an amendment to be filed on a timely basis whenever changes occur to answers previously reported. Further, I represent that, to the extent any information previously submitted is not amended, the information provided in this form is currently accurate and complete.

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

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

Date (MM/DD/YYYY)

Signature of Applicant

Printed Name

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

15B. FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS

THE FIRM MUST COMPLETE THE FOLLOWING:

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

This *firm* has communicated with all of the *applicant's* previous employers for the past three years and has documentation on file with the names of the persons contacted and the date of contact. In addition, I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application.

I have provided the *applicant* an opportunity to review the information contained herein and the *applicant* has approved this information and signed the Form U4.

Date (MM/DD/YYYY)

Printed Name

Signature of Appropriate Signatory

15C. TEMPORARY REGISTRATION ACKNOWLEDGEMENT

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

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

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

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

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

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

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

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

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

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

Date (MM/DD/YYYY)

Signature of Applicant

Printed Name

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

Date (MM/DD/YYYY)

Signature of Applicant

Printed Name

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

15E. FIRM/APPROPRIATE SIGNATORY AMENDMENT REPRESENTATIONS

THE FIRM MUST COMPLETE THE FOLLOWING:

_____	_____
Date (MM/DD/YYYY)	Signature of <i>Appropriate Signatory</i>

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 <i>Appropriate Signatory</i>

Printed Name	

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

ATTACHMENT SHEET

Use this attachment to report continued information.

SECTION NUMBER	ANSWER

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

DISCLOSURE REPORTING PAGES

U4 - BANKRUPTCY/SIPC/COMPROMISE WITH CREDITORS DRP

Rev. DRP (05/2009)

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

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

14K(1) 14K(2) 14K(3)

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

- Action Type (select appropriate item):
 - Bankruptcy [Circle one: Chapter 7, Chapter 11, Chapter 13, Other]
 - Compromise Declaration Liquidation Receivership Other:
- 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: _____
- If the financial action relates to an organization over which you exercise(d) control, provide:
 - A. Organization Name: _____
 - B. Position, title or relationship: _____
 - C. Investment-related business? Yes No
- Court action brought in: Federal Court State Court Foreign Court Other: _____
 - A. Name of Court: _____
 - B. Location of Court (City or County and State or Country): _____
 - C. Docket/Case#: _____
 - Check this box if the Docket/Case# is your SSN, a Bank Card number, or a Personal Identification Number.
- Is action currently pending? Yes No
- If not pending, provide Disposition Type (select appropriate item):
 - Direct Payment Procedure Discharged Dismissed Dissolved SIPA Trustee Appointed
 - Satisfied/Released Other: _____
- Disposition Date (MM/DD/YYYY): _____ Exact Explanation
 If not exact, provide explanation: _____
- If a compromise with creditors, provide:
 - A. Name of Creditor: _____
 - B. Original amount owed: \$ _____
 - C. Terms/Compromise reached with creditor: _____
- If a SIPA trustee was appointed or a direct payment procedure was begun:
 - A. Provide the amount paid or agreed to be paid by you: \$ _____; or
 The name of the Trustee: _____
 - B. Currently Open? Yes No
 - C. Date Direct Payment Initiated/Filed or Trustee Appointed
 (MM/DD/YYYY): _____ Exact Explanation
 - If not exact, provide explanation: _____

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

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

Rev. DRP (05/2009)

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

U4 - BOND DRP

Rev. DRP (05/2009)

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

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

14L

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

1. Firm Name (Policy Holder): _____

2. Bonding Company Name: _____

3. Disposition Type: Denied Payout Revoked

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

5. If disposition resulted in Payout:

A. Payout Amount: \$ _____

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

If not exact, provide explanation: _____

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

U4 - CIVIL JUDICIAL DRP

Rev. DRP (05/2009)

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

Check the question(s) you are responding to, regardless of whether you are answering the question(s) "yes" or amending

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

the answer(s) to "no":

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

One event may result in more than one affirmative answer to the above items. Use only one DRP to report details related to the same event. Unrelated civil judicial actions must be reported on separate DRPs.

1. Court Action initiated by:
 A. (Select appropriate item):
 SEC
 Other Federal Agency
 Jurisdiction
 Foreign Financial Regulatory Authority
 Firm
 Private Plaintiff
 B. Name of party initiating the proceeding: _____

2. Relief Sought: (select all that apply):
 Cease and Desist
 Injunction
 Restraining Order
 Civil and Administrative Penalty(ies)/Fine(s)
 Monetary Penalty other than Fines
 Other: _____
 Disgorgement
 Restitution

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

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

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

5. Formal Action was brought in:
 Federal Court
 State Court
 Foreign Court
 Military Court
 Other: _____
 A. Name of Court: _____
 B. Location of Court (City or County and State or Country): _____
 C. Docket/Case#: _____

6. Employing Firm when activity occurred which led to the civil judicial action: _____

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

8. Current Status?
 Pending
 On Appeal
 Final

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

10. If on appeal:

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

B. Court Location: _____

C. Docket/Case#: _____

D. Date appeal filed (MM/DD/YYYY): _____ Exact Explanation
 If not exact, provide explanation:

E. Appeal details (including status):

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

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

11. Resolution Detail:

A. How was matter resolved? (select appropriate item):

- | | | |
|---------------------------------|---|---------------------------------|
| <input type="radio"/> Consent | <input type="radio"/> Judgment Rendered | <input type="radio"/> Settled |
| <input type="radio"/> Vacated | <input type="radio"/> Vacated Nunc Pro Tunc / ab initio | <input type="radio"/> Dismissed |
| <input type="radio"/> Withdrawn | <input type="radio"/> Other: _____ | |

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

12. Sanction Detail:

A. Were any of the following Sanctions Ordered or Relief Granted? (select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Civil and Administrative Penalty(ies)/Fine(s) | <input type="checkbox"/> Injunction |
| <input type="checkbox"/> Cease and Desist | <input type="checkbox"/> Monetary Penalty other than fines |
| <input type="checkbox"/> Disgorgement | <input type="checkbox"/> Restitution |

B. Other Sanctions: _____

C. If enjoined, provide:

Injunction Details

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

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

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

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

U4 - CIVIL JUDICIAL DRP (CONTINUED)

Rev. DRP (05/2009)

Injunction Details

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

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

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

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

Injunction Details

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

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

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

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

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

Monetary Related Sanction Details

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

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

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

U4 - CIVIL JUDICIAL DRP (CONTINUED)

Rev. DRP (05/2009)

Monetary Related Sanction Details

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

Total Amount: \$ _____

Portion levied against you: \$ _____

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

If not exact, provide explanation:

Was any portion of penalty waived? Yes No

If yes, amount: \$ _____

Monetary Related Sanction Details

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

Total Amount: \$ _____

Portion levied against you: \$ _____

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

If not exact, provide explanation:

Was any portion of penalty waived? Yes No

If yes, amount: \$ _____

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

U4 - CRIMINAL DRP

Rev. DRP (05/2009)

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

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

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

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

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

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

- A. Organization Name: _____
- B. Investment-related business? Yes No
- C. Position, title or relationship: _____

2. Formal action was brought in:

- Federal Court State Court Foreign Court Military Court Other: _____
 A. Name of Court: _____
 B. Location of Court (City or County and State or Country): _____
 C. Docket/Case#: _____

3. Event Status:

- A. Current status of the Event? Pending On Appeal Final
- B. Event Status Date (complete unless status is pending) (MM/DD/YYYY): _____ Exact Explanation
- If not exact, provide explanation: _____

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

- A. Date First Charged (MM/DD/YYYY): _____ Exact Explanation
- If not exact, provide explanation: _____

B. Event and Disposition Detail:

Charge Details (complete every field for each charge.)

Formal Charge/Description:

No. of Counts: _____

Felony or Misdemeanor: Felony Misdemeanor

Plea for each Charge: _____

Disposition of Charge:

- Acquitted Dismissed Pre-trial Intervention
 Amended Found not guilty Reduced
 Convicted Pled guilty Other (requires explanation)
 Deferred Adjudication Pled not guilty

Explanation:

Date of Amended Charge, if applicable: _____

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

U4 - CRIMINAL DRP (CONTINUED)

Rev. DRP (05/2009)

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

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

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

Plea for each amended or reduced charge: _____

Disposition of amended or reduced charge:

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

Explanation:

Charge Details (complete every field for each charge.)

Formal Charge/Description:

No. of Counts: _____

Felony or *Misdemeanor*: *Felony* *Misdemeanor*

Plea for each Charge: _____

Disposition of Charge:

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

Explanation:

Date of Amended Charge, if applicable: _____

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

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

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

Plea for each amended or reduced charge: _____

Disposition of amended or reduced charge:

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

Explanation:

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

U4 - CRIMINAL DRP (CONTINUED)

Rev. DRP (05/2009)

Charge Details (complete every field for each charge.)

Formal Charge/Description:

No. of Counts: _____

Felony or Misdemeanor:

Felony

Misdemeanor

Plea for each Charge: _____

Disposition of Charge:

Acquitted

Dismissed

Pre-trial Intervention

Amended

Found not guilty

Reduced

Convicted

Pled guilty

Other (requires explanation)

Deferred Adjudication

Pled not guilty

Explanation:

Date of Amended Charge, if applicable: _____

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

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

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

Felony

Misdemeanor

Other: _____

Plea for each amended or reduced charge: _____

Disposition of amended or reduced charge:

Acquitted

Dismissed

Pre-trial Intervention

Amended

Found not guilty

Reduced

Convicted

Pled guilty

Other (requires explanation)

Deferred Adjudication

Pled not guilty

Explanation:

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

Exact

Explanation

If not exact, provide explanation:

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

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

U4 - CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DRP

Rev. DRP (05/2009)

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

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

- | | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 14I(1)(a) | <input type="checkbox"/> 14I(2)(a) | <input type="checkbox"/> 14I(3)(a) | <input type="checkbox"/> 14I(4)(a) | <input type="checkbox"/> 14I(5)(a) |
| <input type="checkbox"/> 14I(1)(b) | <input type="checkbox"/> 14I(2)(b) | <input type="checkbox"/> 14I(3)(b) | <input type="checkbox"/> 14I(4)(b) | <input type="checkbox"/> 14I(5)(b) |
| <input type="checkbox"/> 14I(1)(c) | | | | |
| <input type="checkbox"/> 14I(1)(d) | | | | |

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

DRP Instructions:

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

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

1. Customer Name(s): _____																																	
2. A. Customer(s) State of Residence (select "not on list" when the customer's residence is a foreign address): _____ B. Other state(s) of residence/detail: _____																																	
3. Employing Firm when activities occurred which led to the customer complaint, arbitration, CFTC reparation or civil litigation: _____																																	
4. Allegation(s) and a brief summary of events related to the allegation(s) including dates when activities leading to the allegation(s) occurred: _____																																	
5. Product Type(s): (select all that apply)																																	
<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																															
<input type="checkbox"/> Commodity Option	<input type="checkbox"/> Futures-Financial	<input type="checkbox"/> Real Estate Security																															
<input type="checkbox"/> Debt-Asset Backed	<input type="checkbox"/> Index Option	<input type="checkbox"/> Security Futures																															
<input type="checkbox"/> Debt-Corporate	<input type="checkbox"/> Insurance	<input type="checkbox"/> Unit Investment Trust																															
<input type="checkbox"/> Debt-Government	<input type="checkbox"/> Investment Contract	<input type="checkbox"/> Viatical Settlement																															
<input type="checkbox"/> Debt-Municipal	<input type="checkbox"/> Money Market Fund	<input type="checkbox"/> Other: _____																															
6. Alleged Compensatory Damage Amount: \$ _____																																	
<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): _____																																	

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

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

Rev. DRP (05/2009)

If the matter involves a customer complaint, arbitration/CFTC reparation or civil litigation in which a customer alleges that you were involved in a sales practice violation and you are not named as a party, complete items 7-11 as appropriate. [Note: Report in items 12-16, or 17-23, as appropriate, only arbitrations/CFTC reparations or civil litigation in which you are named as a party.]

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

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

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

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

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

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

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

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

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

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

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

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

Rev. DRP (05/2009)

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

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

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

17. Court in which case was filed:

- Federal Court
- State Court
- Foreign Court
- Military Court
- Other: _____

- A. Name of Court: _____
- B. Location of Court (City or County and State or Country): _____
- C. Docket/Case#: _____

18. Date received by/served on firm (MM/DD/YYYY): _____ Exact Explanation
 If not exact, provide explanation: _____

19. Is the civil litigation pending? Yes No
 If "No", complete item 20.

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

- Denied
- Dismissed
- Judgment (other than monetary)
- Monetary Judgment to Applicant (Agent/Representative)
- Monetary Judgment to Customer
- No Action
- Settled
- Withdrawn
- Other: _____

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

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

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

23. If action is currently on appeal:

A. Enter date appeal filed (MM/DD/YYYY): _____ Exact Explanation
 If not exact, provide explanation: _____

B. Court appeal filed in:

- Federal Court
- State Court
- Foreign Court
- Military Court
- Other: _____

- i. Name of Court: _____
- ii. Location of Court (City or County and State or Country): _____
- iii. Docket/Case#: _____

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

U4 - INVESTIGATION DRP

Rev. DRP (05/2009)

This Disclosure Reporting Page is an INITIAL or AMENDED response to report details for affirmative response(s) to **Question(s) 14G(2)** on Form U4;
Check the question(s) you are responding to, regardless of whether you are answering the question(s) "yes" or amending the answer(s) to "no":

14G(2)

Complete this DRP only if you are answering "yes" to Item 14G(2). If you answered "yes" to Item 14G(1), complete the Regulatory Action DRP. If you have been notified that the *investigation* has been concluded without formal action, complete items 4 and 5 of this DRP to update. One event may result in more than one *investigation*. If more than one authority is investigating you, use a separate DRP to provide details.

1. *Investigation* initiated by:

A. Notice Received From (select appropriate item):

- SRO
 Foreign Financial Regulatory Authority
 Jurisdiction
 SEC
 Other Federal Agency
 Other: _____

B. Full name of regulator (if other than the SEC) that initiated the *investigation*: _____

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

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

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

5. Resolution Details:

A. Date Closed/Resolved (MM/DD/YYYY): _____ Exact Explanation
 If not exact, provide explanation: _____

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

- Closed Without Further Action
 Closed - Regulatory Action Initiated
 Other: _____

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

U4 - JUDGMENT/LIEN DRP

Rev. DRP (05/2009)

This Disclosure Reporting Page is an INITIAL or AMENDED response to report details for affirmative response(s) to **Question(s) 14M** on Form U4;
Check the question(s) you are responding to, regardless of whether you are answering the question "yes" or amending the answer(s) to "no":

14M

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

1. Judgment/Lien Amount: \$ _____

2. Judgment/Lien Holder: _____

3. Judgment/Lien Type: Civil Tax

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

If not exact, provide explanation:

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

If not exact, provide explanation:

5. Court action brought in: Federal Court State Court Foreign Court Other: _____

A. Name of Court: _____

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

C. Docket/Case#: _____

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

6. Is Judgment/Lien outstanding? Yes No

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

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

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

If not exact, provide explanation:

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

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

U4 - REGULATORY ACTION DRP

Rev. DRP (05/2009)

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

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

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

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

1. Regulatory Action initiated by:

A. (Select appropriate item):

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

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

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

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

3. Date Initiated (MM/DD/YYYY): _____

- Exact Explanation

If not exact, provide explanation: _____

4. Docket/Case#: _____

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

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

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

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

8. Current Status? Pending On Appeal Final

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

U4 - REGULATORY ACTION DRP (CONTINUED)

Rev. DRP (05/2009)

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

If the answer is 'yes', provide details:

10. If on appeal:

A. Action appealed to:

SEC SRO CFTC Federal Court State Agency or Commission State Court

Other: _____

B. Date appeal filed (MM/DD/YYYY): _____ Exact Explanation

If not exact, provide explanation:

C. Are there any limitations or restrictions currently in effect while on appeal? Yes No

If the answer is 'yes', provide details:

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

11. Resolution Detail:

A. How was matter resolved? (select appropriate item):

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

13. Sanction Detail:

A. Were any of the following sanctions ordered? (Select all appropriate items):

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

B. Other sanctions ordered: _____

C. If suspended or barred, provide:

Sanction Details

Sanction type: Bar (Permanent) Bar (Temporary/Time Limited) Suspension

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

Duration (length of time): _____ Exact Explanation

If not exact, provide explanation:

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

U4 - REGULATORY ACTION DRP (CONTINUED)

Rev. DRP (05/2009)

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

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

Sanction Details

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

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

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

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

Sanction Details

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

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

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

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

U4 - REGULATORY ACTION DRP (CONTINUED)

Rev. DRP (05/2009)

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

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

Monetary Sanction Details

Monetary Related Sanction Type: Civil and Administrative Penalty(ies)/Fine(s) Disgorgement
 Monetary Penalty other than Fines Restitution
 Total Amount: \$ _____
 Portion Levied against you: \$ _____
 Payment Plan:

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

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

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

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

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

U4 - TERMINATION DRP

Rev. DRP (05/2009)

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

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

- 14J(1) 14J(2) 14J(3)

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

1. Firm Name: _____

2. Termination Type:
 Discharged Permitted to Resign Voluntary Resignation

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

4. Allegation(s):

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

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

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.