OMB Number 1557-0184

OMB Number 3064-0022 Approval expires March 31, 2018 Approval expires July 31, 2019 Page 1 of 5

Board of Governors of the Federal Reserve System **Federal Deposit Insurance Corporation** Office of the Comptroller of the Currency



Uniform Application for Municipal Securities Principal or Municipal Securities Representative Associated with a Bank Municipal Securities Dealer—Form MSD-4

The Board of Governors of the Federal Reserve System, the Federal Deposit Insurance Corporation, and the Off ce of the Comptroller of the Currency are authorized to collect this information pursuant to the authority contained in the following statutes: 15 U.S.C. §§ 78o-4, 78q, and 78w.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The information provided by each respondent is considered to be conf dential.

PRIVACY ACT NOTICE

The Federal Reserve Board is authorized to request this information from you by Sections 3, 15B(c), 15C, 17 and 23 of the Securities Exchange Act of 1934 (15 U.S.C. 78c, 78o-4, 78o-5, and 78q and 78w); and Section 11 of the Federal Reserve Act (12 U.S.C. 248). The purpose for collecting the information is to comply with the registration requirements of municipal securities dealers, municipal securities representatives, and U.S. Government securities brokers or dealers and associated persons contained in the Securities Exchange Act of 1934, and to support the Board's regulatory and supervisory functions. Furnishing the requested information is mandatory. Failure to provide the requested information in whole or in part may delay or prohibit the determination of your compliance with applicable registration and professional qualif cation requirements. The information you provide is protected by the Privacy Act, 5 U.S.C. 552(a). The information may be furnished to third parties as authorized by law and used according to any of the routine uses described in the Municipal or Government Securities Principals and Representatives System of Records (BGFRS-17), available at https://www.gpo.gov/fdsys/pkg/PAI-2013-BGFRS/xml/PAI-2013-BGFRS.xml#bgfrs17. If you have any questions or concerns about the collection or use of the information, you may contact the Secretary of the Board, Board of Governors of the Federal Reserve System, 20th Street and Constitution Avenue, NW, Washington, DC 20551.

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time to gather and maintain data in the required form and to review instructions and to complete the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Off ce of Management and Budget, Washington, DC 20503, and, depending on your primary federal regulator, to Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, NW, Washington, DC 20551; or to Assistant Executive Secretary, Federal Deposit Insurance Corporation, Washington, DC 20429; or to Legislative and Regulatory Activities Division, Off ce of the Comptroller of the Currency, Washington, DC 20219.

Uniform Application for Municipal Securities Principal or Municipal Securities Representative Associated with a Bank Municipal Securities Dealer

1. Applicant Name:

L	ast	F	First		Middle (if none, wri	te "N/A")		
2. B	ank Municipal Securities Dea	aler:		3. O	ffice of Employment Applicant:			
А								
	Name			N	ame			
В				4. D	ate of Employment with MSD:			
	Registration Number							
С						-		
	Main Street Address			М	onth/Day/Year			
	City	State	Zip Code	_				
5. T	o be filed with the following (check one):						
	Board of Governors of the I	Federal Reserve S	System 🗌 Feder	al Deposi	Insurance Corporation	ptroller of th	e Currency	
а т,	ypes(s) of Qualification Requ		-	·	·		,	
י . ר] Municipal Securities Repre-		inat apply).	Mur	icipal Securities Principal			
	Municipal Securities Sale	-			ernment Securities Representati	ve		
	☐ Municipal Securities Fun	d Sales Limited R	lepresentative	∐ Gov	ernment Securities Supervisor			
7. It	is anticipated that the application	ant will perform the	e following functio	ns in the c	apacity indicated (check all that	apply):		
						CAPA	ACITY	
						0	Non-	
						Supervisory	Supervisor	
	. Underwriting, trading or sal							
	Financial advisory or consultant services for issuers in connection with issuance of municipal securities Research or investment advice with respect to municipal securities in connection with the activities							
U	described in items 7.A and		nnection with the activities					
D	Activities other than those specifically mentioned that involve communication directly or indirectly with public							
_	investors in municipal securities in connection with the activities described in items 7.A and 7.B above							
	. Processing and clearing ac							
	Maintenance of records inv	•		-	•			
G	. Training of municipal secur	ities principais or i	municipal securite	es represe	ntatives			
8. F	or the purpose of verifying th	e information furni	ished on this appli	ication by	the applicant named in item 1 ab	ove, this ins	titution has	
	de inquiry of all employers of the applicant during the immediately preceding three years, as set forth below, concerning the							
	curacy and completeness of the information provided, and concerning the record and reputation of the applicant as related to the lity to perform the duties for which employed or to be employed.							
a	bility to perform the duties for	which employed	or to be employed	1.				
_			_		Person Contacted			
E	mployer				Name	Pos	sition	
_								
_								

Acceptance of this form for filing shall not constitute any finding that the information submitted herein is true, current, complete, or not misleading. Intentional misstatements or omissions of fact may constitute federal criminal violations. (See 18 U.S.C. §§ 1001 and 1005, and 15 U.S.C.78ff.)

Personal History of Applicant

9.					10. N	ot applicable.				
	Name (Last, First, Middle)									
11.					13.					
	Resident Street Address				D	ate of Birth (Mon	th/Day/Year)			
12.					14.					
	City	State	Zip Code			ace of Birth (City	, State (if applicab	e), Count	ry)	
15.	Any other name ever use	d by which known:								
16.	EMPLOYMENT AND EDUCATION HISTORY. The following is a complete, consecutive statement of all my employment for the bast ten years starting with my immediately previous employer. (Include full- and part-time work, self employment, military service, unemployment, and full-time education.) For each period of employment, list the position held at the time of leaving employment.									
	Name of Employer and Complete Address		Type of Business	From (MM/YY		To (MM/YYYY)	Position Held		time or t-time	Reason for Leaving
						·				
17.	RESIDENTIAL HISTORY. The following is a complete, consecutive statement of all my residential addresses for the past f ve years starting with my current resid									
	Address								(MM/YYYY)	(10110771111)
	Street		c	City/Town						
	State/Province	Zip/Postal Code	9		Coun	iry				
	Street		c	City/Town						
	State/Province	Zip/Postal Code	e		Coun	ry				
	Street		c	City/Town						
	State/Province	Zip/Postal Code	9		Coun	iry				
	Street		c	City/Town						
	State/Province	Zip/Postal Code	Э		Coun	iry				

Personal History of Applicant—Continued

18	A. Have you ever taken and passed a qualifcation examination for municipal securities principals, municipal securities representatives, or financial and operations principals prescribed by the Municipal Securities Rulemaking Board?				□ No		
		If Yes, state below the type of examination and the appr					
		Type of Examination Approximate Date			0		
					(MM/YYYY)		
		Type of Examination	Approximate Date	(MM/YYY)	<u>()</u>		
	В.	 B. Have you ever been exempt from or received a waiver of the requirement to take and pass an examination of the nature specified in Question 18.A? If Yes, state below the type of examination and the approximate date taken. 					
		Type of Examination	Basis for Exemption or Waiver Approximate Date	(MM/YYY)	Y)		
		Type of Examination	Basis for Exemption or Waiver Approximate Date	(MM/YYY)	r)		
19	. Are	e you currently bonded?		Yes	🗌 No		
lf t	he a	answer to any of the following questions is Yes, attac	ch complete details:				
20		ve you ever been refused coverage under a fidelity bond your coverage or cancelled such coverage?		🗌 Yes	No		
21	se	ive you ever been denied membership, registration, licen curities or federal or state bank regulatory agency, any na sociation, or registered clearing agency?	ational securities exchange, registerd securities	□ Yes	🗌 No		
22.	fin aic ba	as any disciplinary action ever been taken against you, or ding that you were a cause of any disciplinary action or v der, abettor, or co-conspirator in any such violation, by ar nk regulatory agency, any national securities exchange, earing agency?	violated any law, rule or regulation or were an ny federal or state securities or federal or state registered securities association, or registered	Yes	🗌 No		
23	. Wł	nile you were associated in any capacity with any broker,	dealer or municipal securities dealer:				
	Α.	Was your registration denied, suspended or revoked?		🗌 Yes	□ No		
	В.	Was your membership in any national securities exchance clearing agency denied, suspended, or revoked, or was		□Yes	🗌 No		
24	yo or aff	as any permanent or temporary injunction (including a ceau u enjoining conduct as an investment advisor, underwrite as an aff liated person of any investment company, bank liated person of any investment company, bank, insuran ch activities or any transactions in any security?	r, broker, dealer or municipal securities dealer dealer, or municipal securities dealer or as an ce company, or enjoining any conduct related to	Yes	□ No		
25	or co mu lar co oa	ave you been convicted within the past ten years of any f sale of any security, the taking of a false oath, the makin nspiracy to commit any such offense; (ii) arising out of th unicipal securities dealer, investment adviser, bank, insur ceny, theft, robbery, extortion, forgery, counterfeiting, fra nversion, or misappropriation of funds or securities; (iv) i ths or claims, bribery in a bankruptcy proceeding, mail fr dio, or television), fraud or false statements?	g of a false report, bribery, perjury, burglary, or e conduct of the business of a broker, dealer, rance company, or f duciary; (iii) involving udulent concealment, embezzlement, fraudulent nvolving crimes of concealment of assets, false aud, fraud by wire (including telephone, telegraph,	Yes	□ No		

Acknowledgment for: □ Form MSD-4 □ Form G-FIN-4

26.				
	Applicant Name			
27.				
	Bank Municipal Securities Dealer Name			Receipt Stamp
28.				h. eranıb
	Bank Municipal Securities Dealer Address			
	City	State	Zip Code	
29.				
	Attention			

When the Form MSD-4 is received by the appropriate regulatory agency, this acknowledgment will be stamped to show receipt and returned to the person named in item 29. The stamped acknowledgment should be retained to substantiate filing.

MAIL THE FORM TO THE REGULATOR INDICATED IN ITEM 5.

Board of Governors of the Federal Reserve System

Submit completed forms in Portable Document Format (PDF) to the Federal Reserve's secure e-mail address: MSD-GSD-Registration@frb.gov

Federal Deposit Insurance Corporation

Submit completed forms in Portable Document Format (PDF) to the Federal Deposit Insurance Corporation's secure e-mail address: MSD-GSD-Registration@fdic.gov or alternatively, mail the form and any attachments to:

Federal Deposit Insurance Corporation Policy & Program Development Section 550 17th Street, NW, Room MB-5100 Washington, D.C. 20429

The Office of the Comptroller of the Currency

Upload completed forms via the OCC's BankNet website www.banknet.gov For assistance call (202) 649-6360