OMB Number 1557-0184

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







## **Uniform Termination Notice for Municipal Securities Principal or Municipal Securities Representative Associated with a Bank Municipal Securities Dealer—Form MSD-5**

The Board of Governors of the Federal Reserve System, the Federal Deposit Insurance Corporation, and the Office 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 confidential

#### **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 Securities Exchange Act of 1934 (15 U.S.C. 78c, 78o-4, 78o-5, and 78g 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 qualification 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, your may contact the Secretary of the Board, Board of Governors of the Federal Reserve System, 20th Street and Constitution Avenue, NW, Washington, DC 20551.

# Uniform Termination Notice for Municipal Securities Principal or Municipal Securities Representative Associated with a Bank Municipal Securities Dealer

1.	Individual's Name:								
	Last	First			Middle (if none, enter	- "N/A")			
2.	Capacity (check all that apply):		3.	Not Applicable	e.				
	☐ Municipal Securities ☐ Govern	ment Securities							
4.	Bank Municipal Securities Dealer:		5.	Office of Emp	oloyment Address:				
	A.								
	Name			Street Address					
	В.								
	Registration Number			City	State	Zip Code			
	C		6.	Date Termina	ted:				
	Main Street Address								
	City State	Zip Code		Month/Day/Year					
7.	Reason for Termination (check one):								
		Deceased Dothe	*						
	Resigned* Discharged* Deceased Other*  *Furnish full details on attached sheet if related to a violation or probable violation of banking or securities law.								
	"Furnish full details on attached shee	t it related to a violation	n or probab	ie violation of b	anking or securities law	<b>'-</b>			
8.	While associated with the dealer named in item 4, was the individual named in item 1 the subject of any investigation, proceeding, disqualification, or disciplinary action by any government agency or self-regulatory organization (as defined in section 3(a)(26) of t Securities Exchange Act of 1934) described in Rules G-4 and G-5 of the Municipal Securities Rulemaking Board?								
	☐ Yes** ☐ No								
	**Furnish full details on attached she	et.							
9.	To be filed with the following (check of	one)							
	☐ Board of Governors of the Federa	I Reserve System	Federal D	eposit Insuranc	ce Corporation	mptroller of the Currency			
	cceptance of this form for filing shall not co tentional misstatements or omissions of fa								
Pri	int Name of Municipal Securities Principal	Signature	of Municipal S	ecurities Principal		Date (MM/DD/YYYY)			
Pe	erson to contact for further information								
	steem to contact for further information	Name							
		Street Address							
		011	<del></del>						
		City	State		Zip Code				
		Area Code / Phone Number	 er						

## Acknowledgment for: ☐ Form MSD-5 ☐ Form G-FIN-5

10.				
	Name of Person Terminated			
11.				
	Bank Municipal Securities Dealer Name			
12.				Receipt Stamp
	Bank Municipal Securities Dealer Address			
	City	State	Zip Code	
13.	Attention			

When the Form MSD-5 is received by the appropriate regulatory agency, this acknowledgment will be stamped to show receipt and returned to the person named in item 13. The stamped acknowledgment should be retained to substantiate filing.

MAIL THE FORM TO THE REGULATOR INDICATED IN ITEM 9.

## **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