

Board of Governors of the Federal Reserve System
OMB No. 7100-0100 Expires March 31, 2007
Federal Deposit Insurance Corporation
OMB No. 3064-0022 Expires August 31, 2005
Office of the Comptroller of the Currency
OMB No. 1557-0184 Expires April 30, 2007

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

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. sections 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.

REPORTING BURDEN: 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 Office 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, N.W. Washington, DC 20551; or to Assistant Executive Secretary, Federal Deposit Insurance Corporation, Washington, DC 20429; or to Legislative and Regulatory Analysis Division, Office of the Comptroller of the Currency, Washington, DC 20219.

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

1. APPLICANT NAME _____
Last First Middle (if none, write "n/a")

2. BANK MUNICIPAL SECURITIES DEALER:
A. NAME _____
B. REGISTRATION NUMBER _____
C. MAIN ADDRESS _____

3. OFFICE OF EMPLOYMENT OF APPLICANT _____

4. DATE OF EMPLOYMENT WITH MSD _____
Month Day Year

5. TO BE FILED WITH THE FOLLOWING (check one):
Comptroller of the Currency... Board of Governors of the Federal Reserve System... Federal Deposit Insurance Corporation...

6. TYPE(S) OF QUALIFICATION REQUESTED (check all that apply):
Municipal Securities Representative Government Securities Representative.....
Municipal Securities Principal Government Securities Supervisor.....

7. It is anticipated that the applicant will perform the following functions in the capacity indicated (check all that apply):

| | <i>Capacity</i> | |
|---|--------------------------|--------------------------|
| | Supervisory | Non-Supervisory |
| A. Underwriting, trading or sales of municipal securities: | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Financial advisory or consultant services for issuers in connection with the issuance of municipal securities: | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Research or investment advice with respect to municipal securities in connection with the activities described in items 7.A and 7.B above: | <input type="checkbox"/> | <input type="checkbox"/> |
| 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: | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Processing and clearing activities with respect to municipal securities: | <input type="checkbox"/> | N/A |
| F. Maintenance of records involving activities described in items 7.A through 7.E above: | <input type="checkbox"/> | N/A |
| G. Training of municipal securities principals or municipal securities representatives: | <input type="checkbox"/> | N/A |

8. For the purpose of verifying the information furnished on this application by the applicant named in item 1 above, this institution has made inquiry of all employers of the applicant during the immediately preceding three years, as set forth below, concerning the accuracy and completeness of the information provided, and concerning the record and reputation of the applicant as related to the ability to perform the duties for which employed or to be employed.

| EMPLOYER | NAME AND POSITION OF PERSON CONTACTED |
|----------|---------------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Date Print Name of Municipal Securities Principal Signature of Municipal Securities Principal

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. sections 1001 and 1005, and 15 U.S.C. 78ff.)

PERSONAL HISTORY OF APPLICANT

9. _____
 Name: Last First Middle
10. _____
 Social Security Number (optional)
11. _____
 Resident Street Address
12. _____
 City State Zip
13. _____
 Date of Birth (Month/Day/Year)
14. _____
 Place of Birth (City, State (if applicable), Country)
15. Any other name ever used or by which known: _____

16. EMPLOYMENT AND EDUCATION HISTORY. The following is a complete, consecutive statement of all my employment for the past 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/yy | Position Held | Reason For Leaving | Full Time or Part Time |
|---------------------------------------|------------------|------------|----------|---------------|--------------------|------------------------|
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17. RESIDENTIAL HISTORY. The following is a complete, consecutive statement of all my residential addresses for the past five years starting with my current residence:

| Address (Street, City, State, ZIP, Country) | From mm/yy | To mm/yy |
|---|------------|----------|
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18. A. Have you ever taken a qualification examination for municipal securities principals, municipal securities representatives, or financial and operations principals prescribed by the Municipal Securities Rulemaking Board? Yes No

If yes, state below the type of examination and the approximate date taken.

Type of Examination _____ Approximate Date (mm/yy) _____

Type of Examination _____ Approximate Date (mm/yy) _____

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? Yes No

If yes, state below the type of examination, the basis for such exemption or waiver, and, in the case of a waiver, the approximate date.

Type of Examination _____ Basis for Exemption or Waiver Approximate Date (mm/yy) _____

Type of Examination _____ Basis for Exemption or Waiver Approximate Date (mm/yy) _____

19. Are you currently bonded? Yes No

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH COMPLETE DETAILS:

20. Have you ever been refused coverage under a fidelity bond or has any surety company paid out any funds on your coverage or cancelled such coverage? Yes No

21. Have you ever been denied membership, registration, license, permit, or certification by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? Yes No

22. Has any disciplinary action ever been taken against you, or any sanction imposed upon you, including any finding that you were a cause of any disciplinary action or violated any law, rule or regulation or were an aider, abettor, or co-conspirator in any such violation, by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? Yes No

23. While you were associated in any capacity with any broker, dealer or municipal securities dealer:
A. Was your registration denied, suspended or revoked? Yes No

B. Was your membership in any national securities exchange, registered securities association, or registered clearing agency denied, suspended, or revoked, or was it expelled from any such organization? Yes No

24. Has any permanent or temporary injunction (including a cease and desist order) ever been entered against you enjoining conduct as an investment advisor, underwriter, broker, dealer or municipal securities dealer or as an affiliated person of any investment company, bank dealer, or municipal securities dealer or as an affiliated person of any investment company, bank, insurance company, or enjoining any conduct related to such activities or any transactions in any security? Yes No

25. Have you been convicted within the past ten years of any felony or misdemeanor: (i) involving the purchase or sale of any security, the taking of a false oath, the making of a false report, bribery, perjury, burglary, or conspiracy to commit any such offense; (ii) arising out of the conduct of the business of a broker, dealer, municipal securities dealer, investment adviser, bank, insurance company, or fiduciary; (iii) involving larceny, theft, robbery, extortion, forgery, counterfeiting, fraudulent concealment, embezzlement, fraudulent conversion, or misappropriation of funds or securities; (iv) involving crimes of concealment of assets, false oaths or claims, bribery in a bankruptcy proceeding, mail fraud, fraud by wire (including telephone, telegraph, radio, or television), fraud or false statements? Yes No

Date _____

Signature of Applicant _____

Acknowledgement for

FORM MSD-4

FORM G-FIN-4

26. Applicant Name _____

27. Bank Municipal Securities Dealer Name _____

Receipt Stamp

28. Bank Municipal Securities Dealer Address _____

29. Attention: _____

WHEN THE FORM MSD-4 IS RECEIVED BY THE APPROPRIATE REGULATORY AGENCY, THIS ACKNOWLEDGEMENT WILL BE STAMPED TO SHOW RECEIPT AND RETURNED TO THE PERSON NAMED IN ITEM 29. THE STAMPED ACKNOWLEDGEMENT SHOULD BE RETAINED TO SUBSTANTIATE FILING.

Mail the form to the Regulator indicated in item 5

The Office of the Comptroller of the Currency
Treasury and Market Risk, (MS 7-1)
250 E. Street, S.W.
Washington, DC 20219

Board of Governors of the Federal Reserve System
Special Activities Section
Mail Stop 406
20th and C Streets, N.W.
Washington, DC 20551

Federal Deposit Insurance Corporation
Division of Supervision
Securities, Capital Markets, and Trust Branch
Room F-2052
550 17th Street, N.W.
Washington, DC 20429