

Board of Governors of the Federal Reserve System  
OMB No. 7100-0101 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

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

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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 15 minutes 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.

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**FORM MSD-5**  
**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, write "n/a")

2. CAPACITY (check all that apply):  
Municipal Securities .....       Government Securities .....

3. SOCIAL SECURITY NUMBER (optional) \_\_\_\_\_

4. BANK MUNICIPAL SECURITIES DEALER:  
A. NAME \_\_\_\_\_

B. REGISTRATION NUMBER \_\_\_\_\_

C. MAIN ADDRESS \_\_\_\_\_  
\_\_\_\_\_

5. OFFICE OF EMPLOYMENT ADDRESS \_\_\_\_\_

6. DATE TERMINATED \_\_\_\_\_  
Month Day Year

7. REASON FOR TERMINATION (check one):  
\*RESIGNED .....       DECEASED .....   
\*DISCHARGED .....       \*OTHER . .....

\*FURNISH FULL DETAILS ON ATTACHED SHEET IF RELATED TO A VIOLATION OR PROBABLE VIOLATION OF BANKING OR SECURITIES LAW.

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 the 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 SHEET.

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

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

PERSON TO CONTACT FOR FURTHER INFORMATION \_\_\_\_\_

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.)

**Acknowledgement for**  
**FORM MSD-5**   
**FORM G-FIN-5**

10. NAME OF PERSON TERMINATED \_\_\_\_\_  
Last First Middle (if none, write "n/a")

11. Bank Municipal Securities Dealer Name \_\_\_\_\_ **Return Receipt**

\_\_\_\_\_

12. Bank Municipal Securities Dealer Address \_\_\_\_\_

\_\_\_\_\_

13. Attention: \_\_\_\_\_

**WHEN THE FORM MSD-5 IS RECEIVED BY THE APPROPRIATE REGULATORY AGENCY, THIS ACKNOWLEDGEMENT WILL BE STAMPED TO SHOW RECEIPT AND RETURNED TO THE PERSON NAMED IN ITEM 13. THE STAMPED ACKNOWLEDGEMENT SHOULD BE RETAINED TO SUBSTANTIATE FILING.**

Mail the form to the Regulator indicated in item 9

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