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| OMB APPROVAL  |                  |
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Form BDW

# Uniform Request for Broker-Dealer Withdrawal

**Persons who to respond to the collection of information contained  
in this form are not required to respond unless the form displays  
a currently valid OMB control number.**

# FORM BDW INSTRUCTIONS

## A. GENERAL INSTRUCTIONS

1. Broker-Dealers must file Form BDW to withdraw their registration from the Securities and Exchange Commission (“SEC”), Self-Regulatory Organizations (“SROs”), and appropriate *jurisdictions*. These instructions apply to filing Form BDW electronically with the Central Registration Depository (“CRD”). Some *jurisdictions* may require a separate paper filing of Form BDW and/or additional filing requirements. Thus, the applicant should contact the appropriate *jurisdiction(s)* for specific filing requirements.
2. All questions must be answered and all fields requiring a response must be complete before the filing is accepted. If filing Form BDW on paper, enter “None” or “N/A” where appropriate.
3. File Form BDW with the CRD, operated by FINRA. Prior to filing Form BDW, amend Form BD to update any incomplete or inaccurate information.
4. A paper copy of this Form BDW (or a reproduction of this form printed off the CRD), the original manual signature(s), must be retained by the broker-dealer filing the Form BDW and be made available for inspection upon a regulatory request. A paper copy of the initial Form BD filing and amendments to Disclosure Reporting Pages (DRPs BD) also must be retained by the broker-dealer filing the Form BDW.

## B. FULL WITHDRAWAL (terminates registration with the SEC, all SROs, and all *jurisdictions*):

1. Complete all items except Item 3.
2. If Item 5 is answered “yes,” file with the CRD a paper copy of FOCUS Report Part II (or Part IIA for non-carrying or non-clearing firms) “Statement of Financial Condition” and “Computation of Net Capital” sections. For firms that do not file FOCUS Reports, file a statement of financial condition giving the type and amount of the firm’s assets and liabilities and net worth. This information must reflect the finances of the firm no earlier than 10 days before this Form BDW is filed.

## C. PARTIAL WITHDRAWAL (terminates registration with specific *jurisdictions* and SROs, but does not terminate registration with the SEC and at least one SRO and *jurisdiction*):

1. Complete all items.
2. Check with *jurisdiction(s)* where registered for additional filing requirements.

The CRD mailing address for questions and correspondence is:

NASAA/FINRA Central Registration Depository  
P. O. Box 9495  
Gaithersburg, MD 20898-9495

## EXPLANATION OF TERMS

(The following terms are italicized throughout this form.)

The term **JURISDICTION** means a state, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, or any subdivision or regulatory body thereof.

The term **INVESTIGATION** includes: (a) grand jury investigations, (b) U.S. Securities and Exchange Commission investigations after the “Wells” notice has been given, (c) FINRA investigations after the “Wells” notice has been given or after a person associated with a member, as defined in the FINRA By-Laws, has been advised by the staff that it intends to recommend formal disciplinary action or, (d) formal investigations by other SROs or, (e) actions or procedures designated as *investigations by jurisdictions*. The term *investigation* does not include subpoenas, preliminary or routine regulatory inquiries or requests for information, deficiency letters, “blue sheet” requests or other trading questionnaires, or examinations.

The term **INVESTMENT-RELATED** pertains to securities, commodities, banking, insurance or real estate (including, but not limited to, acting as or being associated with a broker-dealer, municipal securities dealer, government securities broker or dealer, issuer, investment company, investment adviser, futures sponsor, bank, or savings association).

## Federal Information Law and Requirements – SEC’s Collection of Information:

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 control number. Sections 15, 15B, 15C, 17(a) and 23(a) of the Securities Exchange Act of 1934 authorize the Commission to collect the information on this form from registrants. See 15 U.S.C. 78o, 780-4, 78o-5, 78q, and 78w. Filing of this Form is mandatory. The principal purpose of this Form is to permit the Commission to determine whether it is in the public interest to permit a broker-dealer to withdraw its registration. The Form also is used by broker-dealers to advise certain self-regulatory organizations and all of the states that they want to withdraw from registration. The Commission and the Financial Industry Regulatory Authority, Inc. maintain files of the information on this Form and will make the information publicly available. Any member of the public may direct to the Commission any comments concerning the accuracy of the burden estimate on the application facing page of this Form, and any suggestions for clearance requirements of 44 U.S.C. §3507. The information contained in this form is part of a system of records subject to the Privacy Act of 1974, as amended. The Securities and Exchange Commission has published in the Federal Register the Privacy Act Systems of Records Notice for these records.

**FORM BDW**

**UNIFORM REQUEST FOR WITHDRAWAL FROM  
BROKER-DEALER REGISTRATION**

OFFICIAL USE

**WARNING: INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT MAY CONSTITUTE CRIMINAL VIOLATIONS.**

|   |   |                               |                                 |
|---|---|-------------------------------|---------------------------------|
| 1. A. FULL NAME OF BROKER-DEALER (if sole proprietor, state last, first and middle name): |   | B. IRS Emp. Ident. No.:       |                                 |
| C. NAME UNDER WHICH BUSINESS IS CONDUCTED, IF DIFFERENT:                                  |   | D. FIRM CRD NO.:              |                                 |
| E. SEC FILE NO.:  | F. FIRM MAIN ADDRESS: NUMBER AND STREET | CITY                          | STATE/COUNTRY ZIP+4/POSTAL CODE |
| G. MAILING ADDRESS, IF DIFFERENT: NUMBER AND STREET                                       | CITY                                    | H. AREA CODE / TELEPHONE NO.: |                                 |

2. Check One:  Full Withdrawal (skip item 3)  Partial Withdrawal (Check box(es) where withdrawing in Item 3.)

|                     |   |                                 |                                  |                                   |                                     |                                   |                                      |                                   |   |                                  |                                  |                                 |                                |                                   |                                  |                               |                                 |                                   |                                    |                                |                                   |  |                                   |                                    |                                      |                                   |                                  |                                   |                                 |  |                                     |                                     |                                   |   |                                       |                               |                                   |                                 |                                       |                                      |                                       |   |                                       |                                    |                                |                               |                                  |   |                                   |                                     |  |                                    |                                  |
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| <b>SEC</b>          | <input type="checkbox"/> SECURITIES AND EXCHANGE COMMISSION (check only if intending to conduct an intrastate business) |                                 |                                  |                                   |                                     |                                   |                                      |                                   |   |                                  |                                  |                                 |                                |                                   |                                  |                               |                                 |                                   |                                    |                                |                                   |  |                                   |                                    |                                      |                                   |                                  |                                   |                                 |  |                                     |                                     |                                   |   |                                       |                               |                                   |                                 |                                       |                                      |                                       |   |                                       |                                    |                                |                               |                                  |   |                                   |                                     |  |                                    |                                  |
|                     | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/>          | <input type="checkbox"/>             | <input type="checkbox"/>          | <input type="checkbox"/>                      | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/>        | _____                          |                                   |                                  |                               |                                 |                                   |                                    |                                |                                   |  |                                   |                                    |                                      |                                   |                                  |                                   |                                 |  |                                     |                                     |                                   |   |                                       |                               |                                   |                                 |                                       |                                      |                                       |   |                                       |                                    |                                |                               |                                  |   |                                   |                                     |  |                                    |                                  |
| <b>SRO</b>          | AMEX  | BSE                             | CBOE                             | CHX                               | NSX                                 | FINRA                             | NQX                                  | NYSE                              | PHLX  | ARCA                             | ISE                              | OTHER ( <i>specify</i> ) _____  |                                |                                   |                                  |                               |                                 |                                   |                                    |                                |                                   |  |                                   |                                    |                                      |                                   |                                  |                                   |                                 |  |                                     |                                     |                                   |   |                                       |                               |                                   |                                 |                                       |                                      |                                       |   |                                       |                                    |                                |                               |                                  |   |                                   |                                     |  |                                    |                                  |
| <b>JURISDICTION</b> | <input type="checkbox"/> Alabama  | <input type="checkbox"/> Alaska | <input type="checkbox"/> Arizona | <input type="checkbox"/> Arkansas | <input type="checkbox"/> California | <input type="checkbox"/> Colorado | <input type="checkbox"/> Connecticut | <input type="checkbox"/> Delaware | <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Florida | <input type="checkbox"/> Georgia | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Idaho | <input type="checkbox"/> Illinois | <input type="checkbox"/> Indiana | <input type="checkbox"/> Iowa | <input type="checkbox"/> Kansas | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Maine | <input type="checkbox"/> Maryland | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Michigan | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Missouri | <input type="checkbox"/> Montana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Nevada | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> New Jersey | <input type="checkbox"/> New Mexico | <input type="checkbox"/> New York | <input type="checkbox"/> North Carolina | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Ohio | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Oregon | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> South Carolina | <input type="checkbox"/> South Dakota | <input type="checkbox"/> Tennessee | <input type="checkbox"/> Texas | <input type="checkbox"/> Utah | <input type="checkbox"/> Vermont | <input type="checkbox"/> Virgin Islands | <input type="checkbox"/> Virginia | <input type="checkbox"/> Washington | <input type="checkbox"/> West Virginia | <input type="checkbox"/> Wisconsin | <input type="checkbox"/> Wyoming |

4. Date firm ceased business or withdrew registration request (for partial withdrawals, give the date ceased business in the *jurisdictions* checked in item 3):

MM DD YYYY  
/ /

5. Does the broker-dealer owe any money or securities to any customer or broker-dealer?  YES  NO

If partial withdrawal, indicate jurisdiction(s) from which you are withdrawing , ,  where you owe funds or securities to customers in such jurisdiction(s):

If full withdrawal, complete A-D below.

A. Number of customers owed funds or securities:

B. Amount of money owed to: customers \$  broker-dealers \$

C. Market value of securities owed to: customers \$  broker-dealers \$

D. Describe arrangements made for payment: \_\_\_\_\_

If this is a full withdrawal and Item 5 is answered "yes," file with the CRD a FOCUS Report Part II (or Part IIA for non-carrying or non-clearing firms) "Statement of Financial Condition" and "Computation of Net Capital" sections. For firms that do not file FOCUS Reports, file a statement of financial condition giving the type and amount of the firm's assets and liabilities and net worth. The FOCUS Report and the statement of financial condition must reflect the finances of the firm no earlier than 10 days before this Form BDW is filed.

6. Is the broker-dealer now the subject of or named in any *investment-related*:

- *investigation*  YES  NO
- consumer-initiated complaint  YES  NO
- private civil litigation  YES  NO

NOTE: Update any incomplete or inaccurate information contained in item 11 of Form BD.

|   |                   |                            |                                 |
|---|-------------------|----------------------------|---------------------------------|
| 7. NAME AND ADDRESS OF THE PERSON WHO WILL HAVE CUSTODY OF BOOKS AND RECORDS: |                   | AREA CODE / TELEPHONE NO.: |                                 |
| ADDRESS WHERE BOOKS AND RECORDS WILL BE LOCATED, IF DIFFERENT:                | NUMBER AND STREET | CITY                       | STATE/COUNTRY ZIP+4/POSTAL CODE |

8. **EXECUTION:** The undersigned certifies that he/she has executed this form on behalf of, and with the authority of, the broker-dealer, and that all information herein, including any attachments hereto, is accurate, complete, and current. The undersigned and broker-dealer further certify that all information previously submitted on Form BD is accurate and complete as of this date, and that the broker-dealer's books and records will be preserved and available for inspection as required by law.

Date (MM/DD/YYYY) \_\_\_\_\_ Name \_\_\_\_\_

By: \_\_\_\_\_ Signature \_\_\_\_\_ Print Name and Title \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ Year \_\_\_\_\_ Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_