

# FORM MA-I

## APPLICATION FOR MUNICIPAL ADVISOR REGISTRATION FOR NATURAL PERSONS

<b>PART 1</b>
---------------

This form must be completed by all *municipal advisors* who are natural persons, including *employees of municipal advisors* that are organized entities (referred to herein as “*municipal advisory firms*”) and sole proprietors (together, “*natural person municipal advisors*”). A *municipal advisory firm* applying for registration as a *municipal advisor* must complete Form MA. A sole proprietor must complete both Form MA and this Form MA-I.

**WARNING:** Complete this form truthfully. False statements or omissions may result in denial of application, revocation of registration, or criminal prosecution. Form MA-I must be amended whenever any information previously provided becomes inaccurate. See General Instruction 9. All *italicized* terms are defined or described in the Glossary to this Form.

Check the appropriate box:

This is an:

- Initial application to register as a *municipal advisor* with the SEC.
- Amendment to the *municipal advisor*'s most recent Form MA-I.
- Municipal advisor*'s annual self-certification.

### Item 1 Identifying Information

*Note: If this is an amendment to change identifying information regarding the applicant in part A below, check this box*

#### A. The Applicant

Full Legal Name:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Individual CRD No.: \_\_\_\_\_ SSN: \_\_\_\_\_

#### B. The Applicant's Municipal Advisory Firm

Name of *municipal advisory firm* with which applicant is employed:

Most recent date employment with this *municipal advisory firm* commenced (MM/DD/YYYY): \_\_\_\_\_

Does the applicant have an independent contractor relationship with the above-named firm?  Yes  No

*Municipal Advisory Firm's* Registration Information:

Check all that apply:

- Municipal Advisor* SEC File No.: \_\_\_\_\_
- Municipal Securities Dealer SEC File No.: \_\_\_\_\_
- Broker-Dealer SEC File No.: \_\_\_\_\_ CRD No.: \_\_\_\_\_
- Investment Adviser*
  - SEC-Registered SEC File No.: \_\_\_\_\_ CRD No.: \_\_\_\_\_
  - State Registered CRD No. \_\_\_\_\_
- Government Securities Broker-Dealer SEC File No.: \_\_\_\_\_ Bank Identifier \_\_\_\_\_

Other SEC Registration (Specify) \_\_\_\_\_ SEC File No. or CIK: \_\_\_\_\_

Enter the following information for each office of the *municipal advisory firm* where the *natural person municipal advisor* will be physically located, and supervised from, as applicable:

**Office**

Located At     Supervised From  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Street Address 1: \_\_\_\_\_  
Street Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Private Residence Check Box:** If the Office of Employment address is a private residence, check this box.

**Item 2 Other Names**

Enter the following information for all other names that you have used or are using, or by which you are known or have been known, other than your legal name, since the age of 18. This space should include, for example, nicknames, aliases, and names used before or after marriage.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

**Item 3 Residential History**

Starting with the current address, enter the following information for all residential addresses for the past 5 years. Leave no gaps greater than three months between addresses. Report changes in an amendment as they occur.

**Current Address:**

From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_  
Street Address 1: \_\_\_\_\_  
Street Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Prior Address:**

From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_  
Street Address 1: \_\_\_\_\_  
Street Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Item 4 Employment History**

Provide complete employment history for the past 10 years. Include the *municipal advisory firm* noted in Item 1. Enter the following information for each employer. Account for all time, leaving no gaps longer than three months, including full and part-time employment, self-employment, military service, and homemaking. Also include statuses such as unemployed, full-time education, extended travel, or other similar statuses.

Report changes in an amendment as they occur.

**Current Employer:**

From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_  
Name of *Municipal Advisory Firm* or Company: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_  
*Municipal Advisor-Related Business?*  Yes  No  
*Investment-Related Business?*  Yes  No  
Position Held: \_\_\_\_\_

**Prior to the Above:**

From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_

Name of *Municipal Advisory Firm* or Company: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

*Municipal Advisor-Related Business?*  Yes  No

*Investment-Related Business?*  Yes  No

Position Held: \_\_\_\_\_

**Item 5 Other Business**

Are you currently engaged in any other business either as a proprietor, partner, officer, director, *employee*, trustee, agent or otherwise?  Yes  No

If yes, please enter the following details for each other business below:

**Other Business:**

Start Date (MM/YYYY): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

*Municipal Advisor-Related Business?*  Yes  No

*Investment-Related Business?*  Yes  No

Nature of Business: \_\_\_\_\_

Position/Title/Relationship: \_\_\_\_\_

Approximate No. of Hours / Month: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

**Item 6 Disclosure Questions**

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS “YES,” COMPLETE DETAILS OF ALL EVENTS OR *PROCEEDINGS* ON THE APPROPRIATE DISCLOSURE REPORTING PAGES IN PART II.

*Refer to the Glossary for definitions or descriptions of italicized terms.*

**CRIMINAL ACTION DISCLOSURE**

Item 6A.

(1) Have you ever:

(a) been convicted of or pled guilty or nolo contendere (“no contest”) in a domestic, foreign, or military court to any *felony*?  YES  NO

(b) been *charged* with any *felony*?  YES  NO

(2) Based upon activities that occurred while you exercised *control* over it, has an organization ever:

(a) been convicted of or pled guilty or nolo contendere (“no contest”) in a domestic or foreign court to any *felony*?  YES  NO

(b) been *charged* with any *felony*?  YES  NO

Item 6B.

(1) Have you ever:

(a) been convicted of or pled guilty or nolo contendere (“no contest”) in a domestic, foreign or military court to a *misdemeanor involving: municipal advisory activities* or a *municipal advisor-related* or *investment-related* business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?

(b) been *charged* with a *misdemeanor* specified in 6B(1)(a)?

(2) Based upon activities that occurred while you exercised *control* over it, has an organization ever:

(a) been convicted of or pled guilty or nolo contendere (“no contest”) in a domestic or foreign court to a *misdemeanor* specified in 6B(1)(a)?

(b) been *charged* with a *misdemeanor* specified in 6B(1)(a)?

**REGULATORY ACTION DISCLOSURE** **YES** **NO**

Item 6C.

Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:

(1) *found* you to have made a false statement or omission?

(2) *found* you to have been *involved* in a violation of its regulations or statutes?

(3) *found* you to have been the cause of a denial, suspension, revocation, or restriction of the authorization of a *municipal advisor-related* business or *investment-related* business to operate?

(4) entered an *order* against you in connection with *municipal advisor-related* or *investment-related* activity?

(5) imposed a civil money penalty on you, or *ordered* you to cease and desist from any activity?

(6) *found* you to have willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board, or *found* you to have been unable to comply with any provision of such Act, rule or regulation?

(7) *found* you to have willfully aided, abetted, counseled, commanded, induced, or procured the violation by any *person* of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board?

(8) *found* you to have failed reasonably to supervise another *person* subject to your supervision, with a view to preventing the violation of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board?

Item 6D.

(1) Has any other federal regulatory agency or any state regulatory agency or *foreign financial regulatory authority* ever:

- (a) *found* you to have made a false statement or omission or been dishonest, unfair or unethical?
- (b) *found* you to have been *involved* in a violation of *municipal advisor-related* or *investment-related* regulation(s) or statute(s)?
- (c) *found* you to have been a cause of the denial, suspension, revocation, or restriction of the authorization of a *municipal advisor-related* or *investment-related* business to operate?
- (d) entered an *order* against you in connection with a *municipal advisor-related* or *investment-related* activity?
- (e) denied, suspended, or revoked your registration or license or otherwise, by *order*, prevented you from associating with a *municipal advisor-related* or *investment-related* business or restricted your activities?
- (2) Have you been subject to any final *order* of a state securities commission (or any agency or office performing like functions), state authority that supervises or examines banks, savings associations, or credit unions, state insurance commission (or any agency or office performing like functions), an appropriate *federal banking agency*, or the National Credit Union Administration, that:
- (a) bars you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in the business of securities, insurance, banking, savings association activities, or credit union activities; or
- (b) constitutes a final *order* based on violations of any laws or regulations that prohibit fraudulent, manipulative, or deceptive conduct?

6E.

Has any *self-regulatory organization* ever:

- (1) *found* you to have made a false statement or omission?
- (2) *found* you to have been *involved* in a violation of its rules (other than a violation designated as a "*minor rule violation*" under a plan approved by the U.S. Securities and Exchange Commission)?
- (3) *found* you to have been the cause of a denial, suspension, revocation, or restriction of the authorization of a *municipal advisor-related* or *investment-related* business to operate?
- (4) disciplined you by expelling or suspending you from membership, barring or suspending your association with its members, or restricting your activities?
- (5) *found* you to have willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board, or *found* you to have been unable to comply with any provision of such Act, rule or regulation?
- (6) *found* you to have willfully aided, abetted, counseled, commanded, induced, or procured the violation by any *person* of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board?

(7) *found* you to have failed reasonably to supervise another *person* subject to your supervision, with a view to preventing the violation of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board?

6F.  
Have you ever had an authorization to act as an attorney, accountant or federal contractor that was revoked or suspended?

6G.  
Have you been notified, in writing, that you are now the subject of any:

(1) regulatory complaint or *proceeding* that could result in a “yes” answer to any part of 6C, D or E? (*If “yes,” complete the Regulatory Action Disclosure Reporting Page.*)

(2) *investigation* that could result in a “yes” answer to any part of 6A, B, C, D or E? (*If “yes,” complete the Investigation Disclosure Reporting Page.*)

**CIVIL JUDICIAL ACTION DISCLOSURE** **YES** **NO**

6H.  
(1) Has any domestic or foreign court ever:

(a) *enjoined* you in connection with any *municipal advisor-related* or *investment-related* activity?

(b) *found* that you were *involved* in a violation of any *municipal advisor-related* or *investment-related* statute(s) or regulation(s)?

(c) dismissed, pursuant to a settlement agreement, a *municipal advisor-related* or *investment-related* civil action brought against you by a state or *foreign financial regulatory authority*?

(2) Are you named in any pending *municipal advisor-related* or *investment-related* civil action that could result in a “yes” answer to any part of 6H(1)?

**CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DISCLOSURE** **YES** **NO**

6I.  
(1) Have you ever been the subject of a *municipal advisor-related* or *investment-related*, consumer-initiated (written or oral) complaint which alleged that you were *involved* in fraud, false statements, omissions, theft, embezzlement, wrongful taking of property, bribery, forgery, counterfeiting, extortion, and dishonest, unfair or unethical practices, and which:

(a) is still pending, or;

(b) was settled?

(2) Have you ever been the subject of a *municipal advisor-related* or *investment-related*, consumer-initiated arbitration or civil litigation which alleged that you were *involved* in fraud, false statements, omissions, theft, embezzlement, wrongful taking of property, bribery, forgery, counterfeiting, extortion, and dishonest, unfair or unethical practices, and which:

(a) is still pending, or;

- |   |                          |                          |
|---|--------------------------|--------------------------|
| (b) resulted in an arbitration award or civil judgment against you, regardless of amount, or; | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) was settled?  | <input type="checkbox"/> | <input type="checkbox"/> |

**TERMINATION DISCLOSURE**

**YES      NO**

6J. Have you ever voluntarily *resigned*, been discharged or permitted to *resign* after allegations were made that accused you of:

- |  |                          |                          |
|--|--------------------------|--------------------------|
| (1) violating <i>municipal advisor-related</i> or <i>investment-related</i> statutes, regulations, rules, or industry standards of conduct?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) fraud or the wrongful taking of property?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) failure to supervise in connection with <i>municipal advisor-related</i> or <i>investment-related</i> statutes, regulations, rules or industry standards of conduct? | <input type="checkbox"/> | <input type="checkbox"/> |

**FINANCIAL DISCLOSURE**

**YES      NO**

6K.

Within the past 10 years:

- |  |                          |                          |
|--|--------------------------|--------------------------|
| (1) have you made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) based upon events that occurred while you exercised <i>control</i> over it, has an organization made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) based upon events that occurred while you exercised <i>control</i> over it, has a broker or dealer been the subject of an involuntary bankruptcy petition, or had a trustee appointed, or had a direct payment procedure initiated under the Securities Investor Protection Act? | <input type="checkbox"/> | <input type="checkbox"/> |

6L.

Has a bonding company ever denied, paid out on, or revoked a bond for you?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

6M.

Do you have any unsatisfied judgments or liens against you?

**Item 7 Signature and Self-Certification**

**Signature**

The *municipal advisor* consents that service of any civil action brought by, or notice of any *proceeding* before, the Securities and Exchange Commission or any *self-regulatory organization* in connection with the *municipal advisor's municipal advisory activities* may be given by registered or certified mail or confirmed telegram to the *municipal advisor's* address given in Item 1. To the extent that the *municipal advisor* is a *non-resident municipal advisor*, the *municipal advisor* must also complete Form MA-NR.

I, the undersigned, certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this Form MA-I, including exhibits and any other information submitted, are true and correct, and that I am signing this Form MA-I Execution Page as a free and voluntary act.

Date: \_\_\_\_\_

Full Legal Name of *Municipal Advisor*: \_\_\_\_\_

By: \_\_\_\_\_  
(signature)

Title: \_\_\_\_\_

**Self-Certification**

I, the undersigned, certify that:

I have 1) sufficient qualifications, training, experience, and competence to effectively carry out my designated functions; 2) met, or within any applicable required timeframes will meet, such standards of training, experience, and competence, and such other qualifications, including testing, for a municipal advisor, required by the *Commission*, the *MSRB* or any other relevant self-regulatory organization; and 3) the necessary understanding of, and ability to comply with, all applicable regulatory obligations. For these purposes, such applicable regulatory obligations are obligations under the federal securities laws and rules promulgated thereunder and applicable rules promulgated by the *MSRB*, or any other relevant self-regulatory organization.

Date: \_\_\_\_\_

Full Legal Name of *Municipal Advisor*: \_\_\_\_\_

By: \_\_\_\_\_  
(signature)

Title: \_\_\_\_\_

**Warning: Intentional misstatements or omissions of fact constitute Federal criminal violations. See, 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).**



**PART 2: DISCLOSURE REPORTING PAGES (DRPs)**

**CRIMINAL ACTION DISCLOSURE**

This Disclosure Form is an  **INITIAL** or  **AMENDED** response to report details for affirmative response(s) to **Question(s) 6A and 6B** on Form MA-I;

Check the question(s) you are responding to, regardless of whether you are answering the question(s) “yes” or amending the answer(s) to “no”:

- 6A(1)(a)**                       **6A(1)(b)**                       **6A(2)(a)**                       **6A(2)(b)**  
 **6B(1)(a)**                       **6B(1)(b)**                       **6B(2)(a)**                       **6B(2)(b)**

Use this Disclosure Form to report all *charges* arising out of the same event. One event may result in more than one affirmative answer to the above items. Multiple counts of the same *charge* arising out of the same event should be reported on the same Disclosure Form. Unrelated criminal actions, including separate cases arising out of the same event, must be reported on separate Disclosure Forms.

Applicable court documents (*i.e.*, criminal complaint, information or indictment as well as judgment of conviction or sentencing documents) must be provided electronically if not previously submitted.

If the applicant is also registered through the *IARD* system or *CRD* system, registered with the *SEC* as a *municipal advisor* on Form MA, or previously registered with the *SEC* on Form MA-T, or is an *associated person of a municipal advisor* that is registered with the *SEC* on Form MA or that previously registered with the *SEC* on Form MA-T, has the applicant or *municipal advisor* with which it is associated previously submitted a *DRP* (with Form ADV, BD, or U4) to the *IARD* or *CRD*, or submitted to the *SEC* disclosure on Form MA-T or a *DRP* with a Form MA, for the event that contains the information required by this *DRP*?  Yes       No

If the answer is “Yes,” no other information on this *DRP* must be provided.

*NOTE: The completion of this form does not relieve the applicant or any municipal advisor with which it is associated of its obligation to update its Form MA or its IARD or CRD records.*

1. If *charge(s)* were brought against an organization over which you exercise(d) *control*:

- A. Organization Name: \_\_\_\_\_  
B. *Municipal Advisor-Related* or *Investment-Related* business?       Yes       No  
C. Position, title or relationship: \_\_\_\_\_

2. Formal action was brought in:

- Federal Court  
 State Court  
 Foreign Court  
 Military Court  
 Other: \_\_\_\_\_

- A. Name of Court: \_\_\_\_\_  
B. Location of Court (City or County and State or Country): \_\_\_\_\_  
C. Docket/Case#: \_\_\_\_\_

3. Event Status:

- A. Current status of the Event?  Pending       On Appeal       Final  
B. Event Status Date (complete unless status is pending) (MM/DD/YYYY): \_\_\_\_\_  Exact       Explanation  
If not exact, provide explanation:

4. Event and Disposition Disclosure Detail (Use this for both organizational and individual *charges*):

- A. Date First *Charged* (MM/DD/YYYY): \_\_\_\_\_  Exact       Explanation  
If not exact, provide explanation:

**CRIMINAL ACTION DISCLOSURE (CONT.)**

B. Event and Disposition Detail:

**Charge Details (complete every space for each charge)**

Formal Charge/Description:

No. of Counts: \_\_\_\_\_

Felony or Misdemeanor:  Felony  Misdemeanor

Plea for each Charge: \_\_\_\_\_

Disposition of Charge:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Acquitted             | <input type="checkbox"/> Dismissed        | <input type="checkbox"/> Pre-trial intervention       |
| <input type="checkbox"/> Amended               | <input type="checkbox"/> Found not guilty | <input type="checkbox"/> Reduced                      |
| <input type="checkbox"/> Convicted             | <input type="checkbox"/> Pled guilty      | <input type="checkbox"/> Other (requires explanation) |
| <input type="checkbox"/> Deferred Adjudication | <input type="checkbox"/> Pled not guilty  |   |

Explanation:

Date of Amended Charge, if applicable: \_\_\_\_\_

If original charge was amended or reduced, specify new charge (i.e., list amended charge or reduced charge):

No. of Counts (for amended or reduced charge): \_\_\_\_\_

Specify if amended or reduced charge is a Felony or Misdemeanor:  Felony  Misdemeanor

Plea for each amended or reduced Charge: \_\_\_\_\_

Disposition of amended or reduced Charge:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Acquitted             | <input type="checkbox"/> Dismissed        | <input type="checkbox"/> Pre-trial intervention       |
| <input type="checkbox"/> Amended               | <input type="checkbox"/> Found not guilty | <input type="checkbox"/> Reduced                      |
| <input type="checkbox"/> Convicted             | <input type="checkbox"/> Pled guilty      | <input type="checkbox"/> Other (requires explanation) |
| <input type="checkbox"/> Deferred Adjudication | <input type="checkbox"/> Pled not guilty  |   |

Explanation:

**Charge Details (complete every space for each charge)**

Formal Charge/Description:

No. of Counts: \_\_\_\_\_

Felony or Misdemeanor:  Felony  Misdemeanor

Plea for each Charge: \_\_\_\_\_

Disposition of Charge:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Acquitted             | <input type="checkbox"/> Dismissed        | <input type="checkbox"/> Pre-trial intervention       |
| <input type="checkbox"/> Amended               | <input type="checkbox"/> Found not guilty | <input type="checkbox"/> Reduced                      |
| <input type="checkbox"/> Convicted             | <input type="checkbox"/> Pled guilty      | <input type="checkbox"/> Other (requires explanation) |
| <input type="checkbox"/> Deferred Adjudication | <input type="checkbox"/> Pled not guilty  |   |

Explanation:

Date of Amended Charge, if applicable: \_\_\_\_\_

If original charge was amended or reduced, specify new charge (i.e., list amended charge or reduced charge):

No. of Counts (for amended or reduced charge): \_\_\_\_\_

Specify if amended or reduced charge is a Felony or Misdemeanor:  Felony  Misdemeanor

Plea for each amended or reduced Charge: \_\_\_\_\_

**CRIMINAL ACTION DISCLOSURE (CONT.)**

Disposition of amended or reduced *Charge*:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Acquitted             | <input type="checkbox"/> Dismissed               | <input type="checkbox"/> Pre-trial intervention       |
| <input type="checkbox"/> Amended               | <input type="checkbox"/> <i>Found</i> not guilty | <input type="checkbox"/> Reduced                      |
| <input type="checkbox"/> Convicted             | <input type="checkbox"/> Pled guilty             | <input type="checkbox"/> Other (requires explanation) |
| <input type="checkbox"/> Deferred Adjudication | <input type="checkbox"/> Pled not guilty         |   |

Explanation:

***Charge Details (complete every space for each charge)***

Formal *Charge*/Description:

No. of Counts: \_\_\_\_\_

*Felony* or *Misdemeanor*:  *Felony*  *Misdemeanor*

Plea for each *Charge*: \_\_\_\_\_

Disposition of *Charge*:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Acquitted             | <input type="checkbox"/> Dismissed               | <input type="checkbox"/> Pre-trial intervention       |
| <input type="checkbox"/> Amended               | <input type="checkbox"/> <i>Found</i> not guilty | <input type="checkbox"/> Reduced                      |
| <input type="checkbox"/> Convicted             | <input type="checkbox"/> Pled guilty             | <input type="checkbox"/> Other (requires explanation) |
| <input type="checkbox"/> Deferred Adjudication | <input type="checkbox"/> Pled not guilty         |   |

Explanation:

Date of Amended *Charge*, if applicable: \_\_\_\_\_

If original *charge* was amended or reduced, specify new *charge* (i.e., list amended *charge* or reduced *charge*):

No. of Counts (for amended or reduced *charge*): \_\_\_\_\_

Specify if amended or reduced *charge* is a *Felony* or *Misdemeanor*:  *Felony*  *Misdemeanor*

Plea for each amended or reduced *Charge*: \_\_\_\_\_

Disposition of amended or reduced *Charge*:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Acquitted             | <input type="checkbox"/> Dismissed               | <input type="checkbox"/> Pre-trial intervention       |
| <input type="checkbox"/> Amended               | <input type="checkbox"/> <i>Found</i> not guilty | <input type="checkbox"/> Reduced                      |
| <input type="checkbox"/> Convicted             | <input type="checkbox"/> Pled guilty             | <input type="checkbox"/> Other (requires explanation) |
| <input type="checkbox"/> Deferred Adjudication | <input type="checkbox"/> Pled not guilty         |   |

Explanation:

C. Date of Disposition (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

D. Sentence/Penalty; Duration (if suspension, probation, etc): Start Date of Penalty: (MM/DD/YYYY); End date of Penalty: (MM/DD/YYYY); If Monetary penalty/fine - Amount paid; Date monetary/penalty fine paid: (MM/DD/YYYY) if not exact, provide explanation.

5. Comment (Optional). You may use this space to provide a brief summary of the circumstances leading to the *charge(s)* as well as the current status or final disposition. Your information must fit within the space provided.

**REGULATORY ACTION DISCLOSURE**

This Disclosure Form is an  **INITIAL** or  **AMENDED** response to report details for affirmative response(s) to **Question(s) 6C, 6D, 6E, 6F and 6G(1)** on Form MA-I;

Check the question(s) you are responding to, regardless of whether you are answering the question(s) “yes” or amending the answer(s) to “no”:

- |                                       |  |                                       |                                       |
|---------------------------------------|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> <b>6C(1)</b> | <input type="checkbox"/> <b>6D(1)(a)</b> | <input type="checkbox"/> <b>6E(1)</b> | <input type="checkbox"/> <b>6F</b>    |
| <input type="checkbox"/> <b>6C(2)</b> | <input type="checkbox"/> <b>6D(1)(b)</b> | <input type="checkbox"/> <b>6E(2)</b> |                                       |
| <input type="checkbox"/> <b>6C(3)</b> | <input type="checkbox"/> <b>6D(1)(c)</b> | <input type="checkbox"/> <b>6E(3)</b> | <input type="checkbox"/> <b>6G(1)</b> |
| <input type="checkbox"/> <b>6C(4)</b> | <input type="checkbox"/> <b>6D(1)(d)</b> | <input type="checkbox"/> <b>6E(4)</b> |                                       |
| <input type="checkbox"/> <b>6C(5)</b> | <input type="checkbox"/> <b>6D(1)(e)</b> | <input type="checkbox"/> <b>6E(5)</b> |                                       |
| <input type="checkbox"/> <b>6C(6)</b> | <input type="checkbox"/> <b>6D(2)(a)</b> | <input type="checkbox"/> <b>6E(6)</b> |                                       |
| <input type="checkbox"/> <b>6C(7)</b> | <input type="checkbox"/> <b>6D(2)(b)</b> | <input type="checkbox"/> <b>6E(7)</b> |                                       |
| <input type="checkbox"/> <b>6C(8)</b> |  |                                       |                                       |

One matter may result in more than one affirmative answer to the above items. Use a single Disclosure Form to report details to the same event. If an event gives rise to actions by more than one regulator, provide details to each action on a separate Disclosure Form.

If the applicant is also registered through the *IARD* system or *CRD* system, registered with the *SEC* as a *municipal advisor* on Form MA, or previously registered with the *SEC* on Form MA-T, or is an *associated person of a municipal advisor* that is registered with the *SEC* on Form MA or that previously registered with the *SEC* on Form MA-T, has the applicant or *municipal advisor* with which it is associated previously submitted a *DRP* (with Form ADV, BD, or U4) to the *IARD* or *CRD*, or submitted to the *SEC* disclosure on Form MA-T or a *DRP* with a Form MA, for the event that contains the information required by this *DRP*?  Yes  No  
If the answer is “Yes,” no other information on this *DRP* must be provided.

*NOTE: The completion of this form does not relieve the applicant or any municipal advisor with which it is associated of its obligation to update its Form MA or its IARD or CRD records.*

1. Regulatory Action initiated by:

A. (Select appropriate item):

- |  |   |                                       |                                     |                                      |  |
|--|---|---------------------------------------|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> <i>SEC</i>                    | <input type="checkbox"/> Other Federal Agency                 | <input type="checkbox"/> Jurisdiction | <input type="checkbox"/> <i>SRO</i> | <input type="checkbox"/> <i>CFTC</i> | <input type="checkbox"/> <i>Foreign Financial Regulatory Authority</i> |
| <input type="checkbox"/> <i>Federal Banking Agency</i> | <input type="checkbox"/> National Credit Union Administration | <input type="checkbox"/> Other: _____ |                                     |                                      |  |

B. Full name of regulator (if other than the *SEC*) that initiated the action: \_\_\_\_\_

2. Sanctions Sought (select all that apply):

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Bar                      | <input type="checkbox"/> Cease and Desist | <input type="checkbox"/> Censure      |
| <input type="checkbox"/> Civil and Administrative | <input type="checkbox"/> Denial           | <input type="checkbox"/> Disgorgement |

Penalty(ies)/Fines(s)

- |                                      |  |                                      |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Expulsion   | <input type="checkbox"/> Monetary Penalty other than Fines | <input type="checkbox"/> Prohibition |
| <input type="checkbox"/> Reprimand   | <input type="checkbox"/> Requalification                   | <input type="checkbox"/> Rescission  |
| <input type="checkbox"/> Restitution | <input type="checkbox"/> Revocation                        | <input type="checkbox"/> Suspension  |
| <input type="checkbox"/> Undertaking | <input type="checkbox"/> Other: _____                      |                                      |

3. Date Initiated (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

4. Docket/Case#: \_\_\_\_\_

5. Employing *Municipal Advisory Firm* when activity occurred which led to the regulatory action: \_\_\_\_\_

**REGULATORY ACTION DISCLOSURE (CONT.)**

6. Product Type(s): (select all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> No Product                      | <input type="checkbox"/> Derivative                               | <input type="checkbox"/> Mutual Fund           |
| <input type="checkbox"/> Annuity-Charitable              | <input type="checkbox"/> Direct Investment-DPP & LP Interest      | <input type="checkbox"/> Oil & Gas             |
| <input type="checkbox"/> Annuity-Fixed                   | <input type="checkbox"/> Equipment Leasing                        | <input type="checkbox"/> Options               |
| <input type="checkbox"/> Annuity-Variable                | <input type="checkbox"/> Equity Listed (Common & Preferred Stock) | <input type="checkbox"/> Penny Stock           |
| <input type="checkbox"/> Banking Product (other than CD) | <input type="checkbox"/> Equity-OTC                               | <input type="checkbox"/> Prime Bank Instrument |
| <input type="checkbox"/> CD                              | <input type="checkbox"/> Futures Commodity                        | <input type="checkbox"/> Promissory Note       |
| <input type="checkbox"/> Commodity Option                | <input type="checkbox"/> Futures-Financial                        | <input type="checkbox"/> Real Estate Security  |
| <input type="checkbox"/> Debt-Asset Backed               | <input type="checkbox"/> Index Option                             | <input type="checkbox"/> Security Futures      |
| <input type="checkbox"/> Debt-Corporate                  | <input type="checkbox"/> Insurance                                | <input type="checkbox"/> Unit Investment Trust |
| <input type="checkbox"/> Debt-Government                 | <input type="checkbox"/> Investment Contract                      | <input type="checkbox"/> Viatical Settlement   |
| <input type="checkbox"/> Debt-Municipal                  | <input type="checkbox"/> Money Market Fund                        | <input type="checkbox"/> Other: _____          |

7. Describe the allegations related to this regulatory action:

8. Current Status?     Pending         On Appeal         Final

9. If pending, are there any limitations or restrictions currently in effect?         Yes     No  
If the answer is "yes," provide details:

10. If on appeal:

A. Action appealed to:

- SEC         SRO         CFTC         Federal Court     State Agency     State Court or Commission

Other: \_\_\_\_\_

B. Date appeal filed (MM/DD/YYYY): \_\_\_\_\_     Exact     Explanation

If not exact, provide explanation:

C. Are there any limitations or restrictions currently in effect while on appeal?         Yes     No

If the answer is "yes," provide details:

**If Final or On Appeal, complete all items below. For Pending Actions, complete Item 14 only.**

11. Resolution Detail:

A. How was matter resolved? (select appropriate item):

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Acceptance Waiver & Consent (AWC)       | <input type="checkbox"/> Consent                 | <input type="checkbox"/> Decision |
| <input type="checkbox"/> Decision & Order of Offer of Settlement | <input type="checkbox"/> Dismissed               | <input type="checkbox"/> Order    |
| <input type="checkbox"/> Settled                                 | <input type="checkbox"/> Stipulation and Consent | <input type="checkbox"/> Vacated  |
| <input type="checkbox"/> Vacated Nunc Pro Tunc / ab initio       | <input type="checkbox"/> Withdrawn               |                                   |
| <input type="checkbox"/> Other: _____                            |  |                                   |

B. Resolution Date (MM/DD/YYYY): \_\_\_\_\_     Exact     Explanation

If not exact, provide explanation:

**REGULATORY ACTION DISCLOSURE (CONT.)**

12. Does the *order* constitute a final *order* based on violations of any laws or regulations that prohibit fraudulent, or deceptive conduct?

Yes  No

13. Sanction Detail:

A. Were any of the following sanctions *ordered*? (Select all appropriate items):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Bar (Permanent)                   | <input type="checkbox"/> Bar (Temporary / Time Limited)                   | <input type="checkbox"/> Cease and Desist    |
| <input type="checkbox"/> Censure                           | <input type="checkbox"/> Civil and Administrative<br>Penalty(ies)/Fine(s) | <input type="checkbox"/> Denial              |
| <input type="checkbox"/> Disgorgement                      | <input type="checkbox"/> Expulsion  | <input type="checkbox"/> Letter of Reprimand |
| <input type="checkbox"/> Monetary Penalty Other than Fines | <input type="checkbox"/> Prohibition                                      | <input type="checkbox"/> Requalification     |
| <input type="checkbox"/> Rescission                        | <input type="checkbox"/> Restitution                                      | <input type="checkbox"/> Revocation          |
| <input type="checkbox"/> Suspension                        | <input type="checkbox"/> Undertaking                                      |  |

B. Other sanctions *ordered*: \_\_\_\_\_

C. If suspended or barred, provide:

Sanction Type:  Bar (Permanent)  Bar (Temporary / Time Limited)  Suspension

Registration Capacities affected (e.g., General Securities Principal, Financial Operations Principal, All Capacities, etc.):

Duration (length of time): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

Start Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

End Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

**Sanction Details**

Sanction Type:  Bar (Permanent)  Bar (Temporary / Time Limited)  Suspension

Registration Capacities affected (e.g., General Securities Principal, Financial Operations Principal, All Capacities, etc.):

Duration (length of time): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

Start Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

End Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

**REGULATORY ACTION DISCLOSURE (CONT.)**

**Sanction Details**

Sanction Type:  Bar (Permanent)  Bar (Temporary / Time Limited)  Suspension

Registration Capacities affected (e.g., General Securities Principal, Financial Operations Principal, All Capacities, etc.):

B. Duration (length of time): \_\_\_\_\_  Exact  Explanation  
If not exact, provide explanation:

Start Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation  
If not exact, provide explanation:

End Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation  
If not exact, provide explanation:

D. If requalification by exam/retraining was a condition of the sanction, provide:

**Requalification Details**

Requalification Type:  Requalification by Exam  Re-Training  Other  
Length of time given to requalify/retrain: \_\_\_\_\_  
Type of Exam required: \_\_\_\_\_  
Has condition been satisfied?  Yes  No  
Explanation:

**Requalification Details**

Requalification Type:  Requalification by Exam  Re-Training  Other  
Length of time given to requalify/retrain: \_\_\_\_\_  
Type of Exam required: \_\_\_\_\_  
Has condition been satisfied?  Yes  No  
Explanation:

**Requalification Details**

Requalification Type:  Requalification by Exam  Re-Training  Other  
Length of time given to requalify/retrain: \_\_\_\_\_  
Type of Exam required: \_\_\_\_\_  
Has condition been satisfied?  Yes  No  
Explanation:

**REGULATORY ACTION DISCLOSURE (CONT.)**

E. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide:

**Monetary Sanction Details**

Monetary Related Sanction Type:  Civil and Administrative Penalty(ies)/Fine(s)  Disgorgement  
 Monetary Penalty other than Fines  Restitution

Total Amount: \$ \_\_\_\_\_

Portion levied against you: \$ \_\_\_\_\_

Payment Plan:

Is Payment Plan Current?  Yes  No

Date Paid by You (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

Was any portion of penalty waived?  Yes  No

If yes, amount: \$ \_\_\_\_\_

**Monetary Sanction Details**

Monetary Related Sanction Type:  Civil and Administrative Penalty(ies)/Fine(s)  Disgorgement  
 Monetary Penalty other than Fines  Restitution

Total Amount: \$ \_\_\_\_\_

Portion levied against you: \$ \_\_\_\_\_

Payment Plan:

Is Payment Plan Current?  Yes  No

Date Paid by You (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

Was any portion of penalty waived?  Yes  No

If yes, amount: \$ \_\_\_\_\_

**Monetary Sanction Details**

Monetary Related Sanction Type:  Civil and Administrative Penalty(ies)/Fine(s)  Disgorgement  
 Monetary Penalty other than Fines  Restitution

Total Amount: \$ \_\_\_\_\_

Portion levied against you: \$ \_\_\_\_\_

Payment Plan:

Is Payment Plan Current?  Yes  No

Date Paid by You (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

Was any portion of penalty waived?  Yes  No

If yes, amount: \$ \_\_\_\_\_

14. Comment (Optional). You may use this space to provide a brief summary of the circumstances leading to the action as well as the current status or disposition and/or finding(s).



**INVESTIGATION DISCLOSURE**

This Disclosure Form is an  **INITIAL** or  **AMENDED** response to report details for affirmative response(s) to **Question(s) 6G(2)** on Form MA-I;

Check the question(s) you are responding to, regardless of whether you are answering the question(s) “yes” or amending the answer(s) to “no”:

**6G(2)**

Complete this Disclosure Form only if you are answering “yes” to Item 6G(2). If you answered “yes” to Item 6G(1), complete the Regulatory Action Disclosure Form. If you have been notified that the *investigation* has been concluded without formal action, complete items 4 and 5 of this Disclosure Form to update. One event may result in more than one *investigation*. If more than one authority is *investigating* you, use a separate Disclosure Form to provide details.

If the applicant is also registered through the *IARD* system or *CRD* system, registered with the *SEC* as a *municipal advisor* on Form MA, or previously registered with the *SEC* on Form MA-T, or is an *associated person of a municipal advisor* that is registered with the *SEC* on Form MA or that previously registered with the *SEC* on Form MA-T, has the applicant or *municipal advisor* with which it is associated previously submitted a *DRP* (with Form ADV, BD, or U4) to the *IARD* or *CRD*, or submitted to the *SEC* disclosure on Form MA-T or a *DRP* with a Form MA, for the event that contains the information required by this *DRP*?  Yes  No  
If the answer is “Yes,” no other information on this *DRP* must be provided.

*NOTE: The completion of this form does not relieve the applicant or any municipal advisor with which it is associated of its obligation to update its Form MA or its IARD or CRD records.*

1. *Investigation* initiated by:

A. Notice Received From (select appropriate item):

- SRO*                       *Foreign*                       Jurisdiction                       *SEC*                       Other Federal Agency
- Financial*
- Regulatory Authority*

Other: \_\_\_\_\_

B. Full name of regulator (if other than the *SEC*) that initiated the *investigation*: \_\_\_\_\_

2. Notice Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

3. Describe briefly the nature of the *investigation*, if known:

4. Is *investigation* pending?  Yes  No

If no, complete item 5. If yes, skip to item 6.

5. Resolution Details:

A. Date Closed/Resolved (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

B. How was *investigation* resolved? (select appropriate item):

Closed Without Further Action  Closed - Regulatory Action Initiated  Other: \_\_\_\_\_

6. Comment (Optional). You may use this space to provide a brief summary of the circumstances leading to the *investigation*, as well as the current status or final disposition and/or finding(s).

**CIVIL JUDICIAL ACTION DISCLOSURE**

This Disclosure Form is an  **INITIAL** or  **AMENDED** response to report details for affirmative response(s) to **Question(s) 6H** on Form MA-I;

Check the question(s) you are responding to, regardless of whether you are answering the question(s) “yes” or amending the answer(s) to “no”:

- 6H(1)(a)**                       **6H(1)(b)**                       **6H(1)(c)**                       **6H(2)**

One event may result in more than one affirmative answer to the above items. Use only one Disclosure Form to report details related to the same event. Unrelated civil judicial actions must be reported on separate Disclosure Forms.

If the applicant is also registered through the *IARD* system or *CRD* system, registered with the *SEC* as a *municipal advisor* on Form MA, or previously registered with the *SEC* on Form MA-T, or is an *associated person of a municipal advisor* that is registered with the *SEC* on Form MA or that previously registered with the *SEC* on Form MA-T, has the applicant or *municipal advisor* with which it is associated previously submitted a *DRP* (with Form ADV, BD, or U4) to the *IARD* or *CRD*, or submitted to the *SEC* disclosure on Form MA-T or a *DRP* with a Form MA, for the event that contains the information required by this *DRP*?  Yes       No

If the answer is “Yes,” no other information on this *DRP* must be provided.

*NOTE: The completion of this form does not relieve the applicant or any municipal advisor with which it is associated of its obligation to update its Form MA or its IARD or CRD records.*

1. Court Action initiated by:

A. (Select appropriate item):

- SEC*
- Other Federal Agency
- Jurisdiction
- Foreign Financial Regulatory Authority*
- Municipal Advisory Firm*
- Private Plaintiff

B. Name of party initiating the *proceeding*: \_\_\_\_\_

2. Relief Sought: (select all that apply):

- Cease and Desist     Injunction     Restraining Order     Civil and Administrative Penalty(ies)/Fine(s)
- Monetary Penalty other than Fines     Other: \_\_\_\_\_
- Disgorgement     Restitution

3. A. Filing Date of Court Action (MM/DD/YYYY): \_\_\_\_\_  Exact     Explanation

If not exact, provide explanation:

B. Date notice/process was served (MM/DD/YYYY): \_\_\_\_\_  Exact     Explanation

If not exact, provide explanation:

**CIVIL JUDICIAL ACTION DISCLOSURE (CONT.)**

4. Product Type(s): (select all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> No Product                      | <input type="checkbox"/> Derivative                               | <input type="checkbox"/> Mutual Fund           |
| <input type="checkbox"/> Annuity-Charitable              | <input type="checkbox"/> Direct Investment-DPP & LP Interest      | <input type="checkbox"/> Oil & Gas             |
| <input type="checkbox"/> Annuity-Fixed                   | <input type="checkbox"/> Equipment Leasing                        | <input type="checkbox"/> Options               |
| <input type="checkbox"/> Annuity-Variable                | <input type="checkbox"/> Equity Listed (Common & Preferred Stock) | <input type="checkbox"/> Penny Stock           |
| <input type="checkbox"/> Banking Product (other than CD) | <input type="checkbox"/> Equity-OTC                               | <input type="checkbox"/> Prime Bank Instrument |
| <input type="checkbox"/> CD                              | <input type="checkbox"/> Futures Commodity                        | <input type="checkbox"/> Promissory Note       |
| <input type="checkbox"/> Commodity Option                | <input type="checkbox"/> Futures-Financial                        | <input type="checkbox"/> Real Estate Security  |
| <input type="checkbox"/> Debt-Asset Backed               | <input type="checkbox"/> Index Option                             | <input type="checkbox"/> Security Futures      |
| <input type="checkbox"/> Debt-Corporate                  | <input type="checkbox"/> Insurance                                | <input type="checkbox"/> Unit Investment Trust |
| <input type="checkbox"/> Debt-Government                 | <input type="checkbox"/> Investment Contract                      | <input type="checkbox"/> Viatical Settlement   |
| <input type="checkbox"/> Debt-Municipal                  | <input type="checkbox"/> Money Market Fund                        | <input type="checkbox"/> Other: _____          |

5. Formal Action was brought in:

- Federal Court
- State Court
- Foreign Court
- Military Court
- Other: \_\_\_\_\_

- A. Name of Court: \_\_\_\_\_
- B. Location of Court (City or County and State or Country): \_\_\_\_\_
- C. Docket/Case#: \_\_\_\_\_

6. Employing *Municipal Advisory Firm* when activity occurred which led to the civil judicial action: \_\_\_\_\_

7. Describe the allegations related to this civil action. (Your information must fit within the space provided.):

8. Current Status?

- Pending
- On Appeal
- Final

9. If pending and any limitations or restrictions are currently in effect, provide details:

10. If on appeal:

- A. Action appealed to (provide name of court): \_\_\_\_\_
  - B. Location of Court (City or County and State or Country): \_\_\_\_\_
  - C. Docket/Case#: \_\_\_\_\_
  - D. Date appeal filed (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation
- If not exact, provide explanation:

E. Appeal details (including status):

F. If on appeal and any limitations or restrictions are currently in effect, provide details:

**CIVIL JUDICIAL ACTION DISCLOSURE (CONT.)**

**If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.**

11. Resolution Detail:

A. How was matter resolved? (Select appropriate item)

- Consent
- Judgment Rendered
- Settled
- Vacated
- Vacated Nunc Pro Tunc / ab initio
- Dismissed
- Withdrawn
- Other: \_\_\_\_\_

B. Resolution Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

12. Sanction Detail:

A. Were any of the following Sanctions *Ordered* or Relief Granted? (Select all that apply)

- Civil and Administrative  Injunction  Cease and Desist
- Penalty(ies)/Fine(s)
- Monetary Penalty other than fines  Disgorgement  Restitution

B. Other Sanctions: \_\_\_\_\_

C. If *enjoined*, provide:

**Injunction Details**

Registration Capacities Affected (e.g., General Securities Principal, Financial Operations Principal, All Capacities, etc.):

Duration (length of time): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

Start Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

End Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

**Injunction Details**

Registration Capacities Affected (e.g., General Securities Principal, Financial Operations Principal, All Capacities, etc.):

Duration (length of time): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

Start Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

End Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

**CIVIL JUDICIAL ACTION DISCLOSURE (CONT.)**

**Injunction Details**

Registration Capacities Affected (e.g., General Securities Principal, Financial Operations Principal, All Capacities, etc.):

Duration (length of time): \_\_\_\_\_  Exact  Explanation  
If not exact, provide explanation:

Start Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation  
If not exact, provide explanation:

End Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation  
If not exact, provide explanation:

D. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide:

**Monetary Related Sanction Details**

Monetary Related Sanction Type:

- Monetary Fine
- Disgorgement
- Restitution
- Other (requires explanation)

Explanation:

Total Amount: \$ \_\_\_\_\_

Portion levied against you: \$ \_\_\_\_\_

Date Paid by You (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

Was any portion of penalty waived?  Yes  No

If yes, amount: \$ \_\_\_\_\_

**Monetary Related Sanction Details**

Monetary Related Sanction Type:

- Monetary Fine
- Disgorgement
- Restitution
- Other (requires explanation)

Explanation:

Total Amount: \$ \_\_\_\_\_

Portion levied against you: \$ \_\_\_\_\_

Date Paid by You (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

Was any portion of penalty waived?  Yes  No

If yes, amount: \$ \_\_\_\_\_

**CIVIL JUDICIAL ACTION DISCLOSURE (CONT.)**

**Monetary Related Sanction Details**

Monetary Related Sanction Type:

- Monetary Fine
- Disgorgement
- Restitution
- Other (requires explanation)

Explanation:

Total Amount: \$ \_\_\_\_\_

Portion levied against you: \$ \_\_\_\_\_

Date Paid by You (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

Was any portion of penalty waived?  Yes  No

If yes, amount: \$ \_\_\_\_\_

13. Comment (Optional). You may use this space to provide a brief summary of the circumstances leading to the action, as well as the current status or disposition and/or finding(s).

## **CUSTOMER COMPLAINT / ARBITRATION / CIVIL LITIGATION DISCLOSURE**

This Disclosure Form is an  **INITIAL** or  **AMENDED** response to report details for affirmative response(s) to **Question(s) 6I** on Form MA-I;

Check the question(s) you are responding to, regardless of whether you are answering the question(s) “yes” or amending the answer(s) to “no”:

- 6I(1)(a)**     **6I(2)(a)**     **6I(2)(c)**  
 **6I(1)(b)**     **6I(2)(b)**

One matter may result in more than one affirmative answer to the above items. Use a single Disclosure Form to report details relating to a particular matter (i.e., a customer complaint/arbitration/*CFTC* reparation/civil litigation). Use a separate Disclosure Form for each matter.

If the applicant is also registered through the *IARD* system or *CRD* system, registered with the *SEC* as a *municipal advisor* on Form MA, or previously registered with the *SEC* on Form MA-T, or is an *associated person of a municipal advisor* that is registered with the *SEC* on Form MA or that previously registered with the *SEC* on Form MA-T, has the applicant or *municipal advisor* with which it is associated previously submitted a *DRP* (with Form ADV, BD, or U4) to the *IARD* or *CRD*, or submitted to the *SEC* disclosure on Form MA-T or a *DRP* with a Form MA, for the event that contains the information required by this *DRP*?  Yes       No  
If the answer is “Yes,” no other information on this *DRP* must be provided.

*NOTE: The completion of this form does not relieve the applicant or any municipal advisor with which it is associated of its obligation to update its Form MA or its IARD or CRD records.*

### **Disclosure Instructions:**

- Complete items 1-6 for all matters (i.e., customer complaints, arbitrations/*CFTC* reparations and civil litigation in which you are not named as a party, as well as arbitrations/*CFTC* reparations and civil litigation in which you are named as a party).
- If the matter *involves* a customer complaint, or an arbitration/*CFTC* reparation or civil litigation in which you are not named as a party, complete items 7-11 as appropriate.
- If a customer complaint has evolved into an arbitration/*CFTC* reparation or civil litigation, amend the existing Disclosure Form by completing items 9 and 10.
- If the matter *involves* an arbitration/*CFTC* reparation in which you are a named party, complete items 12-16, as appropriate. If the matter *involves* a civil litigation in which you are a named party, complete items 17-23.
- Item 24 is an optional space and applies to all event types (i.e., customer complaint, arbitration/*CFTC* reparation, civil litigation).

Complete items 1-6 for all matters (i.e., customer complaints, arbitrations/*CFTC* reparations, civil litigation).

1. Customer Name(s): \_\_\_\_\_

2. A. Customer(s) State of Residence (select “not on list” when the customer’s residence is a foreign address): \_\_\_\_\_

B. Other state(s) of residence/detail:

3. Employing *Municipal Advisory Firm* when activities occurred which led to the customer complaint, arbitration, *CFTC* reparation or civil litigation:

4. Allegation(s) and a brief summary of events related to the allegation(s) including dates when activities leading to the allegation(s) occurred:

**CUSTOMER COMPLAINT / ARBITRATION / CIVIL LITIGATION DISCLOSURE (CONT.)**

5. Product Type(s): (select all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> No Product                      | <input type="checkbox"/> Derivative                               | <input type="checkbox"/> Mutual Fund           |
| <input type="checkbox"/> Annuity-Charitable              | <input type="checkbox"/> Direct Investment-DPP & LP Interest      | <input type="checkbox"/> Oil & Gas             |
| <input type="checkbox"/> Annuity-Fixed                   | <input type="checkbox"/> Equipment Leasing                        | <input type="checkbox"/> Options               |
| <input type="checkbox"/> Annuity-Variable                | <input type="checkbox"/> Equity Listed (Common & Preferred Stock) | <input type="checkbox"/> Penny Stock           |
| <input type="checkbox"/> Banking Product (other than CD) | <input type="checkbox"/> Equity-OTC                               | <input type="checkbox"/> Prime Bank Instrument |
| <input type="checkbox"/> CD                              | <input type="checkbox"/> Futures Commodity                        | <input type="checkbox"/> Promissory Note       |
| <input type="checkbox"/> Commodity Option                | <input type="checkbox"/> Futures-Financial                        | <input type="checkbox"/> Real Estate Security  |
| <input type="checkbox"/> Debt-Asset Backed               | <input type="checkbox"/> Index Option                             | <input type="checkbox"/> Security Futures      |
| <input type="checkbox"/> Debt-Corporate                  | <input type="checkbox"/> Insurance                                | <input type="checkbox"/> Unit Investment Trust |
| <input type="checkbox"/> Debt-Government                 | <input type="checkbox"/> Investment Contract                      | <input type="checkbox"/> Viatical Settlement   |
| <input type="checkbox"/> Debt-Municipal                  | <input type="checkbox"/> Money Market Fund                        | <input type="checkbox"/> Other: _____          |

6. Alleged Compensatory Damage Amount: \$ \_\_\_\_\_

- Exact  
 Explanation:

**If the matter involves a customer complaint, arbitration/CFTC reparation or civil litigation in which you are not named as a party, complete items 7-11 as appropriate.** [Note: Report in Items 12-16, or 17-23, as appropriate, only arbitrations/CFTC reparations or civil litigation in which you are named as a party.]

7. A. Is this an oral complaint?  Yes  No

B. Is this a written complaint?  Yes  No

C. Is this an arbitration/CFTC reparation or civil litigation?  Yes  No

If yes, provide:

i. Arbitration/reparation forum or court name and location: \_\_\_\_\_

ii. Docket/Case#: \_\_\_\_\_

iii. Filing date of arbitration/CFTC reparation or civil litigation (MM/DD/YYYY): \_\_\_\_\_

D. Date received by/served on firm (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

8. Is the complaint, arbitration/CFTC reparation or civil litigation pending?  Yes  No

If "No," complete item 9.

9. If the complaint, arbitration/CFTC reparation or civil litigation is not pending, provide status:

- Closed/No Action  Withdrawn  Denied  Settled  
 Arbitration Award/Monetary Judgment (for claimants/plaintiffs)  
 Arbitration Award/Monetary Judgment (for respondents/defendants)  
 Evolved into Arbitration/CFTC reparation (you are a named party)  
 Evolved into Civil litigation (you are a named party)

**If status is arbitration/CFTC reparation in which you are not a named party, provide details in item 7C.**

**If status is arbitration/CFTC reparation in which you are a named party, complete items 12-16.**

**If status is civil litigation in which you are a named party, complete items 17-23.**



**CUSTOMER COMPLAINT / ARBITRATION / CIVIL LITIGATION DISCLOSURE (CONT.)**

10. Status Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation  
If not exact, provide explanation:

11. Settlement/Award/Monetary Judgment:  
A. Settlement/Award/Monetary Judgment amount: \$ \_\_\_\_\_  
B. Your Contribution Amount: \$ \_\_\_\_\_

**If the matter involves an arbitration or CFTC reparation in which you are a named respondent, complete items 12-16, as appropriate.**

12. A. Arbitration/CFTC reparation claim filed with (FINRA, AAA, CFTC, etc.): \_\_\_\_\_  
B. Docket/Case#: \_\_\_\_\_  
C. Date notice/process was served (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation  
If not exact, provide explanation:

13. Is arbitration/ CFTC reparation pending?  Yes  No  
If "No," complete item 14.

14. If the arbitration/CFTC reparation is not pending, what was the disposition?

- Award to Applicant (Agent/Representative)
- Award to Customer
- Denied
- Dismissed
- Judgment (other than monetary)
- No Action
- Settled
- Withdrawn
- Other: \_\_\_\_\_

15. Disposition Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation  
If not exact, provide explanation:

16. Monetary Compensation Details (award, settlement, reparation amount):

A. Total Amount: \$ \_\_\_\_\_  
B. Your Contribution Amount: \$ \_\_\_\_\_

**If the matter involves a civil litigation in which you are a defendant, complete items 17-23.**

17. Court in which case was filed:  
 Federal Court  State Court  Foreign Court  Military Court  Other: \_\_\_\_\_

A. Name of Court: \_\_\_\_\_  
B. Location of Court (City or County and State or Country): \_\_\_\_\_  
C. Docket/Case#: \_\_\_\_\_

18. Date received by/served on firm (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation  
If not exact, provide explanation:

19. Is the civil litigation pending?  Yes  No  
If "No," complete item 20.

20. If the civil litigation is not pending, what was the disposition?  
 Denied  Dismissed  Judgment (other than monetary)  
 Monetary Judgment to Applicant (Agent/Representative)  Monetary Judgment to Customer  
 No Action  Settled  Withdrawn  
 Other: \_\_\_\_\_

**CUSTOMER COMPLAINT / ARBITRATION / CIVIL LITIGATION DISCLOSURE (CONT.)**

21. Disposition Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation  
If not exact, provide explanation:

22. Monetary Compensation Details (judgment, restitution, settlement amount):

A. Total Amount: \$ \_\_\_\_\_

B. Your Contribution Amount: \$ \_\_\_\_\_

23. If action is currently on appeal:

A. Enter date appeal filed (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

B. Court appeal filed in:

Federal Court  State Court  Foreign Court  Military Court  Other: \_\_\_\_\_

A. Name of Court: \_\_\_\_\_

B. Location of Court (City or County and State or Country): \_\_\_\_\_

C. Docket/Case#: \_\_\_\_\_

24. Comment (Optional). You may use this space to provide a brief summary of the circumstances leading to the customer complaint, arbitration/*CFTC* reparation and/or civil litigation as well as the current status or final disposition(s). Your information must fit within the space provided.

**TERMINATION DISCLOSURE**

This Disclosure Form is an  **INITIAL** or  **AMENDED** response to report details for affirmative response(s) to **Question(s) 6J** on Form MA-I;

Check the question(s) you are responding to, regardless of whether you are answering the question(s) "yes" or amending the answer(s) to "no":

**6J(1)**     **6J(2)**     **6J(3)**

One event may result in more than one affirmative answer to the above items. Use only one Disclosure Form to report details to the same termination. Use a separate Disclosure Form for each termination reported.

If the applicant is also registered through the *IARD* system or *CRD* system, registered with the *SEC* as a *municipal advisor* on Form MA, or previously registered with the *SEC* on Form MA-T, or is an *associated person of a municipal advisor* that is registered with the *SEC* on Form MA or that previously registered with the *SEC* on Form MA-T, has the applicant or *municipal advisor* with which it is associated previously submitted a *DRP* (with Form *ADV*, *BD*, or *U4*) to the *IARD* or *CRD*, or submitted to the *SEC* disclosure on Form MA-T or a *DRP* with a Form MA, for the event that contains the information required by this *DRP*?     Yes      No  
If the answer is "Yes," no other information on this *DRP* must be provided.

*NOTE: The completion of this form does not relieve the applicant or any municipal advisor with which it is associated of its obligation to update its Form MA or its IARD or CRD records.*

1. *Municipal Advisory Firm Name*: \_\_\_\_\_

2. Termination Type:

Discharged     Permitted to Resign                     Voluntary Resignation

3. Termination Date (MM/DD/YYYY): \_\_\_\_\_     Exact     Explanation

If not exact, provide explanation:

4. Allegation(s):

5. Product Type(s): (select all that apply)

- No Product
- Annuity-Charitable
- Annuity-Fixed
- Annuity-Variable
- Banking Product (other than CD)
- CD
- Commodity Option
- Debt-Asset Backed
- Debt-Corporate
- Debt-Government
- Debt-Municipal
- Derivative
- Direct Investment-DPP & LP Interest
- Equipment Leasing
- Equity Listed (Common & Preferred Stock)
- Equity-OTC
- Futures Commodity
- Futures-Financial
- Index Option
- Insurance
- Investment Contract
- Money Market Fund
- Mutual Fund
- Oil & Gas
- Options
- Penny Stock
- Prime Bank Instrument
- Promissory Note
- Real Estate Security
- Security Futures
- Unit Investment Trust
- Viatical Settlement
- Other: \_\_\_\_\_

6. Comment (Optional). You may use this space to provide a brief summary of the circumstances leading to the termination. Your information must fit within the space provided.

**JUDGMENT / LIEN DISCLOSURE**

This Disclosure Form is an  **INITIAL** or  **AMENDED** response to report details for affirmative response(s) to **Question(s) 6M** on Form MA-I;

Check the question(s) you are responding to, regardless of whether you are answering the question “yes” or amending the answer(s) to “no”:

**6M**

If multiple, unrelated events result in the same affirmative answer, details must be provided on separate Disclosure Forms.

If the applicant is also registered through the *IARD* system or *CRD* system, registered with the *SEC* as a *municipal advisor* on Form MA, or previously registered with the *SEC* on Form MA-T, or is an *associated person of a municipal advisor* that is registered with the *SEC* on Form MA or that previously registered with the *SEC* on Form MA-T, has the applicant or *municipal advisor* with which it is associated previously submitted a *DRP* (with Form ADV, BD, or U4) to the *IARD* or *CRD*, or submitted to the *SEC* disclosure on Form MA-T or a *DRP* with a Form MA, for the event that contains the information required by this *DRP*?  Yes  No

If the answer is “Yes,” no other information on this *DRP* must be provided.

*NOTE: The completion of this form does not relieve the applicant or any municipal advisor with which it is associated of its obligation to update its Form MA or its IARD or CRD records.*

1. Judgment/Lien Amount:\$ \_\_\_\_\_

2. Judgment/Lien Holder: \_\_\_\_\_

3. Judgment/Lien Type:  Civil  Tax

4. Date Filed (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

5. Court action brought in:  Federal Court  State Court  Foreign Court  Other: \_\_\_\_\_

A. Name of Court: \_\_\_\_\_

B. Location of Court (City or County and State or Country): \_\_\_\_\_

C. Docket/Case#: \_\_\_\_\_

Check this box if the Docket/Case# is your SSN, a Bank Card number, or a Personal Identification Number.

6. Is Judgment/Lien outstanding?  Yes  No

If “No,” complete item 7. If “Yes,” skip to item 8.

7. If Judgment/Lien is not outstanding, provide:

A. Status Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

B. How was matter resolved? (select appropriate item):  Discharged  Released  Removed  Satisfied

6. Comment (Optional). You may use this space to provide a brief summary of the circumstances leading to the action as well as the current status or final disposition. Your information must fit within the space provided.