OMB Number 3064-0022 Approval expires December 31, 2014 OMB Number 1557-0184 Approval expires April 30, 2013 Page 1 of 5

Board of Governors of the Federal Reserve System







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

The Board of Governors of the Federal Reserve System, the Federal Deposit Insurance Corporation, and the Office of the Comptroller of the Currency are authorized to collect this information pursuant to the authority contained in the following statutes: 15 U.S.C. §§ 78o-4, 78q, and 78w.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The information provided by each respondent is considered to be confidential.

Uniform Application for Municipal Securities Principal or Municipal Securities Representative Associated with a Bank Municipal Securities Dealer

1.	Applicant Name:					
	Last First	Middle (if none, write "n/a")				
2.	Bank Municipal Securities Dealer:	3. Office of Employment of Applicant:				
	A.					
	Name					
	B	4. Date of Employment with MSD:				
	Registration Number	,				
	C	_				
	Main Street Address	Month/Day/Year				
	City State Zip Code	_				
5.	To be filed with the following (check one):					
	☐ Board of Governors of the Federal Reserve System ☐ Fe	ederal Deposit Insurance Corporation				
6.	Type(s) of Qualification Requested (check all that apply):					
	☐ Municipal Securities Representative	☐ Government Securities Representative				
	☐ Municipal Securities Sales Limited Representative	Government Securities Supervisor				
	Municipal Securities Principal					
7	It is anticipated that the applicant will perform the following fun	actions in the capacity indicated (check all that apply):				
٠.	CAPACITY	ictions in the capacity indicated (check all that apply).				
	Non-					
	Supervisory Supervisory					
	☐ A. Underwriting, trading or sales of mo	nunicipal securities				
	☐ B. Financial advisory or consultant se	ervices for issuers in connection with the issuance of municipal securities				
	C. Research or investment advice with respect to municipal securities in connection with the activities described in items 7.A and 7.B above					
		ose specifically mentioned that involve communication directly or indirectly with public securities in connection with the activities described in items 7.A and 7.B above				
	☐ E. Processing and clearing activities v	es with respect to municipal securities				
	F. Maintenance of records involving a	ance of records involving activities described in items 7.A through 7.E above				
	G. Training of municipal securities principals or municipal securities representatives					
8.	made inquiry of all employers of the applicant during the imme	application by the applicant named in item 1 above, this institution has ediately preceding three years, as set forth below, concerning the concerning the record and reputation of the applicant as related to the byed.				
		Person Contacted				
	Employer	Name Position				
						
Ac	ceptance of this form for filing shall not constitute any finding that the	he information submitted herein is true, current, complete, or not misleading.				
		criminal violations. (See 18 U.S.C. §§ 1001 and 1005, and 15 U.S.C. 78ff.)				



Personal History of Applicant

			10.					
Name (Last, First, Middle)				Social Security N	umber (optional)			
			13.					
Resident Street Address				Date of Birth (Mor	nth/Day/Year)			
			14.	•				
City Sta	nte .	Zip Code		Place of Birth (Cit	ty, State(if applicat	ole). Country)		
Any other name ever used or		p	·	(0	ij, otato(ii appiloai	,, cou,,		
7 my other hame ever deed of	by which known.							
EMPLOYMENT AND EDUCA past ten years starting with my unemployment, and full-time experience.	y immediately pre	vious emplo	oyer. (Includ	le full- and pa	art-time work, s	self employme	ent, military se	rvice
Name of Employer and Complete Address		Type of Business	From (MM/YYYY)	To (MM/YYYY)	Position Held	Full-time o Part-time	r Reasor Leavii	
RESIDENTIAL HISTORY. The following is a complete, co	nsecutive stateme	nt of all my	residential a	ddresses for t	the past five ye	ars starting w	ith my current r	esid
Address						From (MM/YYYY)	To (MM/YYYY)	
Street		City/Town						
State/Province	Zip/Postal Code		Cou	ntry		_		
Street		City/Town						
State/Province	Zip/Postal Code		Cou	ntry		_		
Street		City/Town						
State/Province	Zip/Postal Code		Cou	ntry		_		
Street								
		City/Town						



Personal History of Applicant—Continued

18.	A.	Have you ever taken a qualification examination for municipal securities principals, municipal securities representatives, or financial and operations principals prescribed by the Municipal Securities Rulemaking Board?						
		If yes, state below the type of examination and the approximate date taken.						
		Type of Examination		Approximate Date	44440000			
		Type of Examination	ļ	Approximate Date	(MM/YYYY)			
	В.	Have you ever been exempt from or received a waiver of the nature specified in Question 18.A?			(MM/YYYY) Yes	□ No		
		If yes, state below the type of examination and the approximate date taken.						
		Type of Examination	Basis for Exemption or Waiver A	Approximate Date				
		Type of Examination	Basis for Exemption or Waiver A	Approximate Date	(MM/YYYY) (MM/YYYY)			
19.	Are	e you currently bonded?			Yes	□ No		
lf th	ne a	nswer to any of the following questions is Yes, attach o	omplete details:					
	На	ve you ever been refused coverage under a fidelity bond or ur coverage or cancelled such coverage?	has any surety company paid ou	-	☐ Yes	□ No		
21.	sec	ve you ever been denied membership, registration, license, curities or federal or state bank regulatory agency, any nation sociation, or registered clearing agency?	onal securities exchange, registe	red securities	☐ Yes	□ No		
22.	tha or	as any disciplinary action ever been taken against you, or an at you were a cause of any disciplinary action or violated any co-conspirator in any such violation, by any federal or state ency, any national securities exchange, registered securities	/ law, rule or regulation or were a securities or federal or state ban	an aider, abettor, k regulatory		□No		
23.	Wł	nile you were associated in any capacity with any broker, de	ealer or municipal securities deale	er:				
	A.	Was your registration denied, suspended or revoked?			☐ Yes	☐ No		
	B.	Was your membership in any national securities exchange clearing agency denied, suspended, or revoked, or was it expended to the control of t			☐ Yes	□ No		
24.	en aff pe	is any permanent or temporary injunction (including a cease joining conduct as an investment advisor, underwriter, broke illiated person of any investment company, bank dealer, or reson of any investment company, bank, insurance company tivities or any transactions in any security?	er, dealer or municipal securities nunicipal securities dealer or as r, or enjoining any conduct relate	dealer or as an an affiliated d to such	☐ Yes	□ No		
25.	sal cor mu the or bri	eve you been convicted within the past ten years of any felor le of any security, the taking of a false oath, the making of a nspiracy to commit any such offense; (ii) arising out of the cunicipal securities dealer, investment adviser, bank, insuranceft, robbery, extortion, forgery, counterfeiting, fraudulent commisappropriation of funds or securities; (iv) involving crimes bery in a bankruptcy proceeding, mail fraud, fraud by wire (ievision), fraud or false statements?	false report, bribery, perjury, bu onduct of the business of a broke ce company, or fiduciary; (iii) invo- cealment, embezzlement, fraudu of concealment of assets, false ncluding telephone, telegraph, ra	rglary, or er, dealer, olving larceny, ulent conversion, oaths or claims, adio, or	☐ Yes	□ No		



Acknowledgement for: ☐ Form MSD-4 ☐ Form G-FIN-4

26.				
	Applicant Name			
27.				
	Bank Municipal Securities Dealer Name			
28.				Receipt Stamp
	Bank Municipal Securities Dealer Address			resourt stamp
	City	State	Zip Code	
29.				
	Attention			

When the Form MSD-4 is received by the appropriate regulatory agency, this acknowledgement will be stamped to show receipt and returned to the person named in item 29. The stamped acknowledgement should be retained to substantiate filing.

MAIL THE FORM TO THE REGULATOR INDICATED IN ITEM 5.

Board of Governors of the Federal Reserve System

Market and Liquidity Risk Section Mail Stop 185 20th and C Streets, NW Washington, DC 20551

Federal Deposit Insurance Corporation

Division of Supervision Securities, Capital Markets, and Trust Branch Room F-2052 550 17th Street, NW Washington, DC 20429

The Office of the Comptroller of the Currency

Treasury and Market Risk, (MS 7-1) 250 E. Street, SW Washington, DC 20219