



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

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.

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1. Individual's Name:

Last First Middle (if none, write "n/a")

2. Capacity (check all that apply):

Municipal Securities Government Securities

3. Social Security Number (optional):

4. Bank Municipal Securities Dealer:

A. _____
Name

_____ Street Address

B. _____
Registration Number

_____ City State Zip Code

C. _____
Main Street Address

5. Office of Employment Address:

_____ City State Zip Code

6. Date Terminated:

_____ Month/Day/Year

7. Reason for Termination (check one):

Resigned* Discharged* Deceased Other*

*Furnish full details on attached sheet if related to a violation or probable violation of banking or securities law.

8. While associated with the dealer named in item 4, was the individual named in item 1 the subject of any investigation, proceeding, disqualification, or disciplinary action by any government agency or self-regulatory organization (as defined in section 3(a)(26) of the Securities Exchange Act of 1934) described in Rules G-4 and G-5 of the Municipal Securities Rulemaking Board?

Yes** No

**Furnish full details on attached sheet.

9. To be filed with the following (check one):

Board of Governors of the Federal Reserve System Federal Deposit Insurance Corporation Comptroller of the Currency

Acceptance of this form for filing shall not constitute any finding that the information submitted herein is true, current, complete, or not misleading. Intentional misstatements or omissions of fact may constitute federal criminal violations. (See 18 U.S.C. §§ 1001 and 1005, and 15 U.S.C. 78ff.)

Print Name of Municipal Securities Principal

Signature of Municipal Securities Principal

Date

Person to Contact for Further Information:

Name

Street Address

City State Zip Code

Area Code / Phone Number

Acknowledgement for: **Form MSD-5** **Form G-FIN-5**

10. _____
Name of Person Terminated

11. _____
Bank Municipal Securities Dealer Name

12. _____
Bank Municipal Securities Dealer Address

Receipt Stamp

City State Zip Code

13. _____
Attention

When the Form MSD-5 is received by the appropriate regulatory agency, this acknowledgement will be stamped to show receipt and returned to the person named in item 13. The stamped acknowledgement should be retained to substantiate filing.

MAIL THE FORM TO THE REGULATOR INDICATED IN ITEM 9.

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

Upload completed forms via the OCC's BankNet Web site
www.banknet.gov
For assistance call (202) 649-6360