

## Board of Governors of the Federal Reserve System

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## 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.

# Uniform Termination Notice for Municipal Securities Principal or Municipal Securities Representative Associated with a Bank Municipal Securities Dealer

1. Individual's Name:

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

2. Capacity (check all that apply):

Municipal Securities  Government Securities

3. Social Security Number (optional):

\_\_\_\_\_

4. Bank Municipal Securities Dealer:

A. \_\_\_\_\_  
Name

\_\_\_\_\_  
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

