

Board of Governors of the Federal Reserve System

July 31, 2019



Federal Deposit Insurance Corporation
Office of the Comptroller of the Currency

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.

PRIVACY ACT NOTICE

The Federal Reserve Board is authorized to request this information from you by Sections 3, 15B(c), 15C, 17 and 23 of Securities Exchange Act of 1934 (15 U.S.C. 78c, 78o-4, 78o-5, and 78q and 78w); and Section 11 of the Federal Reserve Act (12 U.S.C. 248). The purpose for collecting the information is to comply with the registration requirements of municipal securities dealers, municipal securities representatives, and U.S. Government securities brokers or dealers and associated persons contained in the Securities Exchange Act of 1934, and to support the Board's regulatory and supervisory functions. Furnishing the requested information is mandatory. Failure to provide the requested information in whole or in part may delay or prohibit the determination of your compliance with applicable registration and professional qualification requirements. The information you provide is protected by the Privacy Act, 5 U.S.C. 552(a). The information may be furnished to third parties as authorized by law and used according to any of the routine uses described in the Municipal or Government Securities Principals and Representatives System of Records (BGFRS-17), available at <https://www.gpo.gov/fdsys/pkg/PAI-2013-BGFRS/xml/PAI-2013-BGFRS.xml#bgfrs17>. If you have any questions or concerns about the collection or use of the information, you may contact the Secretary of the Board, Board of Governors of the Federal Reserve System, 20th Street and Constitution Avenue, NW, Washington, DC 20551.

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1. Individual's Name:

Last First Middle (if none, enter "N/A")

2. Capacity (check all that apply):

☐ Municipal Securities ☐ Government Securities

3. ~~Social Security Number (optional):~~

Not applicable
(remove text and
filing line from form)

4. Bank Municipal Securities Dealer:

5. Office of Employment Address:

A. _____
Name

Street Address

B. _____
Registration Number

City State Zip Code

C. _____
Main Street Address

6. Date Terminated:

City State Zip Code

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 (MM/DD/YYYY)

Person to contact for further information:

Name

Street Address

City State Zip Code

Area Code / Phone Number

13. _____
Attention

xx/2017 05/2016