Board of Governors of the Federal Reserve System OMB No. 7100-0101 Expires April 30, 2010 Federal Deposit Insurance Corporation OMB No. 3064-0022 Expires March 31, 2018 Office of the Comptroller of the Currency OMB No. 1557-0184 Expires April 30, 2007

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

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. sections 78o-4, 78q, and 78w.

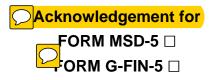
An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The information provided by each respondent is considered to be confidential.

REPORTING BURDEN: Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time to gather and maintain data in the required form and to review instructions and to complete the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Management and Budget, Washington, DC 20503, and, depending on your primary federal regulator, to Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, N.W. Washington, DC 2051; or to Assistant Executive Secretary, Federal Deposit Insurance Corporation, Washington, DC 20429; or to Legislative and Regulatory Analysis Division, Office of the Comptroller of the Currency, Washington, DC 20219.

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

| \mathbf{r} | | | | | | |
|---------------|--|--|---|-------------------------------|---|--------|
| \mathcal{O} | INDIVIDUAL'S NAME | Last | First | Middle (if none, write "n/a") | | |
| 2. | CAPACITY (check all that apply Municipal Securities |): | Gover | nment Securities | | |
| | SOCIAL SECURITY NUMBER | optional) | | | | |
|) | BANK MUNICIPAL SECURITIE | S DEALER: | | | | |
| 5 | | 8 | | | | |
| | OFFICE OF EMPLOYMENT A | DRESS | | | | |
| | | | | | | |
| 0 . | | Month | | lay | Year | |
|) . | (REASON FOR TERMINATION | (check one): | | | | |
| | *DISCHARGED | | | | | |
| *FU 8. | While associated with the deale | ACHED SHEET IF RELATED TO / r named in item 4, was the individu rernment agency or self-regulatory nd G-5 of the Municipal Securities | ual named in item 1 the organization (as defin | e subject of any investig | ation, proceeding, disqualifica f the Securities Exchange Act — | ation, |
| | ** FURNISH FULL DETAILS C | | | | | |
| | TO BE FILED WITH THE FOLL Comptroller of the Currency | OWING (check one):) | Federal Reserve Syste | em 🗌 Federal De | posit Insurance Corporation | |
| Date | e | Print Name of Securities Prin | | | ature of Municipal urities Principal | |
| | RSON TO CONTACT FOR FURT | HER INFORMATION | | | | |
| | CEPTANCE OF THIS FORM FOR | R FILING SHALL NOT CONSTITU | TE ANY FINDING TH | AT THE INFORMATION | N SUBMITTED HEREIN IS TR | UE, |

URRENT, COMPLETE, OR NOT MISLEADING. INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT MAY CONSTITUTE FEDERAL CRIMINAL VIOLATIONS. (See 18 U.S.C. sections 1001 and 1005, and 15 U.S.C. 78ff.)



| 10. | NAME OF PERSON TERMINATED | | | | | | | | | |
|---|---|---|---|-------------------------------|--|--|--|--|--|--|
| | | Last | First | Middle (if none, write "n/a") | | | | | | |
| 11. | Bank Municipal Securities Dealer Name | | | Return Receipt | | | | | | |
| 12. | Bank Municipal Securities Dealer Address | | | | | | | | | |
| | Attention: | | | | | | | | | |
| SHO | 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 | | | | | | | | | | |
| The Office of the Comptroller of the Currency Treasury and Market Risk (MS 7-1) 250 E. Street, S.W. Washington, DC 20219 | | | | | | | | | | |
| | Board of Governors of the Federal Reserve System Market and Liquidity Risk Section Mail Stop 185 20th and C Streets, N.W. Washington, DC 20551 | | | | | | | | | |
| | Divisi | on of Supervis olicy and Prog Ro 550 1 | sit Insurance Corporation sion and Consumer Pro gram Development Sectors from F-6044 7th Street, N.W. ligton, DC 20429 | tection | | | | | | |