



**FORM MSD-5**  
**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 \_\_\_\_\_

B. REGISTRATION NUMBER \_\_\_\_\_

C. MAIN ADDRESS \_\_\_\_\_  
\_\_\_\_\_

5. OFFICE OF EMPLOYMENT ADDRESS \_\_\_\_\_

6. DATE TERMINATED \_\_\_\_\_  
Month Day Year

7. REASON FOR TERMINATION (check one):  
\*RESIGNED .....       DECEASED.....   
\*DISCHARGED.....       \*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):  
Comptroller of the Currency       Board of Governors of the Federal Reserve System       Federal Deposit Insurance Corporation

\_\_\_\_\_  
Date Print Name of Municipal Securities Principal Signature of Municipal Securities Principal

PERSON TO CONTACT FOR FURTHER INFORMATION \_\_\_\_\_

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. sections 1001 and 1005, and 15 U.S.C. 78ff.)

**Acknowledgement for**  
**FORM MSD-5**   
**FORM G-FIN-5**

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 \_\_\_\_\_

\_\_\_\_\_

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

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

Federal Deposit Insurance Corporation  
Division of Supervision  
Securities, Capital Markets, and Trust Branch  
Room F-2052  
550 17th Street, N.W.  
Washington, DC 20429