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 December 31, 2011 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 20551; 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

1.	INDIVIDUAL'S NAME	Last	First	Middle (if none, write "n/a")				
		Lasi	Filst	widdle (il hone, while h/a)				
2.	CAPACITY (check all that apply): Municipal Securities		Governme	nt 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		DECE	EASED[				
	*DISCHARGED		*OTH	ier				
*FL	JRNISH FULL DETAILS ON ATTACHED SH	IEET IF RELATED TO	A VIOLATION OR PROBA	BLE VIOLATION OF BANKING OR SECURITIES LAV	٧.			
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 Boa	ard of Governors of the	Federal Reserve System	Federal Deposit Insurance Corporation				
Dat	te	Print Name of Securities Prir		Signature of Municipal Securities Principal				
PEI	RSON TO CONTACT FOR FURTHER INFO	RMATION						

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 and Consumer Protection Policy and Program Development Section Room F-6044 550 17th Street, N.W. Washington, DC 20429