OMB Number 3064-0026 Approval expires September 30, 2016 OMB Number 1557-0124 Approval expires August 31, 2016 Page 1 of 3

**Board of Governors of the Federal Reserve System Federal Deposit Insurance Corporation** Office of the Comptroller of the Currency







## Transfer Agent Registration and Amendment Form—Form TA-1

Under Sections 17(a)(3), 17A(c), and 23(a) of the Act and the rules and regulations thereunder, the ARA's are authorized to solicit from applicants for registration as a transfer agent and from registered transfer agents the information required to be supplied by Form TA-1. Disclosure to the ARA of the information requested in Form TA-1 is a prerequisite to the processing of Form TA-1.

The information will be used for the principal purpose of determining whether the ARA should allow an application for registration to become effective or should deny, accelerate, or postpone registration to an applicant.

Information supplied on this form will be available for inspection by any interested person.

An agency may not conduct or sponsor, and an organization (or a person) is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

## **Transfer Agent Registration and Amendment Form**

Please print or type all responses. Read all instructions before completing the form. Applicant must complete all information if registering as a transfer agent. For amendments, registrant must identify itself and the filing by answering questions 1 through 3. Thereafter, only answer questions that require amendment in addition to providing the name and signature of the person responsible, and the date (questions 14-16). Detailed guidance for each item on Form TA-1 appears in Part II (Special Instructions) of the instructions for Form TA-1.

1.	Appropriate Regulatory Agency (check one):			2.	Filing Status of this form (check one):			
	☐ Board of Governors of	the Federal Res	erve Svstem		Registration	1		
	Federal Deposit Insura		-			t to Registration		
	Office of the Comptrol	-			7 (110)	t to regionation		
3.	Full name of Registrant organization:			4.	4. Financial Industry Number Standard (FINS) Number:			
	Full Name							
	Previous Name (if being amended for name change)			_				
5.	Main Office Location of Registrant:			6.	6. Mailing Address:  Street Address			
	Street Address			_				
	City	State	Zip Code	_	City	State	Zip Code	
7.	Telephone Number:			8.	Registrant Prince Processing Acti	cipal Location where Trar ivities are:	nsfer Agent	
	Area Code / Phone Number	_			Street Address			
					City	State	Zip Code	
9.	List all other Registrant locations where Transfer Agent Processing Activities are conducted.  (Locations different from responses to questions 5 and 8 above):							
	Street Address			_	Street Address			
	City	State	Zip Code	_	City	State	Zip Code	
	Street Address			_	Street Address			
	City	- State	Zip Code	_	City	State	Zin Code	

## Transfer Agent Registration and Amendment Form—Continued

10.	Does Registrant act (or will it act) as a transfer agent solely for its own securities and/or securities of an affiliate(s)?						
	☐ Yes ☐ No						
11.	Has the Registrant contracted to have an outside organization perform transfer agent functions in the Registrant's name? ("Private Label" Servicing)						
	Yes No						
	If Yes, list the name(s) of Private Label Transfer Agents:	Appropriate Regulatory Agency (ARA) Assigned Registered Transfer Agent Number  8 -					
		8 -					
		8 -					
12.	pes the Registrant perform any private label transfer agent services for another Registered Transfer Agent?  Yes No						
		Appropriate Regulatory Agency (ARA)					
	If Yes, list the name(s) of the Named Transfer Agents:	Assigned Registered Transfer Agent Number					
		8 -					
		8 -					
		8 -					
		<u>8</u> -					
13.	<b>Execution:</b> The Registrant submitting this form, and the person executing it, hereby represent that all the information contained herein is true, correct, and complete.						
	<b>Attention:</b> Intentional misstatements or omissions of fact constitute federal crim 78ff(a).	ninal violations. See 18 U.S.C. 1001 and 15 U.S.C.					
14.	Full name of official responsible for form (print or type):	15.					
	First Name Middle Name Last Name	Signature of Official Responsible for form					
	14.a. Title of official responsible for form:	16.					
	Title	Date (MM/DD/YYYY)					