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”)

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 ☐ Bank 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
Special Activities Section
Mail Stop 406
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