

## Board of Governors of the Federal Reserve System

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

Under sections 2, 17A(c), 17(a)(3), and 23(a) of the Securities Exchange Act of 1934 and the rules and regulations thereunder, the appropriate regulatory agencies (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 the 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):

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

2. Filing Status of this form (check one):

- Registration
- Amendment to Registration

3. Full name of Registrant organization:

\_\_\_\_\_

Full Name

\_\_\_\_\_

Previous Name (if being amended for name change)

4. Financial Industry Number Standard (FINS) Number:

5. Main Office Location of Registrant:

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip Code

6. Mailing Address:

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip Code

7. Telephone Number:

\_\_\_\_\_

Area Code / Phone Number

8. Registrant Principal Location where Transfer Agent Processing Activities are:

\_\_\_\_\_

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

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip 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. Does the Registrant perform any private label transfer agent services for another Registered Transfer Agent?

Yes  No

If Yes, list the name(s) of the Named Transfer Agents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appropriate Regulatory Agency (ARA)  
Assigned Registered Transfer Agent Number

8	-
8	-
8	-
8	-
8	-

13. **Execution:** The Registrant submitting this form, and the person executing it, hereby represent that all the information contained herein is true, correct, and complete.

**Attention:** Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

14. Full name of official responsible for form (print or type):

\_\_\_\_\_  
First Name Middle Name Last Name

15.

\_\_\_\_\_  
Signature of Official Responsible for form

14.a. Title of official responsible for form:

\_\_\_\_\_  
Title

16.

\_\_\_\_\_  
Date (MM/DD/YYYY)