

THE COMMONWEALTH OF MASSACHUSETTS DIVISION OF BANKS One Federal Street, Suite 710, Boston, Massachusetts 02110

## INSTRUCTIONS

## THIS AMENDMENT FORM MUST BE TYPED.

Please submit this AMENDMENT by email to <u>dob.ftannualreport@mass.gov.</u>

The Division of Banks (Division) will not accept this Amendment by mail. For further assistance please contact the Licensing Unit at (617) 956-1500, ext. 61479.

(C Se	hec ectio	NDMEI ck Box on tha g Ame	for t is			INT/DELEGATE LOCATION MANAGER GRAPHICAL STATEMENT & CONSENT					
Legal Name of Applicant (i.e. the licensed foreign transmittal agency):				NMLS Number of Applicant (i.e. the licensed foreign transmittal agency):							
1. □ Identifying Information: If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation.											
Please provide legal documentation of your legal name change.											
			Last Name	F	First Nam	e	Full Middle Nam	าย	Suffix (if any	/)	
B. Business Phone (Including Extension) Home Phone (Optional) Cell Phone (Optional)											
			Fax Line (O	otional)		Email Address					
:		-	oyment Hist	-	section i	is: New Employm	nent (N) or the Re	emoval of Pr	ior Informati	on (R)	
Check Appropriate Box Below if the applicable section is: New Employment (N) or the Removal of Prior Information (R) Starting with current employment, provide new employment information. Indicate by "YES" or "NO" whether the employment is/was financial service-related business. (Attach additional sheets as needed.)											
N	R	From (MM/YYY)		(company name)	(no	Position Held previations)	Address/City	State and Postal Code	Country/ Province	Financ Service Relate <b>Yes</b>	es-
	N/A		Current								

3.	New Financial Services Business 🗆			
Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non-financial services-related activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details (attach additional sheets as needed.):				
	Business Name Does this business conduct financial services-related activities?  Yes No			
	Number & Street         City         State         Country/Province         Postal Country/Province	de		
	Nature of business:			
	Position, Title or Relationship with business:			
	Start Date: Hours per month:			
	Describe your duties:			
4.				
	inswer to any of the following is "YES", provide complete details of all events or proceedings. The agent/delegate lo he Applicant and the Applicant must file updates to these disclosures as needed.	cation mai	nager must	
(0)	Financial Disclosure	YES	NO	
(A)	(1) Have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition within the past 10 years?			
	<ul> <li>(2) Based upon events that occurred while you exercised control over an organization, has any organization filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition within the past 10 years?</li> </ul>			
	(3) Have you been the subject of a foreclosure action within the past 10 years?			
(B)	Has a bonding company ever denied, paid out on, or revoked a bond for you?			
(C)	Based upon activities that occurred while you exercised control over an organization, has any bonding company ever denied, paid out on, or revoked a bond for any organization?			
(D)	Do you have any unsatisfied judgments or liens against you?			
(E)	Are you delinquent on any court ordered child support payments?			
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Criminal Disclosure	
(F)	
(1) Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or	
military court to any felony?	
<ul><li>(2) Are there pending charges against you for any felony?</li><li>(G) Based upon activities that occurred while you exercised control over an organization:</li></ul>	
<ul> <li>(1) Has any organization ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?</li> </ul>	
(2) Are there pending charges against any organization for any felony?	
<ul> <li>(H)</li> <li>(1) Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to committing or conspiring to commit a misdemeanor involving: (i) financial services or a financial services-related business, (ii) fraud, (iii) false statements or omissions, (iv) theft or wrongful taking of property, (v) bribery, (vi) perjury, (vii) forgery, (viii) counterfeiting, or (ix) extortion?</li> </ul>	
(2) Are there pending charges against you for a misdemeanor specified in (H(1)?	
(I) Based upon activities that occurred while you exercised control over an organization:	
(1) Has any organization ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any misdemeanor specified in (H)(1)?	
(2) Are there pending charges against any organization for any misdemeanor specified in (H)(1)?	
Civil Judicial Disclosure	
(J) (1) Has any domestic or foreign court ever:	
(a) enjoined you in connection with any financial services-related activity?	
(b) found that you were involved in a violation of any financial services-related statute(s) or regulation(s)?	
(c) dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against you by a State, federal, or foreign financial regulatory authority?	
(2) Is there a pending financial services-related civil action in which you are named for any alleged violation described in (J)(1)?	
(3) Based upon activities that occurred while you exercised control over an organization, is there a pending financial services-related civil action in which any organization is named for any alleged violation described in (J)(1)?	
Regulatory Action Disclosure	
(K) Has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory organization (SRO) ever:	
(1) found you to have made a false statement or omission or been dishonest, unfair or unethical?	
(2) found you to have been involved in a violation of a financial services-related business regulation(s) or statute(s)?	
(3) found you to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?	
(4) entered an order against you in connection with a financial services-related activity?	
(5) revoked your registration or license?	
(6) denied or suspended your registration or license or application for licensure, disciplined you, or otherwise by order, prevented you from associating with a financial services-related business or restricted your activities?	
(7) barred you from association with an entity regulated by such commissions, authority, agency, or officer, or from engaging in a financial services-related business?	
(8) issued a final order against you based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	
Agent/Delegate Location Manager Biographical Statement & Consent-Amendment Effective Date 2/10/2025	Page 4 of 5

(9) entered an order concerning you in connection with any license or registration?					
(L) Have you ever had an authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended?					
(M) Based upon activities that occurred while you exercised control over an organization, has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory organization (SRO) ever taken any of the actions listed in (K) through (L) above against any organization?					
(N) Is there a pending regulatory action proceeding against you for any alleged violation described in (K) through (L)?					
(O) Based upon activities that occurred while you exercised control over an organization, is there a pending regulatory action proceeding against any organization for any alleged violation described in (K) through (L)?					
Customer Arbitration/Civil Litigation Disclosure					
(P) Have you ever been named as a respondent/defendant in a financial services-related consumer-initiated arbitration or civil litigation which:					
(1) is still pending?					
(2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required					
corrective action?					
(3) was settled for any amount?					
Termination Disclosure					
(Q) Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that you were accused of:					
(1) violating statute(s), regulations(s), rule(s), or industry standards or conduct?					
(2) fraud, dishonesty, theft, or the wrongful taking of property?					
5. Individual's Acknowledgment & Consent					
<ul> <li>I swear or affirm that I have executed this form of my own free will and that I am attesting to this application and that I agree to and represent the following: <ul> <li>(A) That I have read and understand the items and instructions on this form;</li> <li>(B) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part of this application, are current, true and complete and are made under the penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law;</li> <li>(C)That the Division of Banks may conduct any investigation into my background, in accordance with all laws and regulations; and (G) That I will keep the information contained in this form current and to file supplementary information on a timely basis.</li> </ul> </li> </ul>					
Date (MM/DD/YYYY)       Signature of agent/delegate manager         Print individual's name       Individual's Acknowledgment & Consent must always be completed in full with signature.					
6. Applicant's Representation					
To the best of my knowledge and belief, the agent/delegate location manager identified herein is fully qualified for the position for which application is being made. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application.					
By					
Foreign Transmittal Company Name Signature of authorized party Print Name and Title of a and NMLS #	authorized	party			