Reset Form

FR T-4
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Pershing LoanAdvance Form NPT4

LoanAdvance® Account Number:

BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM

STATEMENT OF PURPOSE FOR AN EXTENSION OF CREDIT BY A CREDITOR (FEDERAL RESERVE FORM T-4)

PERSHING LLC

Name of Creditor

This report is required by law (15 U.S.C. 78g and 78w; 12 CFR 220).

The Federal Reserve 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.

Public reporting burden for this collection of information is estimated to average ten minutes per response, including the time to gather and maintain data in the required form and to review instructions and 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 Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, N.W., Washington, D.C.20551; and to the Office of Management and Budget, Paperwork Reduction Project (7100-0019), Washington, D.C. 20503.

INSTRUCTIONS

1. This form must be completed only if the purpose of the credit being extended is not to purchase, carry, or trade in securities and the credit is in excess of that otherwise permitted under Regulation T. (See§220.6 (e)(2)).
2. Please print or type (if space is inadequate, attach separate sheet).

PART I To be completed by customer(s).

1. What is the amount of the credit being extended? _____
2. The borrower acknowledges that no part of this credit will be used to purchase, carry, or trade securities. The purpose of the credit is described in detail as follows:

_____

_____

3. Are any of the securities listed in Part II to be delivered, or have any such securities been delivered from a bank, broker, dealer, or other person on a "delivery against payment" basis? ☐ Yes ☐ No

I (We) have read this form and certify that to the best of my (our) knowledge and belief the information given is true, accurate, and complete. Unless otherwise noted in the respective section on page two, the collateral supporting the extension of credit is maintained in the brokerage account referenced above.

Signed:

Borrower's Signature **Date**

Print or Type Name

Signed:

Borrower's Signature **Date**

Print or Type Name

This form should not be signed if blank.

A borrower who falsely certifies the purpose of a credit on this form or otherwise willfully or intentionally evades the provisions of Regulation T will also violate Federal Reserve Regulation X, "Borrowers of Securities Credit."

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PART II To be completed by creditor.

The following is a list of collateral, if any, securing this credit.

1. Collateral consisting of securities with loan value under Regulation T (refer to the Supplement to Regulation T).

Number of shares or other unit	Itemize separately by issue	Market price	Date and source of valuation (See note below)	Total market value per issue

2. Collateral consisting of securities having no loan value under Regulation T.

Number of shares or other unit	Itemize separately by issue	Market price	Date and source of valuation (See note below)	Total market value per issue

3. Other collateral.

Itemize	Current market value	Date and source of valuation (See note below)	Good faith loan value

NOTE: Creditor need not complete "Date and source of valuation" if the market value was obtained from regularly published or disseminated information in either a journal of general circulation or an automated quotation system.

FOR BROKER-DEALER USE ONLY:

I am a duly authorized representative of the introducing broker-dealer and have approved the issuance of the amount of credit being extended to the borrower and I certify that, to the best of my knowledge and belief, all the information given is true, accurate, and complete.

Introducing Broker-Dealer Name

Branch Manager/Supervisor (Print Name) **Title**

Signature **Date**

FOR PERSHING LLC USE ONLY:

I am a duly authorized representative of the creditor. I have read this form and any attachments, and have accepted the client's statement in Part I in good faith as defined below.* I certify that to the best of my knowledge and belief, all the information given is true, accurate, and complete.

Signed:

Authorized Representative's Name (Print) **Title**

Authorized Representative's Signature **Date**

*To accept the customer's statement in good faith, the duly authorized representative of the creditor must be alert to the circumstances surrounding the credit and, if in possession of any information that would cause a prudent person not to accept the statement without inquiry, must have investigated and be satisfied that the statement is truthful. Among the facts which would require such investigation are receipt of the statement through the mail or from a third party.

This form must be retained by the lender for three years after the credit is extinguished.