

DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF SECURITIES
1025 Capital Center Drive, Suite 200
Frankfort, KY 40601
1-800-223-2579

APPLICATION FOR RENEWAL OF ISSUER AGENT REGISTRATION

In compliance with Section 292.331 of the Kentucky Revised Statutes, the Issuer named below requests renewal of agent registrations for the period of _____ until _____.

Name of Issuer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

On behalf of the Issuer, the undersigned respectfully requests renewal of the registration(s) of the issuer agent(s) listed on this form. In accordance with KRS 292.331(5), by signing below the Issuer affirms either: (a) there have been no material changes in the agent's information since the most recent U4 was submitted to the Division or (b) an updated U4 which discloses all material changes in the agent's information is included with this renewal application.

Signed by: _____ Title: _____

Contact Email Address (Required) _____

NOTE: Attach a renewal fee check (number of agents x \$50.00) to this application. Please make check payable to: **Kentucky State Treasurer**. (NO PERSONAL CHECKS ACCEPTED)

PLEASE LIST BELOW ALL AGENTS FOR WHOM APPLICATION FOR RENEWAL OR REGISTRATION IS REQUIRED.

<u>SS#</u>	<u>AGENT'S FULL NAME</u>	<u>BUSINESS ADDRESS</u>
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