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Please Type
Print Clearly

FORM X-17F-1A
MISSING/LOST/STOLEN/COUNTERFEIT
SECURITIES REPORT

1. **REPORTING INSTITUTION:** NAME _____

ADDRESS _____

ZIP CODE _____

ATTENTION _____
TELEPHONE NO. _____

FINS/SIC IDENTIFIER NUMBER ____ () () ()

2. **TYPE OF REPORT:** ☐ LOSS ☐ RECOVERY ☐ UPDATE

3. **DATE OF LOSS/RECOVERY** _____

4. **TYPE OF LOSS:** ☐ MAIL ☐ DELIVERY ☐ ON PREMISES ☐ CLEARING ☐ OTHER _____

5. **TYPE OF SECURITY:** ☐ COMMON STOCK ☐ PREFERRED STOCK ☐ CORPORATE BOND

☐ MUNICIPAL BOND ☐ GOVERNMENT/AGENCY ☐ OTHER _____

6. **NAME OF ISSUE** _____

7. **INTEREST RATE** _____ 8. **MATURITY DATE** _____

9. **CUSIP NUMBER** ____

10. ☐ **BEARER/NAME OF REGISTERED HOLDER** _____

11. **CERTIFICATES/SERIAL NUMBERS**

12. **DENOMINATION/SHARES**

13. **ISSUE DATE**

14. ☐ **ADDITIONAL PAGES ATTACHED** 15. **TOTAL CURRENT MARKET OR FACE VALUE \$** _____

16. ☐ **COUNTERFEIT** _____

If Counterfeit --Distinguishing Characteristics

17. ☐ **CRIMINALITY INDICATED** **REPORTS FILED WITH:** 18. ☐ **FBI** 19. ☐ **LOCAL POLICE**

20. ☐ **TRANSFER/PAY AGENT** _____

21. ☐ **INSURANCE CO.** _____

22. _____ 23. _____
AUTHORIZED SIGNATURE DATE