

STATE OF WISCONSIN  
DEPARTMENT OF FINANCIAL INSTITUTIONS

**Courier Address:**  
4822 Madison Yards Way  
North Tower  
Madison, WI 53705

Division of Securities



**Mailing Address:**  
Department of Financial Institutions  
Division of Securities  
PO Box 1768  
Madison, WI 53701-1768  
(608) 266-2139; TTY: 711  
[DFISecurities@dfi.wisconsin.gov](mailto:DFISecurities@dfi.wisconsin.gov)  
[dfi.wi.gov](http://dfi.wi.gov)

**Securities Agent Simultaneous Registration Disclosure Application**

For a securities agent to simultaneously represent more than one broker-dealer or issuer who are not affiliated by direct or indirect common control, [Wis. Stat. s. 551.402\(5\)-\(6\)](#), requires that the Division of Securities grant approval in writing prior to the agent engaging in such activities. That statute and [Wis. Admin. Code s. DFI-Sec 4.01\(8\)](#), thereunder, requires a written application, which may be a copy of the Form U4 or in letter form, to be filed with the division in addition to this disclosure form that contains certain required information.

[Wis. Admin. Code s. 4.01\(8\)](#) requires that **EACH** broker-dealer or issuer the agent represents to grant written permission to the agent to represent specified other employers, to list all restrictions they have imposed on the agent's securities activities, and to provide written disclosure of such information to the applicant's customers.

**Also, the rule requires the agent to sign the disclosure form. Each employing broker-dealer or issuer must provide with this application a copy of the form of written disclosure that will be used to advise clients of the agent's simultaneous registration status.**

Approval of the application for simultaneous registration, if granted, will be evidenced on this form by the Administrator (or a designee) and a copy supplied to each of the agent's broker-dealer or issuer employers. Alternatively, the division may communicate its approval in another written form such as an email message.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities. This form is required under [Wis. Stat. s. 551.402](#). *Failure to comply within 30 days may result in the denial of a registration.*

**EACH PARTICIPATING BROKER-DEALER OR ISSUER  
MUST COMPLETE THE ASIM(WI) FORM  
WHICH FOLLOWS ON THE NEXT PAGE**

**Securities Agent Simultaneous Registration Disclosure Application**

**A Separate Application Must Be Completed By Each Participating Broker-Dealer or Issuer**

The undersigned \_\_\_\_\_ (name of broker-dealer or issuer) acknowledges that \_\_\_\_\_ (name of applicant) is/seeks to become (cross-out as applicable) registered in Wisconsin as a securities agent to represent the undersigned.

The undersigned hereby grants permission for the applicant identified above to be simultaneously registered with the undersigned as well as the following securities broker-dealer(s) or issuer(s):

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

The undersigned hereby grants permission for the applicant identified above to simultaneously represent the other securities broker-dealers or issuers listed in the above paragraph, subject to the following restrictions:

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

The undersigned agrees to provide to each securities customer of the undersigned, written disclosure of the information contained on this form regarding the simultaneous representation by the above identified applicant of more than one broker-dealer or issuer not later than the date of receipt of the confirmation for the first securities transaction for the account of the customer effectuated by the agent after simultaneous registration of the agent is approved by the division.

Printed Name of Appropriate Signatory: \_\_\_\_\_

Title of Appropriate Signatory: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Signatory: \_\_\_\_\_

I acknowledge and verify that the employment information listed above is accurate and agree to the restrictions placed upon my securities activities.

Date: \_\_\_\_\_ Signature of Agent: \_\_\_\_\_

This form is required under [Wis. Stat. s. 551.402](#). Failure to comply within 30 days may result in fines, penalties, or revocation of your registration.

**FOR DIVISION OF SECURITIES OFFICE USE ONLY**

Simultaneous Registration Approved: \_\_\_\_\_ Date: \_\_\_\_\_