

**THE COMMONWEALTH OF MASSACHUSETTS
SECRETARY OF THE COMMONWEALTH
SECURITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108**

DEFERRAL REQUEST FORM—AGENT

_____ hereby amends
Name of Firm
the application for registration of _____
Name of Agent
as an agent of _____
Name of Firm
in Massachusetts and requests a deferral of the thirty-day time period set forth in M.G.L. c.110A,
§202 for action by the Securities Division with respect to the application.

The undersigned hereby certifies that he/she has the authority to amend the application and to
make this request for a deferral on behalf of _____
Name of Firm
_____ and on behalf of _____
Name of Agent
and does so pursuant to that authority.

Signature

Print Name and Title

Date