**Office of Financial Regulation**

**Notification of Delay of Disbursement/Transaction from Account of Specified Adult**

**Form OFR-DLY**

**Notification to the Office by Firms Delaying a Disbursement or Transaction from an Account of a Specified Adult**

This form shall be used by any dealer or investment adviser (“firm”) who delays a disbursement or transaction of funds or securities from an account of a specified adult, as defined in section 517.34, Florida Statutes, or an account for which a specified adult is a beneficiary or beneficial owner to notify the Office of Financial Regulation (“Office”) of the delay as required by section 517.34, Florida Statutes.

Notification forms shall be submitted to the following e-mail address: OFR-Delay@flofr.gov.

**Instructions**

*If you have any questions or need assistance in completing this notification form, please contact the Office of Financial Regulation at* ***(850) 487-9687.***

Complete each section of the form in its entirety.

**Section I – Information on Firm Placing Delay**

* Identify the date you are submitting this form to the Office.
* Indicate, by checking the appropriate box, whether the form being submitted is notifying the Office of an initial delay or that an extension has been applied to a delay.
* Identify the firm placing the delay.
* Identify the date the delay was first made and the date a delay extension was first applied, if applicable.
* Identify the individual at the firm with the authority to make the delay. Use the name as it appears on the individual’s Social Security card. Do not use nicknames or initials.
* Provide the title of the individual at the firm with the authority to make the delay.
* Under Business Address, provide the business address for the individual at the firm with the authority to make the delay.

**Section II – Information about the Specified Adult**

* Identify the gender, age, and residential zip code of the specified adult.
* NOTE: **DO NOT** include other information on this form which would identify the specified adult, including but not limited to, the specified adult’s name, social security number, address, contact information, or account number. **This form is not exempt from production under Florida’s public record laws.**

**Section III – Questions**

* Indicate the proper “yes” or “no” response by placing an “X” in the appropriate box.

**Office of Financial Regulation**

**Notification of Delay of Funds/Securities from an Account of a Specified Adult**

**Form OFR-DLY**

**Section I – Information on Firm Placing the Delay**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Notice Submitted to the Office: | | | | | |
| **❑** Notification of Initial Delay **❑** Notification of Delay Extension | | | | | |
| **FIRM** | | | | | |
| Firm Name: | | | | | |
| Date Delay First Placed: | | | | | |
| Date Delay Extension Applied: | | | | | |
| **INDIVIDUAL AUTHORIZING THE DELAY** | | | | | |
| Last/Surname: | First: | | Middle: | | Suffix: |
| Title: | | | | | |
| **BUSINESS ADDRESS** | | | | | |
| Street Address or P.O. Box: | | | | | |
| City: | | State: | | Zip Code: | |
| Country: | | | | | |

**Section II – Information about the Specified Adult**

|  |
| --- |
| **SPECIFIED ADULT INFORMATION** |
| Gender: |
| Age: |
| Residential Address Zip Code: |

**Section III - Questions**

|  |  |  |
| --- | --- | --- |
| **PLEASE ANSWER *YES* OR *NO* TO THE FOLLOWING QUESTIONS** | | |
| **YES** | **NO** |  |
|  |  | Is financial exploitation of a specified adult suspected in connection with a disbursement or transaction? |
|  |  | Are funds currently at risk of being lost? |

|  |
| --- |
| **THE OFFICE MAY TAKE DISCIPLINARY ACTION AGAINST ANY PERSON MAKING A KNOWING AND WILLFUL MISREPRESENTATION ON THIS FORM.** |