

B. Event Disclosure Detail (include Charge(s)/Charge Description(s), and for each charge provide: (1) number of counts, (2) *felony* or *misdemeanor*, (3) plea for each charge, and (4) product type if charge is *investment-related*.)

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C. Did any of the Charge(s) within the Event involve a *felony*?     Yes     No

D. Current status of the Event?     Pending     On Appeal     Final

E. Event Status Date (complete unless status is Pending) (MM/DD/YYYY): \_\_\_\_\_

Exact     Explanation

If not exact, provide explanation: \_\_\_\_\_

4. Disposition Disclosure Detail: Include for each charge (a) Disposition Type (e.g., convicted, acquitted, dismissed, pretrial, etc.), (b) Date, (c) Sentence/Penalty, (d) Duration (if sentence-suspension, probation, etc.), (e) Start Date of Penalty, (f) Penalty/Fine Amount, and (g) Date Paid.

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5. Provide a brief summary of circumstances leading to the charge(s) as well as the disposition. Include the relevant dates when the conduct which was the subject of the charge(s) occurred. (Your response must fit within the space provided.)

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**REGULATORY ACTION DISCLOSURE REPORTING PAGE (ADV)**

*GENERAL INSTRUCTIONS*

This Disclosure Reporting Page (DRP ADV) is an  INITIAL **OR**  AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Check item(s) being responded to:

- 11.C(1)     11.C(2)     11.C(3)     11.C(4)     11.C(5)
- 11.D(1)     11.D(2)     11.D(3)     11.D(4)     11.D(5)
- 11.E(1)     11.E(2)     11.E(3)     11.E(4)
- 11.F.         11.G.

Use a separate DRP for each event or *proceeding*. The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

**PART I**

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- You (the advisory firm)
- You and one or more of your *advisory affiliates*
- One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name).

If the *advisory affiliate* has a CRD number, provide that number. If not, indicate “non-registered” by checking the appropriate box.

Your Name

Your CRD Number

\_\_\_\_\_

\_\_\_\_\_

**ADV DRP - ADVISORY AFFILIATE**

CRD Number

This *advisory affiliate* is  a firm     an individual  
Registered:                     Yes         No

\_\_\_\_\_

Name (For individuals, Last, First, Middle)

- 
- This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
  - This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority*, you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

- This DRP should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:
- 
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- B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.
- Yes     No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records.

## PART II

1. Regulatory Action initiated by:
- SEC     Other Federal     State     *SRO*     Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state or *SRO*)

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2. Principal Sanction (check appropriate item):

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Civil and Administrative Penalty(ies)/Fine(s) | <input type="checkbox"/> Disgorgement | <input type="checkbox"/> Restitution |
| <input type="checkbox"/> Bar   | <input type="checkbox"/> Expulsion    | <input type="checkbox"/> Revocation  |
| <input type="checkbox"/> Cease and Desist                              | <input type="checkbox"/> Injunction   | <input type="checkbox"/> Suspension  |
| <input type="checkbox"/> Censure                                       | <input type="checkbox"/> Prohibition  | <input type="checkbox"/> Undertaking |

Denial  Reprimand  Other \_\_\_\_\_

Other Sanctions:

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3. Date Initiated (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation: \_\_\_\_\_

4. Docket/Case Number: \_\_\_\_\_

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):

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6. Principal Product Type (check appropriate item):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Annuity(ies) - Fixed    | <input type="checkbox"/> Derivative(s)                                    | <input type="checkbox"/> Investment Contract(s)   |
| <input type="checkbox"/> Annuity(ies) - Variable | <input type="checkbox"/> Direct Investment(s) -<br>DPP and LP Interest(s) | <input type="checkbox"/> Money Market Fund(s)     |
| <input type="checkbox"/> CD(s)                   | <input type="checkbox"/> Equity - OTC                                     | <input type="checkbox"/> Mutual Fund(s)           |
| <input type="checkbox"/> Commodity Option(s)     | <input type="checkbox"/> Equity Listed (Common &<br>Preferred Stock)      | <input type="checkbox"/> No Product               |
| <input type="checkbox"/> Debt - Asset Backed     | <input type="checkbox"/> Futures - Commodity                              | <input type="checkbox"/> Options                  |
| <input type="checkbox"/> Debt - Corporate        | <input type="checkbox"/> Futures - Financial                              | <input type="checkbox"/> Penny Stock(s)           |
| <input type="checkbox"/> Debt - Government       | <input type="checkbox"/> Index Option(s)                                  | <input type="checkbox"/> Unit Investment Trust(s) |
| <input type="checkbox"/> Debt - Municipal        | <input type="checkbox"/> Insurance  | <input type="checkbox"/> Other                    |

Other Product Types:

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7. Describe the allegations related to this regulatory action (your response must fit within the space provided):

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8. Current status?     Pending         On Appeal         Final

9. If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:

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If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved (check appropriate item):

- Acceptance, Waiver & Consent (AWC)     Dismissed                       Vacated
- Consent     Order                               Withdrawn
- Decision     Settled                               Other \_\_\_\_\_
- Decision & Order of Offer of Settlement     Stipulation and Consent

11. Resolution Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation: \_\_\_\_\_

12. Resolution Detail:

A. Were any of the following Sanctions *Ordered* (check all appropriate items)?

- Monetary/Fine                       Revocation/Expulsion/Denial         Disgorgement/Restitution

Amount: \$ \_\_\_\_\_  Censure     Cease and Desist/Injunction     Bar

- Suspension

B. Other Sanctions *Ordered*:

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Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:

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- 13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).

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**CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (ADV)**

*GENERAL INSTRUCTIONS*

This Disclosure Reporting Page (DRP ADV) is an  INITIAL **OR**  AMENDED response used to report details for affirmative responses to Item 11.H. of Part 1A and Item 2.F. of Part 1B of Form ADV.

Check Part 1A item(s) being responded to:  11.H(1)(a)     11.H(1)(b)     11.H(1)(c)  
 11.H(2)  
 Check Part 1B item(s) being responded to:  2.F(1)     2.F(2)     2.F(3)  
 2.F(4)     2.F(5)

Use a separate DRP for each event or *proceeding*. The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Item 11.H. of Part 1A or Item 2.F. of Part 1B. Use only one DRP to report details related to the same event. Unrelated civil judicial actions must be reported on separate DRPs.

**PART I**

- A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):  
 You (the advisory firm)  
 You and one or more of your *advisory affiliates*  
 One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name).

If the *advisory affiliate* has a CRD number, provide that number. If not, indicate “non-registered” by checking the appropriate box.

Your Name

Your CRD Number

\_\_\_\_\_

\_\_\_\_\_

**ADV DRP - ADVISORY AFFILIATE**

CRD Number

This *advisory affiliate* is  a firm     an individual  
 Registered:     Yes     No

\_\_\_\_\_

Name (For individuals, Last, First, Middle)



- 
- This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
  - This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority*, you may remove a DRP for an event you reported only in response to Item 11.H.(1)(a), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

- This DRP should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:
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B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

- Yes     No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records.

## PART II

1. Court Action initiated by: (Name of regulator, *foreign financial regulatory authority*, *SRO*, commodities exchange, agency, firm, private plaintiff, etc.)

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2. Principal Relief Sought (check appropriate item):

- |   |                                       |  |  |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Cease and Desist               | <input type="checkbox"/> Disgorgement | <input type="checkbox"/> Money Damages<br>(Private/Civil<br>Complaint) | <input type="checkbox"/> Restraining Order |
| <input type="checkbox"/> Civil Penalty(ies)<br>/Fine(s) | <input type="checkbox"/> Injunction   | <input type="checkbox"/> Restitution                                   | <input type="checkbox"/> Other _____       |

Other Relief Sought:

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3. Filing Date of Court Action (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation: \_\_\_\_\_

4. Principal Product Type (check appropriate item):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Annuity(ies) - Fixed    | <input type="checkbox"/> Derivative(s)                                    | <input type="checkbox"/> Investment Contract(s)   |
| <input type="checkbox"/> Annuity(ies) - Variable | <input type="checkbox"/> Direct Investment(s) -<br>DPP and LP Interest(s) | <input type="checkbox"/> Money Market Fund(s)     |
| <input type="checkbox"/> CD(s)                   | <input type="checkbox"/> Equity - OTC                                     | <input type="checkbox"/> Mutual Fund(s)           |
| <input type="checkbox"/> Commodity Option(s)     | <input type="checkbox"/> Equity Listed (Common &<br>Preferred Stock)      | <input type="checkbox"/> No Product               |
| <input type="checkbox"/> Debt - Asset Backed     | <input type="checkbox"/> Futures - Commodity                              | <input type="checkbox"/> Options                  |
| <input type="checkbox"/> Debt - Corporate        | <input type="checkbox"/> Futures - Financial                              | <input type="checkbox"/> Penny Stock(s)           |
| <input type="checkbox"/> Debt - Government       | <input type="checkbox"/> Index Option(s)                                  | <input type="checkbox"/> Unit Investment Trust(s) |
| <input type="checkbox"/> Debt - Municipal        | <input type="checkbox"/> Insurance  | <input type="checkbox"/> Other                    |

Other Product Types:

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5. Formal Action was brought in (include name of Federal, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case Number):

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6. *Advisory Affiliate* Employing Firm when activity occurred which led to the civil judicial action (if applicable):

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7. Describe the allegations related to this civil action (your response must fit within the space provided):

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8. Current status?    Pending       On Appeal       Final

9. If on appeal, action appealed to (provide name of court) and Date Appeal Filed (MM/DD/YYYY):

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10. If pending, date notice/process was served (MM/DD/YYYY): \_\_\_\_\_     Exact  
 Explanation

If not exact, provide explanation: \_\_\_\_\_

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 14 only.

11. How was matter resolved (check appropriate item):

Consent                       Judgment Rendered       Settled  
 Dismissed                       Opinion                       Withdrawn       Other \_\_\_\_\_

12. Resolution Date (MM/DD/YYYY): \_\_\_\_\_     Exact     Explanation

If not exact, provide explanation: \_\_\_\_\_

13. Resolution Detail:

A. Were any of the following Sanctions *Ordered* or Relief Granted (check appropriate items)?

Monetary/Fine               Revocation/Expulsion/Denial       Disgorgement/Restitution  
Amount: \$ \_\_\_\_\_     Censure     Cease and Desist/Injunction     Bar  
 Suspension

B. Other Sanctions:

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C. Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement, or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:

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14. Provide a brief summary of circumstances related to the action(s), allegation(s), disposition(s) and/or finding(s) disclosed above (your response must fit within the space provided).

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# FORM ADV (Paper Version)

## UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION

**PART 1B**

You must complete this Part 1B only if you are applying for registration, or are registered, as an investment adviser with any of the state securities authorities.

### Item 1 State Registration

Complete this Item 1 if you are submitting an initial application for state registration or requesting additional state registration(s). Check the boxes next to the states to which you are submitting this application. If you are already registered with at least one state and are applying for registration with an additional state or states, check the boxes next to the states in which you are applying for registration. Do not check the boxes next to the states in which you are currently registered or where you have an application for registration pending.

- |                             |                             |                             |                             |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> CT | <input type="checkbox"/> HI | <input type="checkbox"/> KY | <input type="checkbox"/> MN | <input type="checkbox"/> NH | <input type="checkbox"/> OH | <input type="checkbox"/> SC | <input type="checkbox"/> VA |
| <input type="checkbox"/> AK | <input type="checkbox"/> DE | <input type="checkbox"/> ID | <input type="checkbox"/> LA | <input type="checkbox"/> MS | <input type="checkbox"/> NJ | <input type="checkbox"/> OK | <input type="checkbox"/> SD | <input type="checkbox"/> WA |
| <input type="checkbox"/> AZ | <input type="checkbox"/> DC | <input type="checkbox"/> IL | <input type="checkbox"/> ME | <input type="checkbox"/> MO | <input type="checkbox"/> NM | <input type="checkbox"/> OR | <input type="checkbox"/> TN | <input type="checkbox"/> WV |
| <input type="checkbox"/> AR | <input type="checkbox"/> FL | <input type="checkbox"/> IN | <input type="checkbox"/> MD | <input type="checkbox"/> MT | <input type="checkbox"/> NY | <input type="checkbox"/> PA | <input type="checkbox"/> TX | <input type="checkbox"/> WI |
| <input type="checkbox"/> CA | <input type="checkbox"/> GA | <input type="checkbox"/> IA | <input type="checkbox"/> MA | <input type="checkbox"/> NE | <input type="checkbox"/> NC | <input type="checkbox"/> PR | <input type="checkbox"/> UT |                             |
| <input type="checkbox"/> CO | <input type="checkbox"/> GU | <input type="checkbox"/> KS | <input type="checkbox"/> MI | <input type="checkbox"/> NV | <input type="checkbox"/> ND | <input type="checkbox"/> RI | <input type="checkbox"/> VT |                             |

### Item 2 Additional Information

A. Person responsible for supervision and compliance:

|   |                    |                     |                    |
|---|--------------------|---------------------|--------------------|
| (name)  |                    |                     |                    |
| (title)   |                    |                     |                    |
| (area code)   | (telephone number) | (area code)         | (facsimile number) |
| (number and street)                                       |                    |                     |                    |
| (city)  | (state/country)    | (zip+4/postal code) |                    |
| (electronic mail (e-mail) address, if the person has one) |                    |                     |                    |

If this address is a private residence, check this box:

B. Bond/Capital Information, if required by your home state.

- (1) Name of Issuing Insurance Company:  
\_\_\_\_\_
- (2) Amount of Bond: \$\_\_\_\_\_.00
- (3) Bond Policy Number: \_\_\_\_\_

|  |                          |                          |
|--|--------------------------|--------------------------|
| (4) If required by your home state, are you in compliance with your home state's minimum capital requirements? | <u>Yes</u>               | <u>No</u>                |
|  | <input type="checkbox"/> | <input type="checkbox"/> |

**FORM ADV**  
 Part 1B  
 Page 2 of 4

Your Name \_\_\_\_\_  
 Date \_\_\_\_\_

CRD Number \_\_\_\_\_  
 SEC 801-Number \_\_\_\_\_

Yes    No

For "yes" answers to the following question, complete a Bond DRP:

C. Has a bonding company ever denied, paid out on, or revoked a bond for you?    

For "yes" answers to the following question, complete a Judgment/Lien DRP:

D. Do you have any unsatisfied judgments or liens against you?    

For "yes" answers to the following questions, complete an Arbitration DRP:

E. Are you, any *advisory affiliate*, or any *management person* currently the subject of, or have you, any *advisory affiliate*, or any *management person* been the subject of, an arbitration claim alleging damages in excess of \$2,500, involving any of the following:

- (1) any investment or an *investment-related* business or activity?
- (2) fraud, false statement, or omission?
- (3) theft, embezzlement, or other wrongful taking of property?
- (4) bribery, forgery, counterfeiting, or extortion?
- (5) dishonest, unfair, or unethical practices?

For "yes" answers to the following questions, complete a Civil Judicial Action DRP:

F. Are you, any *advisory affiliate*, or any *management person* currently subject to, or have you, any *advisory affiliate*, or any *management person* been found liable in, a civil, *self-regulatory organization*, or administrative *proceeding* involving any of the following:

- (1) an investment or *investment-related* business or activity?
- (2) fraud, false statement, or omission?
- (3) theft, embezzlement, or other wrongful taking of property?
- (4) bribery, forgery, counterfeiting, or extortion?
- (5) dishonest, unfair, or unethical practices?

G. Other Business Activities

(1) Are you actively engaged in business as a(n) (check all that apply):

- Attorney
- Certified public accountant
- Tax preparer

|   |  |
|---|--|
| <b>FORM ADV</b><br>Part 1B<br>Page 3 of 4 | Your Name _____ CRD Number _____<br>Date _____ SEC 801- Number _____ |
|---|--|

(2) If you are actively engaged in any business other than those listed in Item 6.A. of Part 1 A or Item 2.G(1) of Part 1B, describe the business and the approximate amount of time spent on that business:

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H. If you provide financial planning services, the investments made based on those services at the end of your last fiscal year totaled:

|                            | <u>Securities<br/>Investments</u> | <u>Non-Securities<br/>Investments</u> |
|----------------------------|-----------------------------------|---------------------------------------|
| Under \$100,000            | <input type="checkbox"/>          | <input type="checkbox"/>              |
| \$100,001 to \$500,000     | <input type="checkbox"/>          | <input type="checkbox"/>              |
| \$500,001 to \$1,000,000   | <input type="checkbox"/>          | <input type="checkbox"/>              |
| \$1,000,001 to \$2,500,000 | <input type="checkbox"/>          | <input type="checkbox"/>              |
| \$2,500,001 to \$5,000,000 | <input type="checkbox"/>          | <input type="checkbox"/>              |
| More than \$5,000,000      | <input type="checkbox"/>          | <input type="checkbox"/>              |

If securities investments are over \$5,000,000, how much?

\$ \_\_\_\_\_ (round to the nearest \$1,000,000)

If non-securities investments are over \$5,000,000, how much?

\$ \_\_\_\_\_ (round to the nearest \$1,000,000)

I. *Custody*

|  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| (1) Do you withdraw advisory fees directly from your <i>clients</i> ' accounts? If you answered "yes", respond to the following:   | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) Do you send a copy of your invoice to the custodian or trustee at the same time that you send a copy to the <i>client</i> ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Does the custodian send quarterly statements to your <i>clients</i> showing all disbursements for the custodian account, including the amount of the advisory fees?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Do your <i>clients</i> provide written authorization permitting you to be paid directly for their accounts held by the custodian or trustee?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Do you act as general partner for any partnership or trustee for any trust in which your advisory <i>clients</i> are either partners of the partnership or beneficiaries of the trust? If you answered "yes", respond to the following:      | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) As the general partner of a partnership, have you engaged an attorney or an independent certified public accountant to provide authority permitting each direct payment or any transfer of funds or securities from the partnership account? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Do you require prepayment of fees of more than \$500 per <i>client</i> and for six months or more in advance.  | <input type="checkbox"/> | <input type="checkbox"/> |



**FORM ADV**  
 Part 1B  
 Page 4 of 4

Your Name \_\_\_\_\_  
 Date \_\_\_\_\_

CRD Number \_\_\_\_\_  
 SEC 801-Number \_\_\_\_\_

J. If you are organized as a sole proprietorship, please answer the following:

Yes      No

- |         |   |                          |                          |
|---------|---|--------------------------|--------------------------|
| (1) (a) | Have you passed, on or after January 1, 2000, the Series 65 examination?  | <input type="checkbox"/> | <input type="checkbox"/> |
|         | (b) Have you passed, on or after January 1, 2000, the Series 66 examination and also passed, at any time, the Series 7 examination? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) (a) | Do you have any investment advisory professional designations?  | <input type="checkbox"/> | <input type="checkbox"/> |

*If "no," you do not need to answer Item 2.J(2)(b).*

(b) I have earned and I am in good standing with the organization that issued the following credential:

- 1. Certified Financial Planner ("CFP")
- 2. Chartered Financial Analyst ("CFA")
- 3. Chartered Financial Consultant ("ChFC")
- 4. Chartered Investment Counselor ("CIC")
- 5. Personal Financial Specialist ("PFS")
- 6. None of the above

(3) Your social security number: \_\_\_\_\_

## CRIMINAL DISCLOSURE REPORTING PAGE (ADV)

### GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an  INITIAL **OR**  AMENDED response used to report details for affirmative responses to Items 11.A. or 11.B. of Form ADV.

Check item(s) being responded to:  11.A(1)  11.A(2)  11.B(1)  11.B(2)

Use a separate DRP for each event or *proceeding*. The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

Multiple counts of the same charge arising out of the same event(s) should be reported on the same DRP. Unrelated criminal actions, including separate cases arising out of the same event, must be reported on separate DRPs. Use this DRP to report all charges arising out of the same event. One event may result in more than one affirmative answer to the items listed above.

### PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- You (the advisory firm)
- You and one or more of your *advisory affiliates*
- One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name).

If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate “non-registered” by checking the appropriate box.

|           |                        |
|-----------|------------------------|
| Your Name | Your <i>CRD</i> Number |
|-----------|------------------------|

### ADV DRP - *ADVISORY AFFILIATE*

|   |                   |  |
|---|-------------------|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <i>CRD</i> Number                 </td> </tr> </table> | <i>CRD</i> Number | This <i>advisory affiliate</i> is Registered: <input type="checkbox"/> a firm <input type="checkbox"/> an individual<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>CRD</i> Number   |                   |  |

|   |
|---|
| Name (For individuals, Last, First, Middle) |
|---|

- This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC and the event was resolved in the adviser’s or *advisory affiliate’s* favor.

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is “Yes,” no other information on this DRP must be provided.

Yes  No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records.

**CRIMINAL DISCLOSURE REPORTING PAGE (ADV)**  
*(continuation)*

**PART II**

1. If charge(s) were brought against an organization over which you or an *advisory affiliate* exercise(d) *control*: Enter organization name, whether or not the organization was an *investment-related* business and your or the *advisory affiliate's* position, title, or relationship.

\_\_\_\_\_

2. Formal Charge(s) were brought in: (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).

\_\_\_\_\_

3. Event Disclosure Detail (Use this for both organizational and individual charges.)

A. Date First Charged (MM/DD/YYYY):   Exact  Explanation

If not exact, provide explanation: \_\_\_\_\_

B. Event Disclosure Detail (include Charge(s)/Charge Description(s), and for each charge provide: (1) number of counts, (2) *felony* or *misdemeanor*, (3) plea for each charge, and (4) product type if charge is *investment-related*).

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

C. Did any of the Charge(s) within the Event involve a *felony*?  Yes  No

D. Current status of the Event?  Pending  On Appeal  Final

E. Event Status Date (complete unless status is Pending) (MM/DD/YYYY):   
 Exact  Explanation

If not exact, provide explanation: \_\_\_\_\_

4. Disposition Disclosure Detail: Include for each charge (a) Disposition Type (e.g., convicted, acquitted, dismissed, pretrial, etc.), (b) Date, (c) Sentence/Penalty, (d) Duration (if sentence-suspension, probation, etc.), (e) Start Date of Penalty, (f) Penalty/Fine Amount, and (g) Date Paid.

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

**CRIMINAL DISCLOSURE REPORTING PAGE (ADV)**  
*(continuation)*

5. Provide a brief summary of circumstances leading to the charge(s) as well as the disposition. Include the relevant dates when the conduct which was the subject of the charge(s) occurred. (Your response must fit within the space provided.)

Blank lined area for providing a brief summary of circumstances leading to the charge(s) as well as the disposition.

## REGULATORY ACTION DISCLOSURE REPORTING PAGE (ADV)

### GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an  INITIAL **OR**  AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Check item(s) being responded to:

|                                  |                                  |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 11.C(1) | <input type="checkbox"/> 11.C(2) | <input type="checkbox"/> 11.C(3) | <input type="checkbox"/> 11.C(4) | <input type="checkbox"/> 11.C(5) |
| <input type="checkbox"/> 11.D(1) | <input type="checkbox"/> 11.D(2) | <input type="checkbox"/> 11.D(3) | <input type="checkbox"/> 11.D(4) | <input type="checkbox"/> 11.D(5) |
| <input type="checkbox"/> 11.E(1) | <input type="checkbox"/> 11.E(2) | <input type="checkbox"/> 11.E(3) | <input type="checkbox"/> 11.E(4) |                                  |
| <input type="checkbox"/> 11.F.   | <input type="checkbox"/> 11.G.   |                                  |                                  |                                  |

Use a separate DRP for each event or *proceeding*. The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

### PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- You (the advisory firm)
- You and one or more of your *advisory affiliates*
- One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name).

If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate “non-registered” by checking the appropriate box.

|           |                        |
|-----------|------------------------|
| Your Name | Your <i>CRD</i> Number |
|-----------|------------------------|

### ADV DRP - ADVISORY AFFILIATE

|            |  |
|------------|--|
| CRD Number | This <i>advisory affiliate</i> is <input type="checkbox"/> a firm <input type="checkbox"/> an individual |
|            | Registered: <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |

Name (For individuals, Last, First, Middle)

- This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC and the event was resolved in the adviser’s or *advisory affiliate’s* favor.

If you are registered or registering with a *state securities authority*, you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is “Yes,” no other information on this DRP must be provided.

Yes  No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records. (continued)

**REGULATORY ACTION DISCLOSURE REPORTING PAGE (ADV)**  
*(continuation)*

**PART II**

1. Regulatory Action initiated by:  
 SEC    Other Federal    State    SRO    Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state or SRO)

2. Principal Sanction (check appropriate item):

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Civil and Administrative Penalty(ies)/Fine(s) | <input type="checkbox"/> Disgorgement | <input type="checkbox"/> Restitution |
| <input type="checkbox"/> Bar   | <input type="checkbox"/> Expulsion    | <input type="checkbox"/> Revocation  |
| <input type="checkbox"/> Cease and Desist                              | <input type="checkbox"/> Injunction   | <input type="checkbox"/> Suspension  |
| <input type="checkbox"/> Censure                                       | <input type="checkbox"/> Prohibition  | <input type="checkbox"/> Undertaking |
| <input type="checkbox"/> Denial  | <input type="checkbox"/> Reprimand    | <input type="checkbox"/> Other _____ |

Other Sanctions:

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3. Date Initiated (MM/DD/YYYY):     Exact    Explanation

If not exact, provide explanation: \_\_\_\_\_

4. Docket/Case Number:

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):

6. Principal Product Type (check appropriate item):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Annuity(ies) - Fixed    | <input type="checkbox"/> Derivative(s)                               | <input type="checkbox"/> Investment Contract(s)   |
| <input type="checkbox"/> Annuity(ies) - Variable | <input type="checkbox"/> Direct Investment(s) - DPP & LP Interest(s) | <input type="checkbox"/> Money Market Fund(s)     |
| <input type="checkbox"/> CD(s)                   | <input type="checkbox"/> Equity - OTC                                | <input type="checkbox"/> Mutual Fund(s)           |
| <input type="checkbox"/> Commodity Option(s)     | <input type="checkbox"/> Equity Listed (Common & Preferred Stock)    | <input type="checkbox"/> No Product               |
| <input type="checkbox"/> Debt - Asset Backed     | <input type="checkbox"/> Futures - Commodity                         | <input type="checkbox"/> Options                  |
| <input type="checkbox"/> Debt - Corporate        | <input type="checkbox"/> Futures - Financial                         | <input type="checkbox"/> Penny Stock(s)           |
| <input type="checkbox"/> Debt - Government       | <input type="checkbox"/> Index Option(s)                             | <input type="checkbox"/> Unit Investment Trust(s) |
| <input type="checkbox"/> Debt - Municipal        | <input type="checkbox"/> Insurance                                   | <input type="checkbox"/> Other _____              |

Other Product Types:

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**REGULATORY ACTION DISCLOSURE REPORTING PAGE (ADV)**  
*(continuation)*

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):

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

8. Current status?  Pending  On Appeal  Final

9. If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:

\_\_\_\_\_

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved (check appropriate item):

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Acceptance, Waiver & Consent (AWC)      | <input type="checkbox"/> Dismissed               | <input type="checkbox"/> Vacated     |
| <input type="checkbox"/> Consent                                 | <input type="checkbox"/> Order                   | <input type="checkbox"/> Withdrawn   |
| <input type="checkbox"/> Decision                                | <input type="checkbox"/> Settled                 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Decision & Order of Offer of Settlement | <input type="checkbox"/> Stipulation and Consent |                                      |

11. Resolution Date (MM/DD/YYYY):   Exact  Explanation

If not exact, provide explanation: \_\_\_\_\_

12. Resolution Detail:

A. Were any of the following Sanctions Ordered (check all appropriate items)?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Monetary/Fine | <input type="checkbox"/> Revocation/Expulsion/Denial | <input type="checkbox"/> Disgorgement/Restitution    |
| Amount: \$ <input type="text"/>        | <input type="checkbox"/> Censure                     | <input type="checkbox"/> Cease and Desist/Injunction |
|  | <input type="checkbox"/> Bar                         | <input type="checkbox"/> Suspension                  |

B. Other Sanctions Ordered:

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

Sanction detail: if suspended, enjoined or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an advisory affiliate, date paid and if any portion of penalty was waived:

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





## CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (ADV)

### GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an  INITIAL **OR**  AMENDED response used to report details for affirmative responses to Item 11.H. of Part 1A and Item 2.F. of Part 1B of Form ADV.

Check Part 1A item(s) being responded to:  11.H(1)(a)     11.H(1)(b)     11.H(1)(c)     11.H(2)  
 Check Part 1B item(s) being responded to:  2.F(1)     2.F(2)     2.F(3)     2.F(4)     2.F(5)

Use a separate DRP for each event or *proceeding*. The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Item 11.H. of Part 1A or Item 2.F. of Part 1B. Use only one DRP to report details related to the same event. Unrelated civil judicial actions must be reported on separate DRPs.

### PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- You (the advisory firm)
- You and one or more of your *advisory affiliates*
- One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name).

If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate “non-registered” by checking the appropriate box.

|           |                        |
|-----------|------------------------|
| Your Name | Your <i>CRD</i> Number |
|-----------|------------------------|

### ADV DRP - *ADVISORY AFFILIATE*

|   |  |
|---|--|
| <div style="border: 1px solid black; padding: 2px;"> <i>CRD</i> Number                 </div>   | This <i>advisory affiliate</i> is <input type="checkbox"/> a firm <input type="checkbox"/> an individual<br>Registered: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <div style="border: 1px solid black; padding: 2px;">                     Name (For individuals, Last, First, Middle)                 </div> |  |

- This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC and the event was resolved in the adviser’s or *advisory affiliate’s* favor.

If you are registered or registering with a *state securities authority*, you may remove a DRP for an event you reported only in response to Item 11.H(1)(a), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is “Yes,” no other information on this DRP must be provided.

Yes     No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records.