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.

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

ITEM 2     ADDITIONAL INFORMATION

Complete this item 2A. only if the person responsible for supervision and compliance does not appear in Item 1J. or 1K. of Form ADV Part 1A:

A. Person responsible for supervision and compliance:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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? ☐ Yes ☐ No

Revised 10/2012
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, any advisory affiliate, or any management person?

   Yes   No

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

D. Are there any unsatisfied judgments or liens against you, any advisory affiliate, or any management person?

   Yes   No

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?

   Yes   No

   (2) fraud, false statement, or omission?

   Yes   No

   (3) theft, embezzlement, or other wrongful taking of property?

   Yes   No

   (4) bribery, forgery, counterfeiting, or extortion?

   Yes   No

   (5) dishonest, unfair, or unethical practices?

   Yes   No

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?

   Yes   No

   (2) fraud, false statement, or omission?

   Yes   No

   (3) theft, embezzlement, or other wrongful taking of property?

   Yes   No

   (4) bribery, forgery, counterfeiting, or extortion?

   Yes   No

   (5) dishonest, unfair, or unethical practices?

   Yes   No

G. Other Business Activities

   (1) Are you, any advisory affiliate, or any management person actively engaged in business as a(n) (check all that apply):

   Yes   No

   ❑ Tax Preparer

   ❑ Issuer of Securities

   ❑ Sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles

   ❑ Sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

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

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

<table>
<thead>
<tr>
<th>Securities Investments</th>
<th>Non-Securities Investments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $100,000</td>
<td>☐</td>
</tr>
<tr>
<td>$100,001 to $500,000</td>
<td>☐</td>
</tr>
<tr>
<td>$500,001 to $1,000,000</td>
<td>☐</td>
</tr>
<tr>
<td>$1,000,001 to $2,500,000</td>
<td>☐</td>
</tr>
<tr>
<td>$2,500,001 to $5,000,000</td>
<td>☐</td>
</tr>
<tr>
<td>More than $5,000,000</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

(1) Advisory Fees
   Do you withdraw advisory fees directly from your clients’ accounts?
   If you answered “yes”, respond to the following:
      ☐ ☐
      (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 client?
      ☐ ☐
      (b) Does the custodian send quarterly statements to your clients showing all disbursements for the custodian account, including the amount of the advisory fees?
      ☐ ☐
      (c) Do your clients provide written authorization permitting you to be paid directly for their accounts held by the custodian or trustee?
      ☐ ☐

(2) Pooled Investment Vehicles and Trusts
   (a)(i) Do you or a related person act as general partner, managing member, or person serving in a similar capacity, for any pooled investment vehicle for which you are the adviser to the pooled investment vehicle, or for which you are the adviser to one or more of the investors in the pooled investment vehicle?
      ☐ ☐
   If you answered “yes”, respond to the following:
      (a)(ii) As the general partner, managing member, or person serving in a similar capacity, have you or a related person engaged any of the following to provide authority permitting each direct payment or any transfer of funds or securities from the account of the pooled investment vehicle?
      ☐ ☐
      Attorney
      ☐ ☐
      Independent certified public accountant
      ☐ ☐
      Other independent party
      ☐ ☐
      Describe the independent party: ____________________________
For purposes of this Item 2I.2(a), “Independent party” means a person that:
(A) is engaged by the investment adviser to act as a gatekeeper for the payment of fees, expenses and capital withdrawals from the pooled investment; (B) does not control and is not controlled by and is not under common control with the investment adviser; (C) does not have, and has not had within the past two years, a material business relationship with the investment adviser; and (D) shall not negotiate or agree to have material business relations or commonly controlled relations with an investment adviser for a period of two years after serving as the person engaged in an independent party agreement.

(b) Do you or a related person act as investment adviser and a trustee for any trust, or act as a trustee for any trust in which your advisory clients are beneficiaries of the trust?  

Yes  No

(3) Do you require prepayment of fees of more than $500 per client and for six months or more in advance.  

Yes  No

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?  

Yes  No

(b) Have you passed, on or after January 1, 2000, the Series 66 examination and also passed, at any time, the Series 7 examination?  

Yes  No

(2) (a) Do you have any investment advisory professional designations?  

Yes  No

If “no,” you do not need to answer Item 2J(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:  

K. If you are organized other than as a sole proprietorship, please provide the following:

(1) Indicate the date you obtained your legal status. Date of formation:  

(2) Indicate your IRS Employer Identification Number:  

.LEFTCAPTIONS
This Disclosure Reporting Page (DRP ADV) is an INITIAL OR AMENDED response used to report details for affirmative responses to Item 2.C. of Part 1B of Form ADV.

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.

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 or management persons
   - One or more of your advisory affiliates or management persons

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

If the advisory affiliate or management person has a CRD number, provide that number. If not, indicate “non-registered” by checking the appropriate checkbox.

<table>
<thead>
<tr>
<th>Your Name</th>
<th>Your CRD Number</th>
</tr>
</thead>
</table>

ADV DRP - ADVISORY AFFILIATE or MANAGEMENT PERSON

<table>
<thead>
<tr>
<th>CRD Number</th>
<th>This advisory affiliate or management person is:</th>
<th>a firm</th>
<th>an individual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Registered: Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Name (For individuals, Last, First, Middle)

☐ This DRP should be removed from the ADV record because the advisory affiliate(s) or management person(s) is no longer associated with the adviser.

☐ 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: ____________________________________________________________

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

Part II

1. Firm Name: (Policy Holder)

2. Bonding Company Name:

(continued)
3. Disposition Type: (check appropriate item)

- [ ] Denied
- [ ] Payout
- [ ] Revoked

4. Disposition Date (MM/DD/YYYY): __________________________ [ ] Exact [ ] Explanation

   If not exact, provide explanation: ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

5. If disposition resulted in Payout, list Payout Amount and Date Paid: __________________________

   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

6. Summarize the details of circumstances leading to the necessity of bonding company action: (your response must fit within the space provided):

   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
**JUDGMENT/LIEN DISCLOSURE REPORTING PAGE (ADV)**

**GENERAL INSTRUCTIONS**

This Disclosure Reporting Page (DRP ADV) is an OR AMENDED response used to report details for affirmative responses to Item 2.D. of Part 1B of Form ADV.

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.

<table>
<thead>
<tr>
<th>Part I</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. The person(s) or entity(ies) for whom this DRP is being filed is (are):</strong></td>
</tr>
<tr>
<td>❑ You (the advisory firm)</td>
</tr>
<tr>
<td>❑ You and one or more of your advisory affiliates or management persons</td>
</tr>
<tr>
<td>❑ One or more of your advisory affiliates or management persons</td>
</tr>
</tbody>
</table>

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

If the advisory affiliate or management person has a CRD number, provide that number. If not, indicate “non-registered” by checking the appropriate checkbox.

<table>
<thead>
<tr>
<th>Your Name</th>
<th>Your CRD Number</th>
</tr>
</thead>
</table>

**ADV DRP - ADVISORY AFFILIATE or MANAGEMENT PERSON**

<table>
<thead>
<tr>
<th>CRD Number</th>
<th>This advisory affiliate or management person is: ❑ a firm ❑ an individual Registered: ❑ Yes ❑ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (For individuals, Last, First, Middle)</td>
<td></td>
</tr>
</tbody>
</table>

❑ This DRP should be removed from the ADV record because the advisory affiliate(s) or management person(s) is no longer associated with the adviser.

❑ 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:

_______________________________________________________________________________________________
_______________________________________________________________________________________________

NOTE: The completion of this form does not relieve the advisory affiliate or management person of its obligation to update its IARD or CRD records.
### Part II

1. **Judgment/Lien Amount:**
   
2. **Judgment/Lien Holder:**
   
3. **Judgment/Lien Type:** (check appropriate item)
   - ❑ Civil
   - ❑ Default
   - ❑ Tax

4. **Date Filed (MM/DD/YYYY):**
   
   ❑ Exact
   ❑ Explanation

   If not exact, provide explanation:

5. **Is Judgment/Lien outstanding?**
   - ❑ Yes
   - ❑ No

   If no, provide status date (MM/DD/YYYY):
   
   ❑ Exact
   ❑ Explanation

   If not exact, provide explanation:

6. **Court (Name of Federal, State or Foreign Court), Location of Court (City or County and State or Country) and Docket/Case Number:**

7. **Provide a brief summary of events leading to the action and any payment schedule details including current status (if applicable) (your response must fit within the space provided):**
ARBITRATION 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 2.E. of Part 1B of Form ADV.

Check Part 1B item(s) being responded to:  ❑ 2.E(1) ❑ 2.E(2) ❑ 2.E(3) ❑ 2.E(4) ❑ 2.E(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 2.E. Use only one DRP to report details related to the same event. Unrelated arbitration 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 or management persons
❑ One or more of your advisory affiliates or management persons

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

If the advisory affiliate or management person has a CRD number, provide that number. If not, indicate “non-registered” by checking the appropriate checkbox.

<table>
<thead>
<tr>
<th>Your Name</th>
<th>Your CRD Number</th>
</tr>
</thead>
</table>

ADV DRP - ADVISORY AFFILIATE or MANAGEMENT PERSON

CRD Number

This advisory affiliate or management person 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) or management person(s) is no longer associated with the adviser.
❑ 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:

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

PART II

1. Arbitration/Reparation Claim initiated by: (Name of private plaintiff, firm, etc.)

2. Principal Relief Sought (check appropriate item):

❑ Restraining Order   ❑ Disgorgement   ❑ Money Damages (Private/Civil Claim)
❑ Civil Penalty(ies)/Fine(s)   ❑ Injunction   ❑ Restitution
❑ Other _________ (continued)
Other Relief Sought: ___________________________________________

3. Initiation Date of Arbitration/Reparation Claim (MM/DD/YYYY): ________________
   - Exact
   - Explanation
   If not exact, provide explanation: ___________________________________________

4. Principal Product Type (check appropriate item):
   - Annuity(ies) - Fixed
   - Annuity(ies) - Variable
   - CD(s)
   - Commodity Option(s)
   - Debt - Asset Backed
   - Debt - Corporate
   - Debt - Government
   - Debt - Municipal
   - Derivative(s)
   - Direct Investment(s) - DPP & LP Interest(s)
   - Equity - OTC
   - Equity Listed (Common & Preferred Stock)
   - Futures - Commodity
   - Futures - Financial
   - Index Option(s)
   - Insurance
   - Investment Contract(s)
   - Money Market Fund(s)
   - Mutual Fund(s)
   - No Product
   - Options
   - Penny Stock(s)
   - Unit Investment Trust(s)
   - Other ________________

Other Product Types: ___________________________________________

5. Arbitration/Reparation Claim was filed with (FINRA, AAA, NYSE, CBOE, CFTC, etc.) and Docket/Case Number:
   ___________________________________________

6. Advisory Affiliate’s or Management Person’s Employing Firm when activity occurred which led to the arbitration/reparation (if applicable):
   ___________________________________________

7. Describe the allegations related to this arbitration/reparation (your response must fit within the space provided):
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________


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

(continued)
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 Award Amount: $ ____________________________
      ❑ Settlement Amount: $ ____________________________
      ❑ Disgorgement/Restitution Amount: $ ____________________________
      ❑ Injunction
   
   B. Other Sanctions: ______________________________________________________
      ______________________________________________________
      ______________________________________________________
      ______________________________________________________

   C. Sanction detail: If disposition resulted in a penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you, an advisory affiliate or management person, date paid and if any portion of penalty was waived: ______________________________________________________
      ______________________________________________________
      ______________________________________________________

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). ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________