# ATTACHMENT 3 SEC FORM BD

#### Form BD

OMB APPROVAL
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hours per response.....2.75
per amendment ......0.33

# Uniform Application for Broker-Dealer Registration

#### FORM BD INSTRUCTIONS

#### A. GENERAL INSTRUCTIONS

- Form BD is the Uniform Application for Broker-Dealer Registration. Broker-Dealers must file this form to register with the Securities and Exchange Commission, the self-regulatory organizations, and jurisdictions through the Central Registration Depository ("CRD") system, operated by the NASD.
- 2. **UPDATING** By law, the *applicant* must promptly update Form BD information by submitting amendments whenever the information on file becomes inaccurate or incomplete for any reason.
- 3. **CONTACT EMPLOYEE** The individual listed as the contact employee must be authorized to receive all compliance information, communications, and mailings, and be responsible for disseminating it within the *applicant's* organization.

#### 4. GOVERNMENT SECURITIES ACTIVITIES

- A. Broker-dealers registered or *applicants* applying for registration under Section 15(b) of the Exchange Act that conduct (or intend to conduct) a government securities business in addition to other broker-dealer activities (if any) must file a notice on Form BD by answering "yes" to Item 2B.
- B. Section 15C of the Securities Exchange Act of 1934 requires sole government securities broker-dealers to register with the SEC. To do so, answer "yes" to Item 2C if conducting only a government securities business.
- C. Broker-dealers registered under Section 15(b) of the Exchange Act that cease to conduct a government securities business must file notice when ceasing their activities in government securities. To do so, file an amendment to Form BD and answer "yes" to Item 2D.
- NOTE. Broker-dealers registered under Section 15C may register under Section 15(b) by filing an amendment to Form BD and answering "yes" to Items 2A and 2D. By doing so, broker-dealer expressly consents to withdrawal of broker-dealer's registration under 15C of the Exchange Act.
  - 5. FEDERAL INFORMATION LAW AND REQUIREMENTS An agency may not conduct or sponsor, and a *person* is not required to respond to, a collection of information unless it displays a currently valid control number. Section 15, 15c, 17(a) and 23(a) of the Exchange Act authorize the Commission to collect the information on this Form from registrants. See 15 U.S.C. §§780, 780-5, 78-q and 78w. Filing of this Form is mandatory; however the social security number information, which aids in identifying the *applicant*, is voluntary. The principal purpose of this Form is to permit the Commission to determine whether the *applicant* meets the statutory requirement to engage in the securities business. The Form also is used by *applicants* to register as broker-dealers with certain *self-regulatory organizations* and all of the states. The Commission and the National Association of Securities Dealers, Inc. maintain the files of the information on this Form and will make the information publicly available. Any member of the public may direct to the Commission any comments concerning the accuracy of the burden estimate on application facing page of this Form, and any suggestions for reducing this burden. This collection of information has been reviewed by the Office of Management and Budget in accordance with the clearance requirements of 44 U.S.C. §3507. The information contained in this form is part of a system of records subject to the Privacy Act of 1974, as amended. The Securities and Exchange Commission has published in the Federal Register the Privacy Act Systems of Records Notice for these records.

#### B. PAPER FILING INSTRUCTIONS (FIRST TIME APPLICANTS FILING WITH CRD AND WITH SOME JURISDICTIONS)

#### 1. FORMAT

- A. A full paper Form BD is required when the applicant is filing with the CRD for the first time. In addition, some jurisdictions may require a separate paper filing of Form BD. The applicant should contact the appropriate jurisdiction(s) for specific filing requirements.
- B. Attach an Execution Page (Page 1) with original manual signatures to the initial Form BD filling
- C. Type all information.
- D. Give the name of the broker-dealer and date on each page.
- E. Use only the current version of Form BD and its Schedules or a reproduction of them.
- 2. DISCLOSURE REPORTING PAGE (DRP) Information concerning the applicant or control affiliate that relates to the occurrence of an event reportable under Item 11 must be provided on the applicant's appropriate DRP(BD). If a control affiliate is an individual or organization registered through the CRD, such control affiliate need only complete Part I of the applicant's appropriate DRP(BD) Details of the event must be submitted on the control affiliate's appropriate DRP(BD) or DRP(U-4). Attach a copy of the fully completed DRP(BD) or DRP(U-4) previously submitted. If a control affiliate is an individual or organization not registered through the CRD, provide complete answers to all of the items on the applicant's appropriate DRP(BD).
- SCHEDULES A, B AND C File Schedules A and B only with initial applications for registration. Use Schedule C to update Schedules A and B. Individuals not required to file a Form U-4 (individual registration) with the CRD system who are listed on Schedules A, B, or C must attach page 2 of Form U-4. The applicant broker-dealer must be listed in Form U-4 item 20 or 21. Signatures are not required.
- 4. SCHEDULE D Schedule D provides additional space for explaining answers to Item 1C(2), and "yes" answers to Items 5, 7, 8, 9, 10, 12, and 13 of Form BD.

#### C. ELECTRONIC FILING INSTRUCTIONS (APPLICANTS / REGISTERED BROKER-DEALERS FILING AMENDMENTS WITH CRD)

#### 1. FORMAT

- A. Items 1-13 must be answered and all fields requiring a response must be completed before the filing will be accepted.
- B. Applicant must complete the execution screen certifying that Form BD and amendments thereto have been executed properly and that the information contained therein is accurate and complete.
- C. To amend information, applicant must update the appropriate Form BD screens.
- D. A paper copy, with original manual signatures, of the initial Form BD filing and amendments to Disclosure Reporting Pages (DRPs BD) must be retained by the *applicant* and be made available for inspection upon a regulatory request.
- 2 DISCLOSURE REPORTING PAGE (DRP) Information concerning the applicant or control affiliate that relates to the occurrence of an event reportable under Item 11 must be provided on the applicant's appropriate DRP(BD). If a control affiliate is an individual or organization registered through the CRD, such control affiliate need only complete the control affiliate name and CRD number of the applicant's appropriate DRP(BD). Details for the event must be submitted on the control affiliate's appropriate DRP(BD) or DRP(U-4). If a control affiliate is an individual or organization not registered through the CRD, provide complete answers to all of the questions and complete all fields requiring a response on the applicant's appropriate DRP(BD) screen.

3. **DIRECT AND INDIRECT OWNERS** – Amend the Direct Owners and Executive Officers screen and the Indirect Owners screen when changes in ownership occur. *Control affiliates* that are individuals who are not required to file a Form U-4 (individual registration) with the CRD must complete page 2 of Form U-4 (i.e., submit/file the information elicited by the Personal Data. Residential History, and Employment and Personal History sections of that Form). The *applicant* broker-dealer must be listed in Form U-4 Item 20 or 21.

The CRD mailing address for questions and correspondence is:

NASAA/NASD CENTRAL REGISTRATION DEPOSITORY P.O. BOX 9495 GAITHERSBURG, MD 20898-9495

#### **EXPLANATION OF TERMS**

(The following terms are italicized throughout this form.)

#### 1. GENERAL

APPLICANT - The broker-dealer applying on or amending this form.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 25% or more of a class of a voting security or has the power to sell or direct the sale of 25% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 25% or more of the capital, is presumed to control that company. (This definition is used solely for the purpose of Form BD.)

JURISDICTION - A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON - An individual, partnership, corporation, trust, or other organization.

SELF-REGULATORY ORGANIZATION - Any national securities or commodities exchange or registered securities association, or registered clearing agency.

#### 2. FOR THE PURPOSE OF ITEM 5 AND SCHEDULE D

SUCCESSOR – An unregistered entity that assumes or acquires substantially all of the assets and liabilities, and that continues the business of, a registered predecessor broker-dealer, who ceases its broker-dealer activities. [See Securities Exchange Act Release No. 31661 (December 28, 1992), 58 FR 7 (January 4, 1993)]

#### 3. FOR THE PURPOSE OF ITEM 11 AND THE CORRESPONDING DISCLOSURE REPORTING PAGES (DRPs)

**CONTROL AFFILIATE** – A *person* named in Items 1A, 9 or in Schedules A, B or C as a *control* person or any other individual or organization that directly or indirectly controls, is under common control with, or is controlled by, the *applicant*, including any current employee except one performing only clerical, administrative, support or similar functions, or who, regardless of title, performs no executive duties or has no senior policy making authority.

**INVESTMENT OR INVESTMENT-RELATED** – Pertaining to securities, commodities, banking, insurance, or real estate (including, but not limited to, acting as or being associated with a broker-dealer, municipal securities dealer, government securities broker or dealer, issuer, investment company, investment adviser, futures sponsor, bank, or savings association).

**INVOLVED** – Doing an act or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act.

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a foreign securities authority; (2) other governmental body or foreign equivalent of a self-regulatory organization empowered by a foreign government to administer or enforce its laws relating to the regulation of investment or investment-related activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in the activities listed above.

**PROCEEDING** – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a foreign financial regulatory authority; a felony criminal indictment or information (or equivalent formal charge); or a misdemeanor criminal information (or equivalent formal charge). Does not include other civil litigation, investigations, or arrests or similar charges effected in the absence of a formal criminal indictment or information (or equivalent formal charge).

CHARGED - Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

**FELONY** – For jurisdictions that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

MISDEMEANOR – For jurisdictions that do not differentiate between a felony and a misdemeanor, a misdemeanor is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

MINOR RULE VIOLATION – A violation of a self-regulatory organization rule that has been designated as "minor" pursuant to a plan approved by the U.S. Securities and Exchange Commission. A rule violation may be designated as "minor" under a plan if the sanction imposed consists of a fine of \$2,500 or less, and if the sanctioned person does not contest the fine. (Check with the appropriate self-regulatory organization to determine if a particular rule violation has been designated as "minor" for these purposes).

ENJOINED - Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

LOKM RD	OINII OINII AI	PLICATION FOR BROKE	in-Dealer Regiot Ration	OFFICIAL USE
PAGE 1 (Execution Page)	Date.	SEC File No.: 8	Firm CRD No :	
(REV 7/1999)				
ar IU	eral securities laws and t	the laws of the <i>jurisdictions</i> and ma	entary information on a timely basis, or applying to the conduct of business a y result in disciplinary, administrative, it S OF FACTS MAY CONSTITUTE	as a broker-dealer would violate the number of criminal action
		APPLICATION	AMENDMENT	
Exact name, pr     A. Full name of	rincipal business addr of <i>applicant</i> (if sole pre	ress, mailing address, if different oprietor, state last, first and mid	nt, and telephone number of <i>applica</i> Idle name):	ant:
B. IRS Empl. I	dent. No.:			
C. (1) Name	under which broker-d	ealer business primarily is conc	ducted, if different from Item 1A.	
D. If this filing	makes a name chang oplicant name (1A) or	Section I any other name by we see that	hich the firm conducts business ar ter the new name and specify whe	nd where it is used.  other the name change is of
E Firm main a	address: (Do not use a	a P.O. Box)		
	(Number and Street)	(City)	(State/Country	y) (Zip+4/Postal Code)
	ces or other business Iress, if different:	locations must be reported on s	Schedule E.	
G. Business T	elephone Number:			
(Area Code)	(Telephone Number)			
H. Contact Em	iployee:			
(Name and Title)			(Area Code) (Te	lephone Number)
EXECUTION:				
irrevocably appoint attorney for the applicant arising out those State(s), a of competent juriso were a resident in some applicant consor any self-regulate by the Securities in	and applicant hereby of the administrator of epilicant in said State(s), at of or in connection wand the applicant hereboliction and proper venusald State(s) and had laterity that service of any organization in controlled to the service of any organization in controlled to the service of any organization in controlled to the service of any organization of controlled to the service of	certify that the applicant is in ceach of those State(s) or such of upon whom may be served any with the offer or sale of securities only consents that any such action of which with said State(s) by service awfully been served with process y civil action brought by or notice nection with the applicant's broken portation, may be given by registed.	of any <i>proceeding</i> before the Securior-dealer activities, or of any applicatived or certified mail or confirmed to	rety bonding requirements and dithe successors in such office, action or proceeding against the in or alleged violation of the laws may be commenced in any court in the same effect as if applicant littles and Exchange Commission for a protection for a protectio
The undersigned, in applicant. The undersigned other informations and the contractions of the contractions	ain address, or mailing being first duly sworn, lersigned and <i>applican</i> on filed herewith, all of	deposes and says that he/she is teposes and says that he/she is teposesent that the information a which are made a part hereof, as	is 1E and 1F.  The second of this form on behalf of the second of the se	, and with the authority of, said
Date (MM/DD/YYYY)		Name of Applicant		
By: Signature			Print Name and Title	
	worn before me this _	day of	Year by	
			Year State o	
	This page must alwa	ys be completed in full with o	original, manual signature and ne	oterization
	To amend, circle	items being amended. Affix i	notary stamp or seal where appl	licable.
	DO N	OT WRITE BELOW THIS LINE	- FOR OFFICIAL USE ONLY	

F	ORM BD	Applicant Name			1050	OFFICIAL USE	OFFICIAL USE ONLY		
	PAGE 2 (REV 7/1999)	Date			CRD No				
2.	Indicate by checking the appropriate box(es) each governmental authority, organization, or jurisdiction in which the applicant is registered or registering as a broker-dealer.  If applicant is registered or registering with the SEC, check here and answer items 2A through 2D below.  A. Is applicant registered or registering as a broker-dealer under Section 15(b) or Section 15B of the Securities  Exchange Act of 1934?  B. Is applicant registered or registering as a broker-dealer under Section 15(b) of the Securities Exchange Act of 1934 and also acting or intending to act as a government securities broker or dealer?  C. Is applicant registered or registering solely as a government securities broker or dealer under Section 15C of the Securities Exchange Act of 1934?  Do not answer "yes" to Item 2C if applicant answered "yes" to Item 2A or Item 2B.  D. Is applicant ceasing its activities as a government securities broker or dealer?  If applicant answers "yes" to Items 2A and 2D, applicant expressly consents to the withdrawal of its registration as a government securities broker or dealer under Section 15C of the Securities Exchange Act of 1934. See "Instructions."								
	ORS THEX	BSE CBOE CHX	CSE NASD NYSE	PHLX PCX OTHER (special	m				
	Ala: Anz Anz Ark Call Coc Coc Dela Dist	ona ansas Ifornia orado inecticut aware nct of Columbia	Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louislana Maine Maryland Massachusetts	Michigan Minnesota Mississippi Missoun Montana Nebraska Nevada New Hampshire New Jersey New Mexico New York	North Carolina North Dakota Ohlo Oklahoma Oregon Pennsylvania Puerto Rico Rihode Island South Carolina South Dakota Tennessee	Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming			
3.	B. Month appl C. If other than where partr State/Countr	ership Li licant's fiscal year el n a sole proprietor, l nership agreement v y of formation	ole Proprietorship mited Liability Company nds: undicate date and place a was filed, or where appli  Date	applicant obtained its legicant entity was formed):	al status (i.e., state or cour				
4.	. If applicant is a sole proprietor, state full residence address and Social Security Number.  Social Security Number								
		Number and Street)		(City)	(State/Country)	(Zip+4/Postal Code)			
5.	Do not report p	revious succession	s already reported on Fo	ness of a currently register from BD	ered broker-dealer?  dule D. Page 1, Section III.	YES NO			
6.					for any other broker or dea	1 1			
7.	Does applicant If "Yes," comple	refer or introduce c ete appropriate iterr	ustomers to any other b as on Schedule D, Page	roker or dealer?					

F	OF	RM BD	Applicant Name	OFFICIA	L US	E	OFFICIAL USE ONLY	
		AGE 3	Date, Firm CRD No :					
-	(RE	/ 7/1999)		L				
8.	Do A.	es <i>applican</i> any books	t have any arrangement with any other person, firm, or organization under which: or records of applicant are kept or maintained by such other person, firm or organization?		YES	NO :		
	В.	accounts,	runds, or securities of the applicant are held or maintained by such other person, firm, or organizations	ation?				
	C.	accounts, i	runds, or securities of customers of the <i>applicant</i> are held or maintained by such other <i>person</i> , firon?	m or				
		For purpos 15c3-3 und	es of 8B and 8C, do not include a bank or satisfactory control location as defined in paragraph (defer the Securities Exchange Act of 1934 (17 CFR 240.15c3-3).	) of Rule				
	If "Yes" to any part of Item 8, complete appropriate items on Schedule D, Page 1, Section IV.							
9.	Do	es any pers	con not named in Item 1 or Schedules A, B, or C, directly or indirectly:					
	A.	control the	management or policies of the applicant through agreement or otherwise?					
	В.	wholly or p	artially finance the business of applicant?					
		made purs and others	ewer "yes" to 9B if the person finances the business of the applicant through: 1) a public offering of uant to the Securities Act of 1933; 2) credit extended in the ordinary course of business by suppl ; or 3) a satisfactory subordination agreement, as defined in Rule 15c3-1 under the Securities Ex 7 CFR 240.15c3-1).	liers. banks.		:		
		If "Yes" to	any part of Item 9, complete appropriate items on Schedule D, Page 1, Section IV.					
10	). A.	partnership	indirectly, does applicant control, is applicant controlled by, or is applicant under common control, corporation, or other organization that is engaged in the securities or investment advisory busing them 10A, complete appropriate items on Schedule D, Page 2, Section V.	/ with, any ness?				
		Federal Re	indirectly, is <i>applicant controlled</i> by any bank holding company, national bank, state member bar iserve System, state non-member bank, savings bank or association, credit union, or foreign ban	k?				
<u> </u>		If "Yes" to	ltem 10B, complete appropпate items on Schedule D, Page 3, Section VI.					
1	1. Us Te	e the appro	opriate DRP for providing details to "yes" answers to the questions in Item 11. Refer to the Explain of Form BD instructions for explanations of italicized terms.	nation of	1			
	Α.	In the pas	t ten years has the applicant or a control affiliate:					
ш		(1) been	convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military cou					
SCR		felon						
၁	_		charged with any felony?					
SE	В.		t ten years has the applicant or a control affiliate:			Ì		
CRIMINAL DISCLOSURI		misde omiss	convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military coulemeanor involving: investments or an investment-related business, or any fraud, false statements sions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiration and of these offenses?	or cv to				
		(2) been	charged with a misdemeanor specified in 11B(1)?					
SURE	C.	Has the U	.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:					
ő		(1) found	the applicant or a control affiliate to have made a false statement or omission?	,				
SIO		(2) found	the applicant or a control affiliate to have been involved in a violation of its regulations or statute	s?				
ACTIO		(3) found autho	the applicant or a control affiliate to have been a cause of an investment-related business having rization to do business denied, suspended, revoked, or restricted?	; its				
중		(4) enter	ed an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with <i>investment-related</i> activit	y?				
REGULATORY ACTION DISCLOSURE		(5) impos	sed a civil money penalty on the <i>applicant</i> or a <i>control affiliate</i> , or <i>ordered</i> the <i>applicant</i> or a <i>control</i> as and desist from any activity?	ol affiliate				
<u> </u>				1			1	

F	OF	RM	BD	Applicant Name	OFFICIA	L US	E	OFFICIAL USE ONLY
		AGE v 7/19	-	Date Firm CRD No ·				
						YES	NO	
	D.	Ha	s any o	ther federal regulatory agency, any state regulatory agency, or foreign financial regulatory autho	rity:			
		(1)	ever f	ound the applicant or a control affiliate to have made a false statement or omission or been disho, or unethical?	onest,			
		(2)	ever f	ound the applicant or a control affiliate to have been involved in a violation of investment-related tutes?	regulations			
		(3)	ever f	ound the applicant or a control affiliate to have been a cause of an investment-related business trization to do business denied, suspended, revoked, or restricted?	naving its			
SURE		(4)	in the	past ten years, entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with an <i>iment-related</i> activity?	• • • • • • • • • • • • • • • • • • • •			
REGULATORY ACTION DISCLOSURE		(5)	ever o	lenied, suspended, or revoked the applicant's or a control affiliate's registration or license or othe prevented it from associating with an investment-related business or restricted its activities?	rwise, by			
Š	E.	Has	any s	elf-regulatory organization or commodities exchange ever.				
YAC		(1)	found	the applicant or a control affiliate to have made a false statement or omission?				
<b>JLATOR</b>			found	the applicant or a control affiliate to have been involved in a violation of its rules (other than a violated as a "minor rule violation" under a plan approved by the U.S. Securities and Exchange Cor	olation			
REGU		(3)	found autho	the applicant or a control affiliate to have been the cause of an investment-related business having rization to do business denied, suspended, revoked, or restricted?	ng its			
		(4)	discip suspe	lined the <i>applicant</i> or a <i>control affiliate</i> by expelling or suspending it from membership, barring or nding its association with other members, or otherwise restricting its activities?				
	F.	Ha:	s the <i>a<sub>l</sub></i> on revo	ophicant's or a control affiliate's authorization to act as an attorney, accountant, or federal contract ked or suspended?				
	G.	is ti any	ne <i>appi</i> part of	icant or a control affiliate now the subject of any regulatory proceeding that could result in a "yes"	' answer to			
H	Н.	(1)	Has a	ny domestic or foreign court:		<del>,</del>		
OSURE		( )		the past ten years, enjoined the applicant or a control affiliate in connection with any investment	\ and a day at	,		
S			a	ctivity?	-related			! !
IAL DISC			(b) e	ver found that the applicant or a control affiliate was involved in a violation of investment-related segulations?	statutes or			
CIVIL JUDICIAL DISCL			(c) e	ver dismissed, pursuant to a settlement agreement, an <i>investment-related</i> civil action brought agi oplicant or control affiliate by a state or foreign financial regulatory authority?	ainst the			
Š		(2)	is the	applicant or a control affiliate now the subject of any civil proceeding that could result in a "yes" and of 11H(1)?	nswer to			
Ę,	l.	In t	ne past liate of	ten years has the applicant or a control affiliate of the applicant ever been a securities firm or a casecurities firm that:	∞ntrol			
SCF				een the subject of a bankruptcy petition?				
FINANCIAL DISCLOSURE			has ha	ad a trustee appointed or a direct payment procedure initiated under the Securities Investor Prote	ction			
ZCIAL	J	Had			ŀ			
INA				ding company ever denied, paid out on, or revoked a bond for the applicant?		Ш		
"	K.	Doe	s the a	pplicant have any unsatisfied judgments or liens against it?				

FO	RM BD	Applicant Name,	OFFICIA	L USE	OFFICIAL USE ONLY
F	AGE 5	Date: Firm CRD No :			
(R	EV 7/1999)	Piliti CRD ND:			
ac	heck types of ecounts for (ous ness.	business engaged in (or to be engaged in, if not yet active) by applicant. Do not check any cate r is expected to account for) less than 1% of annual revenue from the securities or investment and	gory that dvisory		
A.	Exchange r	nember engaged in exchange commission business other than floor activities		☐ EMC	
В.		nember engaged in floor activities		☐ EMF	
С		ealer making inter-dealer markets in corporate securities over-the-counter			
		ealer retailing corporate equity securities over-the-counter		·	
		ealer selling corporate debt securities		BDR	
		or selling group participant (corporate securities other than mutual funds)		BDD	
		underwriter or sponsor		□usg	
	. Mutual fund			☐ MFU	
1.				☐ MFR	
١.		vernment securities dealer		GSD	
		vernment securities broker		GSB	
J		ecurities dealer		MSD MSD	
K		ecurities broker		MSB	
ا. ده		ealer selling variable life insurance or annuities		□ VLA	
M	. Solicitor of 1	time deposits in a financial institution		☐ SSL	
		syndicator		RES	
		paler selling oil and gas interests		□ ogi	
		broker or dealer or option writer		□ РСВ	
		ealer selling securities of only one issuer or associate issuers (other than mutual funds) $\dots \dots$		□ BIA	
R.	Broker or de	ealer selling securities of non-profit organizations (e.g., churches, hospitals)		☐ NPB	
S		advisory services		□ IAD	
T.		or dealer selling tax shelters or limited partnerships in primary distributions			
	2. Broker o	or dealer selling tax shelters or limited partnerships in the secondary market		TAS	
U.	Non-exchar	ge member arranging for transactions in listed securities by exchange member		□ NEX	
V.	Trading sec	unties for own account		☐ TRA	
W	. Private plac	ements of securities		PLA	
X.	Broker or de	ealer selling interests in mortgages or other receivables		☐ MRI	
		ealer involved in a networking, kiosk or similar arrangement with a:			
		vings bank or association, or credit union		BNA	ļ
		e company or agency	1	□ INA	
<b>Z</b> .	Other (give	details on Schedule D, Page 1, Section II)		□отн	
				YES NO	
13 A.	Does applicas a dealer	ant effect transactions in commodity futures, commodities or commodity options as a broker for of for its own account?			
В.	Does applic	ant engage in any other non-securities business?	- 1		ł
			••••••		
	n yes, ues	cribe each other business briefly on Schedule D, Page 1, Section II.			

S	chedule A of FORM BD						OFFICI	AL USE
	DIRECT OWNERS AND	Applicant Name.						
	<b>EXECUTIVE OFFICERS</b>	TVEITO.						
	(Answer for Form BD Item 3) (REV 7/1999)	Date	Firm CF	RD No ·		<del>-</del>		
1	Use Schedule A only in new applications applications to provide information on Ind	to provide inform I <b>rect</b> owners. Fil	ation on the <b>direct</b> own e all amendments on S	ners and execut chedule C. Cor	ive officers on plete each	of the <i>appli</i> colu <b>mn.</b>	cant Use Schedule B	n new
2	List below the names of							
	each Chief Executive Officer, Chief if with similar status or functions,     in the case of an applicant that is a c							
	the applicant is a public reporting co	mpany (a compa	ny subject to Sections 1	12 or 15(d) of th	e Securities	Exchange	Act of 1934);	
	Direct owners include any person the class of a voting security of the appli stepchild, grandchild, parent, steppa sister-in-law, sharing the same resid- right to purchase the security.	<i>cant.</i> For purpos rent. grandparen	es of this Schedule, a <i>p</i> it. spouse, sibling, moth	<i>erson</i> beneficia er-in-law fathe	illy owns any	/ securities	(i) owned by his/her d	hild,
	(c) in the case of an <i>applicant</i> that is a p dissolution, or have contributed, 5%	or more of the pa	artnership's capital, and				_	•
	(d) in the case of a trust that directly own has contributed, 5% or more of the at the case of an applicant that is a Legal Contributed, 5% or more of the Leg	<i>ippiicants</i> capital imited Liability C	i. The trust and each trus company ("LLC"). (i) tho	stee. se members th	at have the I	naht to rece		
3	contributed, 5% or more of the LLC's  Are there any indirect owners of the applic				ected mana Yes	gers.		
	in the "DE/FE/!" column, enter "DE" if the enter "I" if the owner is an individual						lomiciled in a foreign c	ountry, or
5.	Complete the "Title or Status" column by a shareholders, the class of securities owner.	entering board/m	anagement titles, status	s as partner, tru	stee, sole p	roprietor, o	r shareholder, and for	
6.	Ownership codes are: NA - less		B - 10% but l			50% but le 75% or m	ess than 75% ore	
7	have control. Note that under this de	finition most exe	cutive officers and all 25	5% owners, ger	eral partner	s, and trus	tees would be "control	persons".
7	(b) In the "PR" column, enter "PR" if the	owner is a public	cutive officers and all 25	5% owners, ger der Sections 12 Date Title or	eral partner or 15(d) of	s, and trus the Securit	tees would be "control les Exchange Act of 19	persons". 934
	nave <i>control</i> . Note that under this de	owner is a public	cutive officers and all 25	5% owners, ger der Sections 12	Ownership	s, and trus the Securi	tees would be "control	persons*. 934 e Official No Use
	(b) In the "PR" column, enter "PR" if the	owner is a public	cutive officers and all 25 c reporting company un	5% owners, ger der Sections 12 Date Title or Status Acquire	Ownership	the Securities Control Person	tees would be "control tes Exchange Act of 19 CRD No. If None S.S. No., IRS Tax	persons*. 934 e Official No Use
	(b) In the "PR" column, enter "PR" if the	owner is a public	cutive officers and all 25 c reporting company un	5% owners, ger der Sections 12 Date Title or Status Acquire	Ownership	the Securities Control Person	tees would be "control tes Exchange Act of 19 CRD No. If None S.S. No., IRS Tax	persons*. 934 e Official No Use
	(b) In the "PR" column, enter "PR" if the	owner is a public	cutive officers and all 25 c reporting company un	5% owners, ger der Sections 12 Date Title or Status Acquire	Ownership	the Securities Control Person	tees would be "control tes Exchange Act of 19 CRD No. If None S.S. No., IRS Tax	persons*. 934 e Official No Use
	(b) In the "PR" column, enter "PR" if the	owner is a public	cutive officers and all 25 c reporting company un	5% owners, ger der Sections 12 Date Title or Status Acquire	Ownership	the Securities Control Person	tees would be "control tes Exchange Act of 19 CRD No. If None S.S. No., IRS Tax	persons*. 934 e Official No Use
	(b) In the "PR" column, enter "PR" if the	owner is a public	cutive officers and all 25 c reporting company un	5% owners, ger der Sections 12 Date Title or Status Acquire	Ownership	the Securities Control Person	tees would be "control tes Exchange Act of 19 CRD No. If None S.S. No., IRS Tax	persons*. 934 e Official No Use
	(b) In the "PR" column, enter "PR" if the	owner is a public	cutive officers and all 25 c reporting company un	5% owners, ger der Sections 12 Date Title or Status Acquire	Ownership	the Securities Control Person	tees would be "control tes Exchange Act of 19 CRD No. If None S.S. No., IRS Tax	persons*. 934 e Official No Use
	(b) In the "PR" column, enter "PR" if the	owner is a public	cutive officers and all 25 c reporting company un	5% owners, ger der Sections 12 Date Title or Status Acquire	Ownership	the Securities Control Person	tees would be "control tes Exchange Act of 19 CRD No. If None S.S. No., IRS Tax	persons*. 934 e Official No Use
	(b) In the "PR" column, enter "PR" if the	owner is a public	cutive officers and all 25 c reporting company un	5% owners, ger der Sections 12 Date Title or Status Acquire	Ownership	the Securities Control Person	tees would be "control tes Exchange Act of 19 CRD No. If None S.S. No., IRS Tax	persons*. 934 e Official No Use
	(b) In the "PR" column, enter "PR" if the	owner is a public	cutive officers and all 25 c reporting company un	5% owners, ger der Sections 12 Date Title or Status Acquire	Ownership	the Securities Control Person	tees would be "control tes Exchange Act of 19 CRD No. If None S.S. No., IRS Tax	persons*. 934 e Official No Use
	(b) In the "PR" column, enter "PR" if the	owner is a public	cutive officers and all 25 c reporting company un	5% owners, ger der Sections 12 Date Title or Status Acquire	Ownership	the Securities Control Person	tees would be "control tes Exchange Act of 19 CRD No. If None S.S. No., IRS Tax	persons*. 934 e Official No Use
	(b) In the "PR" column, enter "PR" if the	owner is a public	cutive officers and all 25 c reporting company un	5% owners, ger der Sections 12 Date Title or Status Acquire	Ownership	the Securities Control Person	tees would be "control tes Exchange Act of 19 CRD No. If None S.S. No., IRS Tax	persons*. 934 e Official No Use
	(b) In the "PR" column, enter "PR" if the	owner is a public	cutive officers and all 25 c reporting company un	5% owners, ger der Sections 12 Date Title or Status Acquire	Ownership	the Securities Control Person	tees would be "control tes Exchange Act of 19 CRD No. If None S.S. No., IRS Tax	persons*. 934 e Official No Use
	(b) In the "PR" column, enter "PR" if the	owner is a public	cutive officers and all 25 c reporting company un	5% owners, ger der Sections 12 Date Title or Status Acquire	Ownership	the Securities Control Person	tees would be "control tes Exchange Act of 19 CRD No. If None S.S. No., IRS Tax	persons*. 934 e Official No Use

S	chedule B of FORM I	BD	Applicant							OFFICIAL USI	Ε
	INDIRECT OWNERS		Name.								
	(Answer for Form BD Item 3) (REV 7/1999)		Date <sup>-</sup>	_ Firm CRD N	lo.·			-			
1	Use Schedule B only in new applications to provide information on the indirect owners of the applicant. Use Schedule A in neinformation on direct owners. File all amendments on Schedule C. Complete each column.							n new applications to provid	le		
2	With respect to each owner listed or	n Sched	lule A, (except individual o	wners), list belo	N						
	(a) In the case of an owner that is sale of, 25% or more of a class	a corpo	ration, each of its shareho	Iders that benefi	cially o	wns, t	nas the rigi	nt to vot	te, or	has the power to sell or dire	ct the
	For purposes of this Schedule, grandparent, spouse, sibling, re	, a <i>perse</i> nother-i	on beneficially owns any sen- n-law, father-in-law, son-in	ecurities (i) owne	n-law I	hrothe	r-in-law or	eieter-i	in_low	charing the eams maidens	⇔, or
	(ii) that he/she has the right to (b) in the case of an owner that is	a partne	ership, <b>all</b> general partners	and those limit	ny optic ed and	on, wa I speci	mant or rig al partners	nt to pu that ha	irchas ave th	e the security e right to receive upon	
	dissolution, or have contributed (c) in the case of an owner that is										
	(d) in the case of an owner that is contributed, 25% or more of th	a Limite	ed Liability Company ("LCC	C"). (i) those mer	nbers i nagers	hat ha , all <b>e</b> le	ive the righ	nt to rec	eive i	upon dissolution, or have	
3	Continue up the chain of ownership the Securities Exchange Act of 1934	listing a 4) is rea	uli 25% owners at each lev ched, no ownership inform	el. Once a publication further up	repor the cha	ting co	ompany (a ownership	compar need b	ny sul e give	oject to Sections 12 or 15(d)	of
4.	in the "DE/FE/I" column, enter "DE" enter "I" if the owner is an individual	if the o	wner is a domestic entity, o	or <b>en</b> ter "FE" if o	wner is	an er	ntity incorp	orated (	or dor	niciled in a foreign country, (	or
5.	Complete the "Status" column by er issued).	ntering s	status as partner, trustee, s	shareholder, etc	, and if	share	holder, cla	ss of se	ecuriti	es owned (if more than one	is
6.	Ownership codes are C - 25	% but le	ess than 50% D -	50% but less the	an 75%	•	E - 75	% or m	ore	F - Other General Part	ners
7.	(a) In the "Control Person" column have control Note that under the	nis defir	ution most executive office	irs and all 25% o	wners,	. gene	ral partner	s, and t	rustee	es would be "control persons	ot s"
	(b) In the "PR" column, enter "PR"	if the o	wner is a public reporting o	company under	Section	s 12 c	r 15(d) of	the Sec	untie	s Exchange Act of 1934.	
	FULL LEGAL NAME (Individuals Last Name, First Name, Middle Name)	DE/FE/I	Entity in Which Interest is Owned	Status	Acq	Status uired YYYY	Ownership Code	Conti Perso		CRD No. If None. S S. No., IRS Tax No or Employer ID	Official Use Only
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Schedule C of FORM BD  AMENDMENTS TO SCHEDULES A & B	Applicant Name:			OFFICIAL USE
(Amendments to answers for Form BD Item 3)	Date:	Firm CRD No		
This Schedule C is used to amend Schedu Complete each column. File with a comp	les A and B of Form BD leted Execution Page (F	) Refer to those schedule	es for specific instructions fo	r completing this Schedule C.
2. In the Type of Amendment ("Type of Amd."	') column, indicate "A" (	addition), "D" (deletion), c	or "C" (change in information	about the same person).
······································	ess than 10% C -	10% but less than 25% 25% but less than 50%	D - 50% but less than E - 75% or more	75% F - Other General Partners
4. List below all changes to Schedule A: (	DIRECT OWNERS AN		<del>-                                    </del>	
FULL LEGAL NAME (Individuals Last Name, First Name, Middle Name)	DE/FE/I Type of Tit	Date T Status A MM		CRD No If None S.S No , IRS Tax No or Employer ID  Official Use Only
5 List below all changes to Schedule B: (I	NDIRECT OWNERS)			
FULL LEGAL NAME (Individuals Last Name, First Name, Middle Name)  Type of Amd	Entity In Which Interest is Owned	Status Acc	Status Quired Ownership Control Person Code	CRD No. If None: Official S S No., IRS Tax No Use or Employer ID Only
		10101	YYYY	or Employer ID Only
	•			

Page 1   Applicant   Name   Date:   Firm CRD No.     Date:	Schedule D of FORM BD					OFFICIAL USE	OFFICE USE ON
Use this School to Page 1 to report details for items listed below. Report only new information or changes/updates to previously submitted details. Do not repeat previously submitted dinformation.  This is an   INITIAL   AMENDED detail filling for the Form BD items checked below:    SECTION   Other Business Names   Other Business Names	Page 1		t 				
Use this Schedule D Page 1 to report details for items listed below. Report only new information or changes/updates to previously submitted details. Do not repeat previously submitted information.  This is an initital. AMENDED detail filting for the Form BD items checked below:    SECTION	(REV 7/1999)	Date:		Firm CRD No.			
This is an   INITIAL   AMENDED detail filing for the Form 8D items checked below:    SECTION   Other Business Names		etails for it	ems listed heli	ow Report only new info			4
Conect of applicable   Item 1C(2)   Item 1	submitted details. Do not repeat previou	usly submit	ted informatio	n. Report only new info	mation or changes/up	dates to previously	
Check of applicable   Item 102		ED detail f	iling for the Fo	orm BD items checked be	elow:		
List each of the "other" names and the jurisdiction(s) in which they are used.  1. Name  Junsdiction  2. Name  Junsdiction  3. Name  Junsdiction  3. Name  Junsdiction  4. Name  Junsdiction  SECTION II Other Business  (Check one) Item 12Z Item 13B  Applicant must complete a separate Schedule D Page 1 for each affirmative response in this section.  Briefly describe any other business (ITEM 12Z); or any other non-securities business (ITEM 13B). Use reverse side of this sheet for additional comments if necessary.  SECTION III Successions  (Check it applicable) Item 5  Date of Succession Min DD YYYY Name of Producesor  Fund CRID Number  IPS Employer Identification Number (if any)  SEC File Number (if any)  SECTION IV Introducing and Clearing Arrangements / Control Persons / Financings  (Check one) Item 7 Item 8A Item 8B Item 8C Item 9A Item 9B  Juny Item. Complete the "Effective Date" box with the Month, Day and Year that the arrangement or agreement became effective.  Why Item Complete the "Effective Date" box with the Month, Day and Year that the arrangement or agreement became effective.  Why Item Complete the "Effective Date" box with the Month, Day and Year that the arrangement or agreement became effective.  Security Item. Complete the "Effective Date" box with the Month, Day and Year that the arrangement or agreement became effective.  May 100 y y Termination Date  Jung 100 y y y Termination Da	SECTION 1 Other Business	Names					+
Jurisdoction   Juri							
SECTION II Other Business  Check one)	Name  1. Name  1. Name  1. Name	ırisdıction(s					
SECTION III Other Business  (Check one)	2 Name			2.		Junsdiction	
(Check one) Item 12Z Item 13B  Applicant must complete a separate Schedule D Page 1 for each affirmative response in this section.  Bnefly describe any other business (ITEM 12Z); or any other non-securities business (ITEM 13B). Use reverse side of this sheet for additional comments if necessary.    SECTION III	3. Name		Jurisdiction	4. Name		Junsdiction	11
Applicant must complete a separate Schedule D Page 1 for each affirmative response in this section.  Briefly describe any other business (ITEM 12Z); or any other non-securities business (ITEM 13B). Use reverse side of this sheet for additional comments if necessary.  SECTION III  Successions  (Check if applicable)	SECTION II Other Business						4
Section III   Successions   Section III   Succession   Section III   Secti	(Check one) item 12Z	it	em 13B		. <u>.</u>		-
Section ii   Successions   Section ii   Section i	Applicant must complete a separate Sch	edule D Pa	ige 1 for each	affirmative response in t	his section.		
SECTION III   Successions	Briefly describe any other business (ITE)	/ 12Z); or a	any other non	-securities business (ITE	M 13B). Use reverse s	ide of this sheet for	+
Check if applicable   Item 5	additional comments if necessary.						
Check if applicable    Item 5							
Check if applicable   Item 5							
Check if applicable   Item 5	SECTION III Successions						
Date of Succession MM DO YYYY Name of Prodecessor							7
SEC File Number   IRS Employer Identification Number (if any)   SEC File Number (if any)	D						
Bnefly describe details of the succession including any assets or liabilities not assumed by the successor. Use reverse side of this sheet for additional comments if necessary.    SECTION IV	Date of Succession Min DD YY	YY Name of	Predecessor				1
SECTION IV Introducing and Clearing Arrangements / Control Persons / Financings  (Check one)	Firm CRD Number	IRS Emp	loyer Identification	n Number (if any)	SEC File Number (if any)		4
SECTION IV Introducing and Clearing Arrangements / Control Persons / Financings  (Check one)	Briefly describe details of the succession	noludina d		E-1-Me			
(Cneck one)	for additional comments if necessary.	monuting a	any assets or	liabilities not assumed by	the <i>successor</i> . Use re	verse side of this sheet	:
(Cneck one)							
(Cneck one)							
(Check one) Item 7 Item 8A Item 8B Item 8C Item 9A Item 9B  Applicant must complete a separate Schedule D Page 1 for each affirmative response in this section including any multiple responses to any item. Complete the "Effective Date" box with the Month, Day and Year that the arrangement or agreement became effective. When reporting a change or termination of an arrangement or agreement, enter the effective date of the change.  Firm or Organization Name  CRD Number (if any)  Business Address (Street, City, State/Country, Zip+4/Postal Code)  Effective Date  MM / DD / YYYY  Individual Name (if applicable) (Street, City, State/Country, Zip+4/Postal Code)  Effective Date  MM / DD / YYYY  MM / DD /							
Item 7	SECTION IV Introducing and	Clearing .	Arrangemei	nts / Control Persons	/ Financinge		-
Applicant must complete a separate Schedule D Page 1 for each affirmative response in this section including any multiple responses to any item. Complete the "Effective Date" box with the Month, Day and Year that the arrangement or agreement became effective. When reporting a change or termination of an arrangement or agreement, enter the effective date of the change.  Firm or Organization Name    CRD Number (if any)						Itom OP	1
When reporting a change or termination of an arrangement or agreement, enter the effective date of the change.  Firm or Organization Name  CRD Number (if any)  Business Address (Street, City, State/Country, Zip+4/Postal Code)  Effective Date  MM / DD / YYYY  Individual Name (if applicable) (Last, First, Middle)  Business Address (if applicable) (Street, City, State/Country, Zip+4/Postal Code)  Effective Date  MM / DD / YYYY  Effective Date  MM / DD / YYYY  M	Applicant must complete a separate Sche	edule D Pa	ge 1 for each	affirmative response in the	nis section including an	IV multinia reenonese	
Business Address (Street, City, State/Country, Zip+4/Postal Code)  Effective Date  MM / DD / YYYY  Individual Name (if applicable) (Last, First, Middle)  Business Address (if applicable) (Street, City, State/Country, Zip+4/Postal Code)  Effective Date  MM / DD / YYYY	to any item. Complete the "Effective Date	box with	the Month. Da	iv and Year that the arrai	nament or agreement	hecame offective	
Individual Name (if applicable) (Last, First, Middle)  CRD Number (if any)  Business Address (if applicable) (Street, City, State/Country, Zip+4/Postal Code)  Effective Date  MM / DD / YYYY  MM / DD / YYYY  MM / DD / YYYY	Firm or Organization Name	n all allain	gement or agr	eement, enter the enecu			-
Individual Name (if applicable) (Last, First, Middle)  CRD Number (if any)  Business Address (if applicable) (Street, City, State/Country, Zip+4/Postal Code)  Effective Date  MM / DD / YYYY  MM / DD / YYYY  MM / DD / YYYY	Propose Address (Street Ch. State County, 7-45						
Business Address (if applicable) (Street, City, State/Country, Zip+4/Postal Code)  Effective Date  MM DD YYYY  MM DD YYYY	Susiness Address (Silver, City, State/Country, Zip+4/P	ostal Code)					
MAM / DD / YYYY MAM / DD / YYYY	Individual Name (if applicable) (Last, First, Middle)				CRD Number (if any)	1 / /	1
MAM / DD / YYYY MAM / DD / YYYY	Rusurage Artirage (if analyzabla) (Cimat City, State/Ca	untari Tra 4/1	To adol (On da)				
Briefly describe the nature of reference or arrangement (ITEM 7 or ITEM 9), the net read the section of the sec	Substitution (in applicable) (Substitution)	wwy. 21 <del>014</del> 77	-USIAI COOE)				
	Briefly describe the nature of reference or	r arrangem	ent (ITEM 7 o	r ITEM 8): the nature of t	he <i>control</i> or agreeme	nt (ITEM 9A): or the	1
1 !							
							1 1

Schedule D of FORM BD			OFFICIAL USE	OFFICIAL USE ONLY
Page 2	Applicant Name:			
	Data = - ann ti			
(REV 7/1999)	Date Firm CRD No			
details. Do not repeat previously submit	stalls for Item 10A. Report only new information. Supply details for all partion completely. Use additional copies of S	nerships, corporations, organiz	ations, institutions and	
	Month, Day, and Year that the affiliation			
This is an INITIAL AMENDE	D detail filing for Form BD Item 10A			
10A. Directly or indirectly, does appartnership, corporation, or o	olicant control, is applicant controlled by, ther organization that is engaged in the s	or is <i>applicant</i> under common ecurities or investment advisor	control with, any y business?	
SECTION V Complete this se	ction for control issues relating to	ITEM 104 only		
The details supplied relate to:	to the second se	······································		-
Partnership, Corporation, or Organization Nam	е	CRD Number (if any)		
(check only one)				
This Partnership, Corporation, or Organization		d by applicant is under comm	non control with applicant	
Business Address (Street, City, State/Country, Zip+	•	Effective Date 1	Termination Date MM / DD / YYYY	
Organization a foreign entity?  Yes No  Briefly describe the control relationship. Use in	Intry of domicile or Check "Yes" or "No" for activities of this partnership, corporation, or organization	Activities Yes No Adv.	estment Yes No No vities	
Partnership, Corporation, or Organization Name	e	CRD Number (if any)		
(check only one)				
This Partnership, Corporation, or Organization		d by applicant is under comm	non control with applicant	ĺ
Business Address (Street, City, State/Country, Zip+4	/Postal Code)		ermination Date	
Is Partnership, Corporation or Organization a foreign entity?  Yes No	ntry of domicile or Check "Yes" or "No" for activities of this partnership, corporation, or organization	Securities Yes No Activities		
Briefly describe the control relationship. Use r	everse side of this sheet for additional comme	nts if necessary.		
Partnership, Corporation, or Organization Nam		LCCD Number (Con)		
3		CRD Number (if any)		
(check only one)  This Partnership, Corporation, or Organization	n controls applicant is controlled	45		
Business Address (Street, City, State/Country, Zip+4	,,	Effective Date To	on control with applicant emination Date	
Is Partnership, Corporation or Organization a foreign entity?	ntry of domicile or Check "Yes" or "No" for		stment	
Yes No	activities of this partnership, corporation, or organization	Activities Yes No Activ	sory L_Yes L_No	
Briefly describe the control relationship. Use re	everse side of this sheet for additional comme	nts if necessary.		
If applicant has more than 3 organizations	to report, complete additional Schodula	D Page 2e		

Schedule D of FORM BD		OFFICIAL USE
Page 3	Applicant Name.	
(REV 7/1999)	Date: Firm CRD No	
details. Do not repeat previously submit individuals necessary to answer each its Use the "Effective Date" box to enter the in the affiliation.	etails for Item 10B. Report only new information of ted information. Supply details for all partnerships em completely. Use additional copies of Schedule e Month, Day, and Year that the affiliation was eff	corporations, organizations, institutions and D Page 3 if necessary.
This is an INITIAL AMENDE	ED detail filing for Form BD Item 10B	
10B. Directly or indirectly. is application Reserve System, state non-in-	eant controlled by any bank holding company, national number bank, savings bank or association, credit	onal bank, state member bank of the Federal union, or foreign bank?
SECTION VI Complete this se	ection for control issues relating to ITEM	IOB only.
Provide the details for each organization applicant's chain of ownership. The detail	or institution that <i>controls</i> the <i>applicant</i> , including ls supplied relate to:	each organization or institution in the
Financial Institution Name		CRD Number (if applicable)
Institution Type (i.e., bank holding company, nati non-member bank, savings asso	onal bank, state member bank of the Federal Reserve System, ciation, credit union, or foreign bank)	state Effective Date MM / DD / YYYY  Termination Date MM / DD / YYYY
Business Address (Street, City, State/Country, Zip+	A/Postal Code)	If foreign, country of domicile or incorporation
Briefly describe the control relationship. Use reverse	e side of this sheet for additional comments if necessary	
2 Financial Institution Name		CRD Number (if applicable)
Institution Type (i e , bank holding company, nation non-member bank, savings asso	onal bank, state member bank of the Federal Reserve System, ciation, credit union, or foreign bank)	state Effective Date MM DD YYYY  Termination Date MM DD YYYY
Business Address (Street, City, State/Country, Zip+	4/Postal Code)	If foreign, country of domicile or incorporation
Briefly describe the control relationship. Use reverse	side of this sheet for additional comments if necessary	
Financial Institution Name		CRD Number (if applicable)
Institution Type (i e , bank holding company, nate non-member bank, savings associations)	onal bank, state member bank of the Federal Reserve System, cation, credit union, or foreign bank)	Effective Date MM DD YYYY  Termination Date MM DD YYYY
Business Address (Street, City, State/Country, Zp+4	V/Postal Code)	If foreign, country of domicile or incorporation
Briefly describe the control relationship. Use reverse	side of this sheet for additional comments if necessary	
Financial Institution Name		CRD Number (if applicable)
Institution Type (i.e., bank holding company, nation non-member bank, savings associations)	onal bank, state member bank of the Federal Reserve System, : ciation, credit union, or foreign bank)	
Business Address (Street, City, State/Country, Zip+4	VPostal Code)	Termination Date MM / DD / YYYY  If foreign, country of domicile or incorporation
Briefly describe the <i>control</i> relationship Use reverse	side of this sheet for additional comments if necessary	
16 and Sanakharan and and and and and and and and and a		
ir applicant has more than 4 organizations	s/institutions to report, complete additional Schedi	ıle D Page 3s.

Sche	dule E of FORM BD			OFFICIAL USE
		Applicant Name.		
		Date: Firm	CRD No	
	(REV 7/1999)			
General:	Lies this schodule to requiter or report has	INSTRUC	TIONS	
General.	Edon tient most be completed unless off	enwise noted ose additional contas of th	of the applicant Repeat Items 1-12 for each branch of its schedule as necessary. If this branch office or othe h name must be reported under Item 1C(2) on Page 1	t business lessters ist
Specific:			· · · · ·	
tem 2	Digitical curce of offiel prizitiess location	n is closed, and "Amendment" to indica hen the <i>applicant</i> adds a branch office	cation is opened and the <i>applicant</i> is filing the initia ate any other change to previously filed information, or other business location as discussed in Item 1 a	
Item 3	The Billing Code is an alpha/numeric vicodes. This is not a required field.	alue consisting of up to eight characte	rs. It is the responsibility of the firm to establish and	maintain its own unique billing
Item 4 Item 5	Complete this item for all entries A phy	/sical location must be included, post	office box designations alone are not sufficient	
item 6	institution, enter the name of the institu	cation occupies or shares space on pi ition in the space provided	ng branch office or other business location remises within a bank, savings bank or association,	
Item 7 Item 8	Complete this item for all entries Enter Provide the CRD number for the branci	the name of the supervisor or register	red representative in charge who is physically at thi	slocation
item 9	Complete this item for all entries Provided the change (AMENDMENT)	de the date that the branch office or of	her business location was opened (ADD), closed (I	
Item 10 Item 11	Check "Yes" or "No" to denote whether	the location will be an Office of Super	visory Jurisdiction (OSJ) as defined in NASD Rule	3010
gom i i	its expenses paid by a party other than	main office <u>and</u> any one or more of the the applicant; (B) has primary response of its total registered representatives	t will operate pursuant to a written agreement or co e following will apply the location (A) assumes liable sibility for decisions relating to the employment and to be "independent contractors" for tax purposes, o	lity for its own expenses or has
Item 12	Check the appropriate box(es) if the bre	anch or other business location is regis	stering with the NASD or registering or reporting will	th a <i>junsdiction</i>
1. Chec	k only one box:			
	dd Delete Amend Branch Number			
	Code		6. Institution Name (if applicable)	
J. J			7. Supervisor Name	
4 Street			٥	
PO B	x (if applicable). Suite. Floor		CRD Number of Supervisor	
	, , , , , , , , , , , , , , , , , , , ,		9. Effective Date (MM/DD/YYYY)	
•	ate/Country, Zip Code + 4/Postal Code			
	int is changing the address, enter the i	new address in Item 5.	10. OSJ Yes No	
5 Street			11. Yes No	-1 -
PO Bo	x (if applicable), Suite, Floor		If Yes, indicate each Item 11 subset that ap  ☐ A ☐ B ☐ C ☐ D	piles:
City, St	ste/Country, Zip Code + 4/Postal Code	A. Control of the con	12 NASD Junsdiction	
1. Chec	k only one box.			
	Branch Number		•	
	Code		6 Institution Name (if applicable)	
4			7 Supervisor Name	
Street			8. CRD Number of Supervisor	
	x (if applicable), Suite, Floor		9. Effective Date (MM/DD/YYYY)	
	ste/Country, Zip Code + 4/Postal Code			
	nt is changing the address, enter the i	new address in Item 5	10 OSJ LYes No	
5. Street			11. Yes No If Yes, Indicate each Item 11 subset that app	piles·
P O Bo	x (if applicable), Suite, Floor	<u> </u>	A B C D	
City, Sta	ste/Country, Zip Code + 4/Postal Code		12. NASD Junsdiction	

## CRIMINAL DISCLOSURE REPORTING PAGE (BD)

GENERAL INSTRUCTIONS	
This Disclosure Reporting Page (DRP BD) is an INITIAL <b>OR</b> AMENDED response used to report details for affirmative responses to <b>Items 11A and 11B</b> of Form BD;	
Check ☑ item(s) being responded to:	
In the past ten years has the applicant or a control affiliate.  (1) been convicted of or pled guilty or note contendere ("no contest") in a domestic, foreign, or military court to any felony?  (2) been charged with any felony?  In the past ten years has the applicant or a control affiliate:	
<ul> <li>(1) been convicted or pled guilty or noto contendere ("no contest") in a domestic, foreign or military court to a misdemeanor involving investments or an investment-related business, or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?</li> <li>(2) been charged with a misdemeanor specified in 11B(1)?</li> </ul>	ļ
Use a separate DRP for each event or proceeding. An 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 above items.	
If a control affiliate is an individual or organization registered through the CRD, such control affiliate need only complete Part I of the applicant's appropriate DRP (BD) Details of the event must be submitted on the control affiliate's appropriate DRP (BD) or DRP (U-4). If a control affiliate is an individual or organization not registered through the CRD, provide complete answers to all the items on the applicant's appropriate DRP (BD). The completion of this DRP does not relieve the control affiliate of its obligation to update its CRD records.	
Applicable court documents (i.e., criminal complaint, information or indictment as well as judgment of conviction or sentencing documents) must be provided to the CRD if not previously submitted. Documents will not be accepted as disclosure in lieu of answering the questions on this DRP.	
PART I	
The person(s) or entity(ies) for whom this DRP is being filed is (are):	_
☐ The Applicant	
Applicant and one or more control affiliate(s)	
One or more control affiliate(s)	
If this DRP is being filed for a <i>control affiliate</i> , give the full name of the <i>control affiliate</i> below (for individuals, Last name, First name, Middle name).	
If the control affiliate is registered with the CRD, provide the CRD number. If not, indicate "non-registered" by checking the appropriate checkbox.	€
NAME OF APPLICANT CRD NUMBER  APPLICANT CRD NUMBER	
BD DRP - CONTROL AFFILIATE	
CRD NUMBER  This Control Affiliate is Firm Individual	
Registered: Yes No	
NAME (For individuals, Last, First, Middle)	
$\Box$ This DRP should be removed from the BD record because the <i>control affiliate(s)</i> are no longer associated with the BD.	
. If the control affiliate is registered through the CRD, has the control affiliate submitted a DRP (with Form U-4) or BD DRP to the CRD System 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 control affiliate of its obligation to update its CRD records.	

#### **CRIMINAL DISCLOSURE REPORTING PAGE (BD)**

(continuation)

# PART II 1. If charge(s) were brought against an organization over which the applicant or control affiliate exercise(d) control. Enter organization name, whether or not the organization was an investment-related business and the applicant's or control 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). 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? ☐ 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: 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. 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. (The information must fit within the space provided )

# REGULATORY ACTION DISCLOSURE REPORTING PAGE (BD)

	GENERAL INSTRUCTIONS
This	s Disclosure Reporting Page (DRP BD) is an INITIAL OR AMENDED response used to report details for
affin	mative responses to <i>Items 11C, 11D, 11E, 11F or 11G</i> of Form BD;
11C	ck 🗹 item(s) being responded to:  Has the U.S. Secunities and Exchange Commission or the Commodity Futures Trading Commission ever
	(1)   (1)
	(3) Sound the applicant or a control affiliate to have been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?  (4) entered an order against the applicant or a control affiliate in connection with investment-related activity?
11D	(5) imposed a civil money penalty on the applicant or a control affiliate, or ordered the applicant or a control affiliate to cease and desist from any activity?
'''	Has any other federal regulatory agency, any state regulatory agency, or foreign financial regulatory authority  (1) ever found the applicant or a control affiliate to have made a false statement or omission or been dishonest unfair or unethical?
	(2) ever found the applicant or a control affiliate to have been involved in a violation of investment-related regulations or statutes? (3) ever found the applicant or a control affiliate to have been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?
	(5) ever denied suspended or revoked the applicant's or a control affiliate in connection with an investment-related activity?
11E	Has any self-regulatory organization or commodities exchange ever
	(1) found the applicant or a control affiliate to have made a false statement or omission?  (2) found the applicant or a control affiliate to have been involved in a violation of its rules (other than a violation designated as a "minor rule violation" under a plan approved by the U.S. Securities and Exchange Commission)?
	(3) found the applicant or a control affiliate to have been the cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?  (4) disciplined the applicant or a control affiliate by expelling or suspending it from membership, barring or suspending its association with other members, or otherwise restriction is
11F 11G	Has the applicant's or a control affiliate's authorization to act as an attorney accountant or ferferal controller ever been purched as supported as
	a separate DRP for each event or proceeding. An event or proceeding may be reported for more than one person or entity using one DRP. File with
a co	Impleted Execution Page
ever	e event may result in more than one affirmative answer to Items 11C, 11D, 11E, 11F or 11G. Use only one DRP to report details related to the same nt. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.
İtısı	not a requirement that documents be provided for each event or <i>proceeding</i> . Should they be provided, they will not be accepted as disclosure in lieu inswering the questions on this DRP
lf a c	control affiliate is an individual or organization registered through the CRD, such control affiliate need only complete Part Lof the englicant's
appr	roprate DRP (BD) Details of the event must be submitted on the control affiliate's appropriate DRP (BD) or DRP (U-4) If a control affiliate is an vidual or organization not registered through the CRD, provide complete answers to all the items on the applicant's appropriate DRP (BD). The
com	pletion of this DRP does not relieve the control affiliate of its obligation to update its CRD records.
	RT I
A. Tł	he person(s) or entity(ies) for whom this DRP is being filed is (are):
	The Applicant
	Applicant and one or more control affiliate(s)
16 (	One or more control affiliate(s)
1411	this DRP is being filed for a <i>control affiliate</i> , give the full name of the <i>control affiliate</i> below (for individuals, Last name, First name, inddle name).
lf t ch	the control affiliate is registered with the CRD, provide the CRD number. If not, indicate "non-registered" by checking the appropriate neckbox.
[·	NAME OF APPLICANT CRD NUMBER
BI	D DRP - CONTROL AFFILIATE
	CRD NUMBER
	This Control Affiliate is Firm Individual
	Registered: Yes No
	NAME (For individuals, Last, First, Middle)
	☐ This DRP should be removed from the BD record because the control affiliate(s) are no longer associated with the BD.
B. Ift Sv	the control affiliate is registered through the CRD, has the control affiliate submitted a DRP (with Form U-4) or BD DRP to the CRD yetem for the event? If the answer is "Yes," no other information on this DRP must be provided.
, 	Yes No
NC	OTE: The completion of this form does <u>not</u> relieve the <i>control affiliate</i> of its obligation to update its CRD records.

Rev Form BD (7/1999)

# REGULATORY ACTION DISCLOSURE REPORTING PAGE (BD)

	Regulatory Action initiated by:			
1.	SEC Other Federal State	☐ <i>SRO</i> ☐ Foreign		
	(Full name of regulator, foreign financial regulator)		7 <i>0</i> )	
,	Principal Country (chart and a second to the chart and a second to the			
٤.	Principal Sanction: (check appropriate Item)  Civil and Administrative Penalty(ies)/Fine(s)	□ <b>D</b> :	□ <b>p</b>	
	Bar	<ul><li>☐ Disgorgement</li><li>☐ Expulsion</li></ul>	☐ Restitution ☐ Revocation	
	Cease and Desist	Injunction	Suspension	
	☐ Censure	☐ Prohibition	Undertaking	
	☐ Denial	Reprimand	Other	
	Other Sanctions.	·		
3	Date Initiated (MM/DD/YYYY):			
•		Exact	Explanation	
	If not exact, provide explanation:			
	Docket/Case Number:		WAL 1997	
j.	Control Affiliate Employing Firm when activity occurre	ed which led to the regulatory ac	etron (if applicable)	
			(i applicable)	
<b>S</b> .	Principal Product Type (check appropriate item)			
	Annuity(les) - Fixed Derivative(s)		☐ Investment Contract(s)	
		nt(s) - DPP & LP Interest(s)	☐ Money Market Fund(s)	
	☐ CD(s) ☐ Equity - OTC	miles of a commercial	☐ Mutual Fund(s)	
	<u> </u>	ommon & Preferred Stock)	☐ No Product	
į	☐ Debt - Asset Backed ☐ Futures - Comm		Options	
	☐ Debt - Corporate ☐ Futures - Finance	cial	Penny Stock(s)	
İ	☐ Debt - Government ☐ Index Option(s)		Unit Investment Trust(s)	
1	☐ Debt - Municipal ☐ Insurance		Other	
	Other Product Types:			
•	Describe the allegations related to this regulatory a	ction. (The information must f	it within the space provided.):	
	Command Chattain C	(T)		
	Current Status? $\ \ \square$ Pending $\ \ \ \square$ On Appeal if on appeal, regulatory action appealed to: (SEC, $3$	☐ Final SRO, Federal or State Court) :	and Date Anneal Filed	
ı	,		wie Date Appeal Flied.	
1	Rev Form BD (7/1999)			(continued)

# REGULATORY ACTION DISCLOSURE REPORTING PAGE (BD)

If Final or On Appeal, complete all items be 10. How was matter resolved: (check appropriate ite	-	m 13 only.
Acceptance, Walver & Consent (AWC) Consent Decision	Decision & Order of Offer of Settlement Dismissed Order	☐ Settled ☐ Stipulation and Consent ☐ Vacated
11. Resolution Date (MM/DD/YYYY):	☐ Exact ☐ Explanation	
If not exact, provide explanation:		
12.  A. Were any of the following Sanctions Order  Monetary/Fine  Amount: \$  B. Other Sanctions Ordered	1 -	gorgement/Restitution  □ Bar □ Suspension
given to requalify/retrain, type of exam requ	parred, provide duration including start date and tc.). If requalification by exam/retraining was a coursed and whether condition has been satisfied. I pensation, provide total amount, portion levied a	ondition of the sanction, provide length of time
13. Provide a brief summary of details related to the information must fit within the space provided.)	ne action status and (or) disposition and include i	relevant terms, conditions and dates. (The

# CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (BD)

GENERAL INSTRUCTIONS	
This Disclosure Reporting Page (DRP BD) is an INITIAL <i>OR</i> AMENDED affirmative responses to <i>Item 11H</i> of Form BD;	response used to report details for
Check ☑ ıtem(s) being responded to:	
11H(1) Has any domestic or foreign court	
(a) in the past ten years, enjoined the applicant or a control affiliate in connection wit	
(b) ever found that the applicant or a control affiliate was involved in a violation of inv	
(c) ever dismissed, pursuant to a settlement agreement, an investment-related civil a control affiliate by a state or foreign financial regulatory authority?	
11H(2) Is the applicant or a control affiliate now the subject of any civil proceeding that could	result in a "yes" answer to any part of 11H?
Use a separate DRP for each event or <i>proceeding</i> . An event or <i>proceeding</i> may be reported for more to a completed Execution Page	
One event may result in more than one affirmative answer to Item 11H. Use only one DRP to report de judicial actions must be reported on separate DRPs	
It is not a requirement that documents be provided for each event or proceeding. Should they be provided for each event or proceeding. Should they be provided for each event or proceeding.	·
If a control affiliate is an individual or organization registered through the CRD, such control affiliate nei appropriate DRP (BD). Details of the event must be submitted on the control affiliate's appropriate DRP individual or organization not registered through the CRD, provide complete answers to all the items or completion of this DRP does not relieve the control affiliate of its obligation to update its CRD records.	(BD) or DRP (U-4). If a control affiliate is an
PARTI	
A. The person(s) or entity(ies) for whom this DRP is being filed is (are):	
The Applicant	
Applicant and one or more control affiliate(s)	
☐ One or more <i>control affiliate(s)</i>	
If this DRP is being filed for a <i>control affiliate</i> , give the full name of the <i>control affiliate</i> belowed by Middle name).	ow (for individuals, Last name, First name,
If the control affiliate is registered with the CRD, provide the CRD number. If not, indicate checkbox.	"non-registered" by checking the appropriate
NAME OF APPLICANT	APPLICANT CRD NUMBER
BD DRP - CONTROL AFFILIATE	
CRD NUMBER	
This Control	Affiliate is Firm Individual
Registered: Yes No	
NAME (For individuals, Last, First, Middle)	
This DBP should be removed from the BD record because the control officers (a)	
This DRP should be removed from the BD record because the control affiliate(s) a. B. If the control affiliate is registered through the CRD, has the control affiliate submitted a. D.	
B. If the control affiliate is registered through the CRD, has the control affiliate submitted a D System for the event? If the answer is "Yes," no other information on this DRP must be presented.	RP (with Form U-4) or BD DRP to the CRD ovided.
☐ Yes ☐ No	
NOTE: The completion of this form does not relieve the control affiliate of its obligation to	update its CRD records.
PART II	
Court Action initiated by: (Name of regulator, foreign financial regulatory authority, SRO, commodition	no evenence agents for any at the second
The state of the s	es exchange, agency, mm, private plaintiff, etc.)

Rev Form BD (7/1999)

1.

# CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (BD)

2.	Principal Relief Sought: (checomological Cease and Desist  Civil Penalty(ies)/Fine(s)	Disgorgement	<ul><li>☐ Money Damages (Priv</li><li>☐ Restitution</li></ul>	rate/Civil Complaint)	Restraining Order Other
	Other Relief Sought				
3.	Filing Date of Court Action (N	MM/DD/YYYY):		act Explanation	
	If not exact, provide explan	ation:			
4.	Principal Product Type: (chec	ck appropriate item)			
	Annuity(ies) - Fixed	☐ Derivative(s)		☐ Investment Con	tract(s)
	☐ Annuity(ies) - Variable	☐ Direct Investment	(s) - DPP & LP Interest(s)	☐ Money Market F	• •
	CD(s)	☐ Equity - OTC		☐ Mutual Fund(s)	,
	☐ Commodity Option(s)	☐ Equity Listed (Cor	mmon & Preferred Stock)	☐ No Product	
	☐ Debt - Asset Backed	☐ Futures - Commo	dity	Options	
	☐ Debt - Corporate	☐ Futures - Financia	al	Penny Stock(s)	
	☐ Debt - Government	☐ Index Option(s)		☐ Unit Investment	Trust(s)
	Debt - Municipal	☐ Insurance		☐ Other	
	Other Product Types:				
5.	Formal Action was brought in Docket/Case Number):	(include name of Fede	ral, State or Foreign Court, I	Location of Court - City	or County <u>and</u> State or Country,
		***			
6	Control Affiliate Employing Fi	rm when activity occurre	ed which led to the civil judio	cial action (if applicable	):
7.	Describe the allegations relat	ed to this civil action (T	The information must fit with	n the space provided.):	
8.	Current Status? Pendi	ing On Appeal	☐ Final		
9.	If on appeal, action appealed	to (provide name of cou	urt). Date Appeal Filed (MM	/DD/YYYY):	
0.	If pending, date notice/proces	s was served (MM/DD/	YYYY):	Exact	☐ Explanation
	If not exact, provide explana	ation:			

# CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (BD)

II F	inal 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):
	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
	B. Other Sanctions.
	restitution, disgorgement or monetary compensation, provide total amount, portion levied against applicant or control affiliate, date paid and if any portion of penalty was waived:
14.	Provide a bnef summary of circumstances related to action(s), allegation(s), disposition(s) and/or finding(s) disclosed above. (The information must fit within the space provided.):

# BANKRUPTCY / SIPC DISCLOSURE REPORTING PAGE (BD)

GENERAL INSTRUCTIONS
This Disclosure Reporting Page (DRP BD) is an INITIAL OR AMENDED response used to report details for affirmative responses to Item 11I of Form BD;
Check ☑ item(s) being responded to
111 In the past ten years has the applicant or a control affiliate of the applicant ever been a securities firm or a control affiliate of a securities firm that:
<ul> <li>(1) has been the subject of a bankruptcy petition?</li> <li>(2) has had a trustee appointed or a direct payment procedure initiated under the Securities Investor Protection Act?</li> </ul>
Use a separate DRP for each event or proceeding. An event or proceeding may be reported for more than one person or entity using one DRP. File with a completed Execution Page.
It is not a requirement that documents be provided for each event or proceeding. Should they be provided, they will not be accepted as disclosure in lieu of answering the questions on this DRP.
If a control affiliate is an individual or organization registered through the CRD, such control affiliate need only complete Part I of the applicant's appropriate DRP (BD) Details of the event must be submitted on the control affiliate's appropriate DRP (BD) or DRP (U-4). If a control affiliate is an individual or organization not registered through the CRD, provide complete answers to all the items on the applicant's appropriate DRP (BD). The completion of this DRP does not relieve the control affiliate of its obligation to update its CRD records.
PART I
The person(s) or entity(ies) for whom this DRP is being filed is (are):
The Applicant
Applicant and one or more control affiliate(s)
☐ One or more <i>control affiliate(s)</i>
If this DRP is being filed for a <i>control affiliate</i> , give the full name of the <i>control affiliate</i> below (for individuals, Last name, First name, Middle name).
If the control affiliate is registered with the CRD, provide the CRD number. If not, indicate "non-registered" by checking the appropriate
checkbox
NAME OF APPLICANT APPLICANT CRD NUMBER
NAME OF APPLICATE
NAME OF APPLICANT  APPLICANT CRD NUMBER  BD DRP - CONTROL AFFILIATE  CRD NUMBER
NAME OF APPLICANT  APPLICANT CRD NUMBER  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control Affiliate is Firm Individual
NAME OF APPLICANT  REGISTERED  NAME OF APPLICANT CRD NUMBER  This Control Affiliate is Firm Individual  Registered: Yes No
NAME OF APPLICANT  APPLICANT CRD NUMBER  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control Affiliate is Firm Individual
NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control Affiliate is Firm Individual  Registered: Yes No  NAME (For individuals, Last, First, Middle)
NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control Affiliate is Firm Individual  Registered: Yes No  NAME (For individuals, Last, First, Middle)  This DRP should be removed from the BD record because the control affiliate(s) are no longer associated with the BD.  If the control affiliate is registered through the CRD, has the control affiliate submitted a DRP (with Form LL4) or RD DRP to the CRD.
NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control Affiliate is Firm Individual  Registered: Yes No  NAME (For individuals, Last, First, Middle)
NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control Affiliate is Firm Individual  Registered: Yes No  NAME (For individuals, Last, First, Middle)  This DRP should be removed from the BD record because the control affiliate(s) are no longer associated with the BD.  If the control affiliate is registered through the CRD, has the control affiliate submitted a DRP (with Form U-4) or BD DRP to the CRD System for the event? If the answer is "Yes," no other information on this DRP must be provided.  Yes No
NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control Affiliate is Firm Individual  Registered: Yes No  NAME (For individuals, Last, First, Middle)  This DRP should be removed from the BD record because the control affiliate(s) are no longer associated with the BD.  If the control affiliate is registered through the CRD, has the control affiliate submitted a DRP (with Form U-4) or BD DRP to the CRD System 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 control affiliate of its obligation to update its CRD records.
NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control Affiliate is Firm Individual  Registered: Yes No  NAME (For individuals, Last, First, Middle)  This DRP should be removed from the BD record because the control affiliate(s) are no longer associated with the BD.  If the control affiliate is registered through the CRD, has the control affiliate submitted a DRP (with Form U-4) or BD DRP to the CRD System for the event? If the answer is "Yes," no other information on this DRP must be provided.  Yes No
NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control Affiliate is Firm Individual  Registered: Yes No  NAME (For individuals, Last, First, Middle)  This DRP should be removed from the BD record because the control affiliate(s) are no longer associated with the BD.  If the control affiliate is registered through the CRD, has the control affiliate submitted a DRP (with Form U-4) or BD DRP to the CRD system 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 control affiliate of its obligation to update its CRD records.
NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control Affiliate is Firm Individual  Registered: Yes No  NAME (For individuals, Last, First, Middle)  This DRP should be removed from the BD record because the control affiliate(s) are no longer associated with the BD.  If the control affiliate is registered through the CRD, has the control affiliate submitted a DRP (with Form U-4) or BD DRP to the CRD System 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 control affiliate of its obligation to update its CRD records.  PART II
NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control Affiliate is   Firm   Individual  Registered:   Yes   No  NAME (For individuals, Last, First, Middle)  This DRP should be removed from the BD record because the control affiliate(s) are no longer associated with the BD.  If the control affiliate is registered through the CRD, has the control affiliate submitted a DRP (with Form U-4) or BD DRP to the CRD System 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 control affiliate of its obligation to update its CRD records.  PART II  Iton Type: (check appropriate item)  Bankruptcy   Declaration   Receivership
NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control Affiliate is   Firm   Individual  Registered:   Yes   No  NAME (For individuals, Last, First, Micotle)    This DRP should be removed from the BD record because the control affiliate(s) are no longer associated with the BD.  If the control affiliate is registered through the CRD, has the control affiliate submitted a DRP (with Form U-4) or BD DRP to the CRD System 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 control affiliate of its obligation to update its CRD records.  PART II  Iton Type: (check appropriate item)  Bankruptcy   Declaration   Receivership  Compromise   Liquidated   Other   Compromise   Liquidated   Other   Compromise

Rev Form BD (7/1999)

2.

# BANKRUPTCY / SIPC DISCLOSURE REPORTING PAGE (BD)

S. Is action currently pending?  S. If not pending, provide Disposition  Direct Payment Procedure  Discharged  Disposition Date (MM/DD/YYYY):  If not exact, provide explanation:  Provide a brief summary of events  If a SIPA trustee was appointed or of the trustee:  Currently Open?  Date Direct Payment Initiated/Filed  If not exact, provide explanation:	State or Foreign Court), Location of Court (City or County and State or Country), Docket/Cas Number (if Federal Bankruptcy Filing)  Yes
Is action currently pending?  If not pending, provide Disposition  Direct Payment Procedure  Discharged  Disposition Date (MM/DD/YYYY):  If not exact, provide explanation:  Provide a brief summary of events  If a SIPA trustee was appointed or of the trustee:  Currently Open?  Date Direct Payment Initiated/Filed  If not exact, provide explanation:  Provide details to any status/dispose	Yes No Type. (check appropriate item) Dismissed Satisfied/Released Dissolved SIPA Trustee Appointed Other Exact Explanation  leading to the action and if not discharged, explain. (The information must fit within the space provide a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the na  No or Trustee Appointed (MW/DD/YYYY):    Exact Explanation
If not pending, provide Disposition  Direct Payment Procedure  Discharged  Disposition Date (MM/DD/YYYY):  If not exact, provide explanation:  Provide a brief summary of events  If a SIPA trustee was appointed or of the trustee:  Currently Open?  Date Direct Payment Initiated/Filed  If not exact, provide explanation:  Provide details to any status/dispose	Type. (check appropriate item)  Dismissed Satisfied/Released Dissolved SIPA Trustee Appointed Other  Exact Explanation  leading to the action and if not discharged, explain. (The information must fit within the space provide a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the nation or Trustee Appointed (MM/DD/YYYY):  Exact Explanation  No  or Trustee Appointed (MM/DD/YYYY):  Exact Explanation
If not pending, provide Disposition  Direct Payment Procedure  Discharged  Disposition Date (MM/DD/YYYY):  If not exact, provide explanation:  Provide a brief summary of events  If a SIPA trustee was appointed or of the trustee:  Currently Open?  Date Direct Payment Initiated/Filed  If not exact, provide explanation:  Provide details to any status/dispose	Type. (check appropriate item)  Dismissed Satisfied/Released Dissolved SIPA Trustee Appointed Other  Exact Explanation  leading to the action and if not discharged, explain. (The information must fit within the space provide a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the nation or Trustee Appointed (MM/DD/YYYY):  Exact Explanation  No  or Trustee Appointed (MM/DD/YYYY):  Exact Explanation
Direct Payment Procedure  Discharged  Disposition Date (MM/DD/YYYY):  If not exact, provide explanation:  Provide a brief summary of events  If a SIPA trustee was appointed or of the trustee:  Currently Open?  Date Direct Payment Initiated/Filed  If not exact, provide explanation:  Provide details to any status/dispose	Dismissed
Discharged  Disposition Date (MM/DD/YYYY):  If not exact, provide explanation:  Provide a brief summary of events  If a SIPA trustee was appointed or of the trustee:  Currently Open? Yes Date Direct Payment Initiated/Filed  If not exact, provide explanation:  Provide details to any status/dispose	Dissolved SIPA Trustee Appointed Other  Exact Explanation  leading to the action and if not discharged, explain. (The information must fit within the space provide a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the nation or Trustee Appointed (MM/DD/YYYY):  Exact Explanation  No or Trustee Appointed (MM/DD/YYYY):  Exact Explanation
Disposition Date (MM/DD/YYYY):  If not exact, provide explanation:  Provide a brief summary of events  If a SIPA trustee was appointed or of the trustee:  Currently Open? Yes Date Direct Payment Initiated/Filed  If not exact, provide explanation:  Provide details to any status/dispose	Exact   Explanation
If not exact, provide explanation:  Provide a brief summary of events  If a SIPA trustee was appointed or of the trustee:  Currently Open? Yes Date Direct Payment Initiated/Filed  If not exact, provide explanation:  Provide details to any status/dispose	leading to the action and if not discharged, explain. (The information must fit within the space provide a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the nation or Trustee Appointed (MM/DD/YYYY):
Provide a brief summary of events  If a SIPA trustee was appointed or of the trustee:  Currently Open? Yes Date Direct Payment Initiated/Filed  If not exact, provide explanation:  Provide details to any status/dispose	leading to the action and if not discharged, explain. (The information must fit within the space provide a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the nation or Trustee Appointed (MM/DD/YYYY):    Exact   Explanation
If a SIPA trustee was appointed or of the trustee:  Currently Open? Yes Date Direct Payment Initiated/Filed  If not exact, provide explanation:  Provide details to any status/dispose	a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the na  No or Trustee Appointed (MM/DD/YYYY):    Exact   Explanation
If a SIPA trustee was appointed or of the trustee:  Currently Open? Yes Date Direct Payment Initiated/Filed  If not exact, provide explanation:  Provide details to any status/dispose	a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the na  No or Trustee Appointed (MM/DD/YYYY):    Exact   Explanation
Currently Open? Yes Date Direct Payment Initiated/Filed  If not exact, provide explanation:  Provide details to any status/dispose	No or Trustee Appointed (MM/DD/YYYY):  Exact Explanation  Sition, Include details as to creditors, terms, conditions, amounts the and settlement and the first terms.
Currently Open? Yes Date Direct Payment Initiated/Filed  If not exact, provide explanation:  Provide details to any status/dispose	No or Trustee Appointed (MM/DD/YYYY):  Exact Explanation  Sition, Include details as to creditors, terms, conditions, amounts the and settlement and the first terms.
Currently Open? Yes Date Direct Payment Initiated/Filed If not exact, provide explanation:	No or Trustee Appointed (MM/DD/YYYY):  Exact Explanation  Sition, Include details as to creditors, terms, conditions, amounts the conditions are unto the conditions.
Currently Open? Yes Date Direct Payment Initiated/Filed If not exact, provide explanation:	No or Trustee Appointed (MM/DD/YYYY):  Exact Explanation  Sition, Include details as to creditors, terms, conditions, amounts the conditions are unto the conditions.
Date Direct Payment Initiated/Filed  If not exact, provide explanation:  Provide details to any status/dispose	or Trustee Appointed (MM/DD/YYYY):  Exact Explanation  Sition, Include details as to creditors, terms, conditions, amounts the and settlement as held of the
Date Direct Payment Initiated/Filed  If not exact, provide explanation:  Provide details to any status/dispose	or Trustee Appointed (MM/DD/YYYY):  Exact Explanation  Sition, Include details as to creditors, terms, conditions, amounts the and patterns about 1 of the conditions.
Date Direct Payment Initiated/Filed  If not exact, provide explanation:  Provide details to any status/dispose	or Trustee Appointed (MM/DD/YYYY):  Exact Explanation  Sition, Include details as to creditors, terms, conditions, amounts due and cettlement action.
If not exact, provide explanation: Provide details to any status/dispose	sition. Include details as to creditors terms conditions amounts due and cettlement action.
Provide details to any status/dispos	sition. Include details as to creditors terms conditions amounts due and cettlement and la file
Provide details to any status/disposapplicable). (The information must	sition. Include details as to creditors, terms, conditions, amounts due and settlement schedule (if fit within the space provided.)
applicable). (The information must	sition. Include details as to creditors, terms, conditions, amounts due and settlement schedule (if fit within the space provided.)

### **BOND DISCLOSURE REPORTING PAGE (BD)**

	GENERAL INSTRUCTIONS	
	This Disclosure Reporting Page (DRP BD) is an INITIAL OR AMENDED in affirmative responses to Item 11J of Form BD;	response used to report details for
	Check ☑ stem(s) being responded to:	
	11J Has a bonding company ever denied, paid out on, or revoked a bond for	r the applicant?
	Use a separate DRP for each event or proceeding. An event or proceeding may be reported for more than a completed Execution Page	_
	It is not a requirement that documents be provided for each event or <i>proceeding</i> . Should they be provided, of answering the questions on this DRP	they will not be accepted as disclosure in lieu
	NAME OF APPLICANT  A	APPLICANT CRD NUMBER
1.	Firm Name: (Policy Holder)	
2.	Bonding Company Name.	
		-
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 the bonding company action. (provided)	(The information must fit within the space

# JUDGMENT / LIEN DISCLOSURE REPORTING PAGE (BD)

	GENERAL INSTRUCTIONS
	This Disclosure Reporting Page (DRP BD) is an affirmative responses to <i>Item 11K</i> of Form BD;
	Check ☑ item(s) being responded to:
	11K Does the applicant have any unsatisfied judgments or liens against it?
	Use a separate DRP for each event or proceeding. An event or proceeding may be reported for more than one person or entity using one DRP. File with a completed Execution Page.
	It is not a requirement that documents be provided for each event or <i>proceeding</i> . Should they be provided, they will not be accepted as disclosure in lieu of answering the questions on this DRP.
	NAME OF APPLICANT CRD NUMBER  APPLICANT CRD NUMBER
	Judgment/Lien Amount:
·.	Judgment/Lien Holder:
i.	Judgment/Lien Type: (check appropriate item)  Civil Default Tax
	Date Filed (MM/DD/YYYY): Exact Explanation
	If not exact, provide explanation
•	Is Judgment/Lien outstanding?
	If No, provide status date (MM/DD/YYYY):
	If not exact, provide explanation:
	If No, how was matter resolved? (check appropriate item)
	☐ Discharged ☐ Released ☐ Removed ☐ Satisfied  Court (Name of Federal, State or Foreign Court), Location of Court (City or County <u>and</u> State or Country) and Docket/Case Number:
	City of Country and Docker Case Number:
	Provide a brief summary of events leading to the action and any payment schedule details including current status (if applicable). (The information must fit within the space provided.):