

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

# FORM ADV (Paper Version)

## UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION

**PART 1B**

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

### Item 1 State Registration

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

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

### Item 2 Additional Information

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

A. *Person* responsible for supervision and compliance:

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

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

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

(1) Name of Issuing Insurance Company:

\_\_\_\_\_

(2) Amount of Bond: \$ \_\_\_\_\_,00

(3) Bond Policy Number: \_\_\_\_\_

(4) If required by your *home state*, are you in compliance with your *home state's* minimum capital requirements?

<u>Yes</u>	<u>No</u>
<input type="checkbox"/>	<input type="checkbox"/>

<b>FORM ADV</b> Part 1B Page 2 of 4	Your Name _____ Date _____	CRD Number _____ SEC 801-Number _____
---	-------------------------------	--

For "yes" answers to the following question, complete a Bond DRP: Yes    No

- C. Has a bonding company ever denied, paid out on, or revoked a bond for you, **any advisory affiliate, or any management person?**

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

- D. ~~Do you have~~ Are there any unsatisfied judgments or liens against you, **any advisory affiliate, or any management person?**

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

- E. Are you, any *advisory affiliate*, or any *management person* currently the subject of, or have you, any *advisory affiliate*, or any *management person* been the subject of, an arbitration claim alleging damages in excess of \$2,500, involving any of the following:
- (1) any investment or an *investment-related* business or activity?
  - (2) fraud, false statement, or omission?
  - (3) theft, embezzlement, or other wrongful taking of property?
  - (4) bribery, forgery, counterfeiting, or extortion?
  - (5) dishonest, unfair, or unethical practices?

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

- F. Are you, any *advisory affiliate*, or any *management person* currently subject to, or have you, any *advisory affiliate*, or any *management person* been found liable in, a civil, *self-regulatory organization*, or administrative *proceeding* involving any of the following:
- (1) an investment or *investment-related* business or activity?
  - (2) fraud, false statement, or omission?
  - (3) theft, embezzlement, or other wrongful taking of property?
  - (4) bribery, forgery, counterfeiting, or extortion?
  - (5) dishonest, unfair, or unethical practices?

G. Other Business Activities

- (1) Are you, **any advisory affiliate, or any management person** actively engaged in business as a(n) (check all that apply):
- Attorney**
  - Certified public accountant**
  - Tax preparer
  - Issuer of Securities
  - Sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles
  - Sponsor, general partner, managing member (or equivalent) of pooled investment vehicles
  - Real estate adviser

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

---



---

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

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

If securities investments are over \$5,000,000, how much?  
 \$ \_\_\_\_\_ (round to the nearest \$1,000,000)

If non-securities investments are over \$5,000,000, how much?  
 \$ \_\_\_\_\_ (round to the nearest \$1,000,000)

I. *Custody*

	<u>Yes</u>	<u>No</u>
<b>(1) Advisory Fees</b>		
Do you withdraw advisory fees directly from your <i>clients'</i> accounts? If you answered "yes", respond to the following:	<input type="checkbox"/>	<input type="checkbox"/>
(a) Do you send a copy of your invoice to the custodian or trustee at the same time that you send a copy to the <i>client</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Does the custodian send quarterly statements to your <i>clients</i> showing all disbursements for the custodian account, including the amount of the advisory fees?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Do your <i>clients</i> provide written authorization permitting you to be paid directly for their accounts held by the custodian or trustee?	<input type="checkbox"/>	<input type="checkbox"/>

**(2) Pooled Investment Vehicles and Trusts**

**(a)(i)** Do you **or a related person** act as general partner, **managing member, or person serving in a similar capacity**, for any ~~partnership or trustee for any fund in which your advisory clients are either partners of the partnership or beneficiaries of the trust~~ **pooled investment vehicle for which you are the adviser to the pooled investment vehicle, or for which you are the adviser to one or more of the investors in the pooled investment vehicle?**

If you answered "yes", respond to the following:

**(a)(ii)** As the general partner, **managing member, or person serving in a similar capacity of a partnership**, have you **or a related person** engaged ~~an attorney or an independent certified public accountant~~ **any of the following** to provide authority permitting each direct payment or any transfer of funds or securities from the ~~partnership~~ **account of the pooled investment vehicle?**

	<u>Yes</u>	<u>No</u>		
<b>Attorney</b>	[ ]	[ ]		
<b>Independent certified public accountant</b>	[ ]	[ ]		
<b>Other independent party</b>	[ ]	[ ]	<input type="checkbox"/>	<input type="checkbox"/>

**Describe the independent party:**

**Description:**

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

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

*For purposes of this Item 2I.2(a), "Independent party" means a person that: (A) is engaged by the investment adviser to act as a gatekeeper for the payment of fees, expenses and capital withdrawals from the pooled investment; (B) does not control and is not controlled by and is not under common control with the investment adviser; (C) does not have, and has not had within the past two years, a material business relationship with the investment adviser; and (D) shall not negotiate or agree to have material business relations or commonly controlled relations with an investment adviser for a period of two years after serving as the person engaged in an independent party agreement.*

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

Yes      No

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

[ ]      [ ]

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

(1) (a) Have you passed, on or after January 1, 2000, the Series 65 examination?

    

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

    

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

    

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

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

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

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

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

**(1) Indicate the date you obtained your legal status. Date of formation: \_\_\_\_\_**  
**(MM/DD/YYYY)**

**(2) Indicate your IRS Employer Identification Number: \_\_\_\_\_**

## BOND DISCLOSURE REPORTING PAGE (ADV)

### GENERAL INSTRUCTIONS

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

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

<del>Your Name</del>	<del>Your CRD Number</del>
----------------------	----------------------------

### Part I

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

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

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

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

Your Name	Your CRD Number
-----------	-----------------

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

CRD Number individual
--------------------------

**This *advisory affiliate* or *management person* is:**  a firm  an

**Registered:**  Yes  No

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

- This DRP should be removed from the ADV record because the *advisory affiliate(s)* or *management person(s)* is no longer associated with the adviser.
- This DRP should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:

---

---

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

### Part II

1. Firm Name: (Policy Holder)

--

2. Bonding Company Name:

--



## JUDGMENT/LIEN DISCLOSURE REPORTING PAGE (ADV)

### GENERAL INSTRUCTIONS

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

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

~~Your Name~~

~~Your CRD Number~~

### Part I

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

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

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

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

Your Name

Your CRD Number

### ADV DRP - ADVISORY AFFILIATE or MANAGEMENT PERSON

CRD Number  
individual

This *advisory affiliate* or *management person* is:  a firm  an

Registered:  Yes  No

Name (For individuals, Last, First, Middle)

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

This DRP should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:

\_\_\_\_\_

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

### Part II

1. Judgment/Lien Amount:

2. Judgment/Lien Holder:

3. Judgment/Lien Type: (check appropriate item)

Civil    Default    Tax

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

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

\_\_\_\_\_

5. Is Judgment/Lien outstanding?    Yes    No

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

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

\_\_\_\_\_

If no, how was matter resolved? (check appropriate item)

Discharged    Released    Removed    Satisfied

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Provide a brief summary of events leading to the action and any payment schedule details including current status (if applicable) (your response must fit within the space provided):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## ARBITRATION DISCLOSURE REPORTING PAGE (ADV)

### GENERAL INSTRUCTIONS

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

Check Part 1B item(s) being responded to:  2.E(1)  2.E(2)  2.E(3)  2.E(4)  2.E(5)

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

One event may result in more than one affirmative answer to Item 2.E. Use only one DRP to report details related to the same event. Unrelated arbitration actions must be reported on separate DRPs.

### PART I

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

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

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

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

Your Name

Your *CRD* Number

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

*CRD* Number

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

Name (For individuals, Last, First, Middle)

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

**This DRP should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:**

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

### PART II

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

2. Principal Relief Sought (check appropriate item):

- Restraining Order  Disgorgement  Money Damages (Private/Civil Claim)  Other \_\_\_\_\_  
 Civil Penalty(ies)/Fine(s)  Injunction  Restitution (continued)

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

Other Relief Sought:

--

3. Initiation Date of Arbitration/Reparation Claim (MM/DD/YYYY):   
 Exact       Explanation

If not exact, provide explanation: _____
--

4. Principal Product Type (check appropriate item):

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

Other Product Types:

--

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

--

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

--

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

--

8. Current status?     Pending                       On Appeal                       Final

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

--

**ARBITRATION DISCLOSURE REPORTING PAGE (ADV)**

*(continuation)*

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

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

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

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

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

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

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

13. Resolution Detail:

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

- Monetary Award    Amount: \$   
 Settlement    **Amount: \$**   
 Disgorgement/Restitution    **Amount: \$**   
 Injunction

B. Other Sanctions:

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

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

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

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

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