



U.S. SECURITIES AND EXCHANGE COMMISSION
DIVISION OF ENFORCEMENT

**SHARE CLASS SELECTION DISCLOSURE INITIATIVE
QUESTIONNAIRE FOR SELF-REPORTING ADVISERS**

NOTE: The information being requested in this Questionnaire is subject to the Commission's routine uses. A list of those uses is contained in [SEC Form 1662](#), which also contains other important information.

1. Please provide the legal name of the entity that is self-reporting ("Self-Reporting Adviser") pursuant to the Share Class Selection Disclosure Initiative ("SCSD Initiative") along with contact information for the Self-Reporting Adviser:

Full Legal Name of Self-Reporting Adviser:

CRD No.:

Mailing Address (number and street):

Mailing Address (city):

Mailing Address (state and zip):

Individual Contact Name:

Individual Title:

Individual Contact Telephone:

Individual Contact Fax Number:

Individual Contact Email Address:

2. Please identify the period(s) during which the applicable Forms ADV (including your firm brochure(s) and brochure supplements) may have failed to include the necessary disclosures concerning practices and conflicts of interest in mutual fund share class selection and provide the applicable Forms ADV that coincide with said period(s).

Period: to

Period: to

Period: to

Period: to

3. Please identify the affiliated broker-dealer (if any) (*i.e.*, a broker-dealer that is a related person of the adviser as defined in Form ADV) that received 12b-1 fees (for each additional affiliated broker-dealer, attach an additional sheet or separate schedule):

Individual Contact Name:

Individual Contact Title:

Individual Contact Telephone:

Individual Contact Fax Number:

Individual Contact Email Address:

Full Legal Name of Broker-Dealer:

CRD No.:

Mailing Address (number and street):

Mailing Address (city):

Mailing Address (state):

Mailing Address (zip):

4. For each mutual fund that paid the Self-Reporting Adviser, its supervised persons, or its affiliated broker-dealer (and its registered representatives) 12b-1 fees for investing or holding advisory client assets in a fund's 12b-1 fee paying share class, provide the following information (in Excel format as appears in the Attachment to the Questionnaire) for the period January 1, 2014, through the date that the misconduct stopped (data provided by the Self-Reporting Adviser is subject to verification by Commission staff):
 - a. Fund name.
 - b. Ticker Symbol.
 - c. CUSIP.
 - d. Amount of year-end assets held by Self-Reporting Adviser's clients (month-end for 2018).
 - e. Total amount of fund-level 12b-1 fees incurred by the Self-Reporting Adviser's clients (for each share class of a mutual fund held by advisory clients).
 - f. Amount of 12b-1 fees (if any) incurred by the Self-Reporting Adviser's clients had the assets been invested instead in the lowest-cost share class available to the Self-Reporting Adviser's clients.
 - g. Amount of 12b-1 fees in excess of the lowest-cost share class (4.e less 4.f).
 - h. Total 12b-1 fees received by (i) the Self-Reporting Adviser, (ii) the Self-Reporting Adviser's supervised person, (iii) its affiliated broker-dealer, and (iv) its affiliated broker-dealer's registered representatives.
 - i. 12b-1 fees that the Self-Reporting Adviser plans to disgorge.

5. Please include any facts that the Self-Reporting Adviser would like to provide to assist the staff of the Division of Enforcement in understanding the circumstances that may have led to the disclosure of these conflicts of interest not appearing in the Self-Reporting Adviser's Form ADV brochures and brochure supplements (*e.g.*, any information regarding other disclosure documents the Self-Reporting Adviser believes contain an adequate disclosure of the conflict). In addition, if applicable, provide an explanation for why the Self-Reporting Adviser does not plan to disgorge all 12b-1 fees identified in response to item 4.g (above). All submissions under this section should be 14 point font, double-spaced, and no more than twenty pages.

6. On behalf of _____, I hereby certify that the Self-Reporting Adviser intends to consent to the applicable settlement terms under the SCSD Initiative.

By:

Name of Duly Authorized Signer:

Title: