FORM MA-I

INFORMATION REGARDING NATURAL PERSONS WHO ENGAGE IN MUNICIPAL ADVISORY ACTIVITIES

Please read the General Instructions for this form and other forms in the MA series, as well as its subsection, “Specific Instructions for Form MA-I,” before completing this form. All italicized terms herein are defined or described in the Glossary of Terms appended to the General Instructions.

PART I

This form must be completed by:

• Every municipal advisory firm applying for registration or registered as a municipal advisor on Form MA, to provide information regarding each natural person who is an associated person of the firm and engages in municipal advisory activities on the firm’s behalf (for purposes of Form MA-I, the “individual”); and

• Every natural person (sole proprietor) applying for registration as a municipal advisor on Form MA, to provide additional personal information.

WARNING: Complete this form truthfully. False statements or omissions may result in denial of a municipal advisor’s application or revocation or suspension of such registration, administrative or civil action, or criminal prosecution. Form MA-I must be amended promptly whenever any information previously provided becomes inaccurate. See General Instruction 9.

Type of Filing:
This is an (check the appropriate box):

☐ Initial Form MA-I

Execution Pages: Before submitting this form, you must complete the Execution Page.

Supporting Documentation: If you are required to make reportable disclosures in the Disclosure Reporting Pages, you must attach the supporting documentation.

Non-Resident Individuals: If the individual is a non-resident of the United States, you must attach a completed Form MA-NR signed by the individual to this Form MA-I at the time of the initial filing of Form MA-I. See the General Instructions.

☐ Amendment to the most recent Form MA-I

☐ Amendment to indicate that the individual is no longer an associated person of the municipal advisory firm or no longer engages in municipal advisory activities on its behalf. (If you check this box, complete only Item 1-A and Item 7 below.)

Item 1 Identifying Information

Is this an amendment to change identifying information regarding the individual named in part A below?

☐ Yes    ☐ No
A. The Individual

Full Legal Name:
Enter all the letters of each name and not initials or other abbreviations. If no middle name, enter NMN on that line.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

Individual CRD No. (if any): ______________

B. Municipal Advisory Firms Where the Individual Is Employed

In providing your responses, please note that the definition of “employee” for purposes of this form includes an independent contractor who engages in municipal advisory activities on behalf of a municipal advisory firm. See Glossary of Terms.

Is the individual employed at more than one municipal advisory firm?

- [ ] Yes
- [ ] No

If the answer is “Yes,” enter the number of municipal advisory firms the individual is employed with (sole proprietors not employed with any other firm enter 1): ____

(For individuals who are employed with more than one firm, provide the information required by this Item 1-B for each such firm. For sole proprietors, enter the legal name under which you conduct your municipal advisor-related activities, and skip to Item 1-B.1.)

Full Legal Name of municipal advisory firm with which the individual is employed:

__________________________________________

Name under which municipal advisor-related business is primarily conducted, if different from above:

__________________________________________

Date that the individual’s most recent employment with this municipal advisory firm commenced (MM/DD/YYYY): __________

Does the individual have an independent contractor relationship with the above-named firm?

- [ ] Yes
- [ ] No

(1) Municipal Advisory Firm’s Registration Information:

Is the municipal advisory firm currently registered on Form MA as a municipal advisor? (Answer “Yes” if you have already filed Form MA and your application for registration on that form has been approved. Otherwise, answer “No.”)

- [ ] Yes  SEC File No. ______________
- [ ] No

If “No,” has the municipal advisory firm filed a Form MA application?

- [ ] Yes  Form MA Filing Date: __________  EDGAR CIK No.: ______________ (MM/DD/YYYY)
- [ ] No
(2) Office

Enter the following information for each office of the municipal advisory firm where the individual is or will be physically located, and each office from which the individual is or will be supervised:

☐ Located At: ☐ Supervised From:
Start Date: __________
Street Address 1: __________________________________________________________
Street Address 2: __________________________________________________________
City: __________ State: _____ Country: _____________ Postal Code: ____________

If the office where the individual is or will be physically located is a private residence, check this box: ☐
A private residential address will not be included in publicly available versions of this form.

Item 2 Other Names

Enter the following information for all other names that the individual has used or is using, or by which the individual is known or has been known, other than the individual’s legal name, since the age of 18. This space should include, for example, nicknames, aliases, and names used before or after marriage.

Enter all the letters of each name and not initials or other abbreviations. If no middle name, enter NMN on that line.

Last Name ___________  First Name ___________  Middle Name ___________  Suffix ___________

Item 3 Residential History

Starting with the current address, enter the following information for all the individual’s residential addresses for the past 5 years. Leave no gaps greater than three months between addresses. Report changes in an amendment to this form as they occur in the future. Private residential addresses will not be included in publicly available versions of this form.

Current Address:

From (MM/YYYY): _______________ To (MM/YYYY): _______________
Street Address 1: __________________________________________________________
Street Address 2: __________________________________________________________
City: ___________ State: _____ Country: _____________ Postal Code: ____________

Prior Address:

From (MM/YYYY): _______________ To (MM/YYYY): _______________
Street Address 1: __________________________________________________________
Street Address 2: __________________________________________________________
City: ___________ State: _____ Country: _____________ Postal Code: ____________

Item 4 Employment History

Provide complete employment history of the individual for the past 10 years. Include the municipal advisory firm(s)
entered in Item 1-B. Enter the following information for each employer. Account for all time, leaving no gaps longer than three months. Include full- and part-time employment, self-employment, military service, and homemaking. Also include statuses such as unemployed, full-time education, extended travel, or other similar statuses. Such statuses should be entered in the space provided below for “Name of Municipal Advisory Firm or Company.”

**Current Employer:**

From (MM/YYYY): _______________ To (MM/YYYY): _______________
Name of Municipal Advisory Firm or Company:

City: State: Country: Postal Code:

Municipal Advisor-Related Business? Yes No
Investment-Related Business? Yes No
Position Held: _____________________________________________________________

**Prior to the Above:**

From (MM/YYYY): _______________ To (MM/YYYY): _______________
Name of Municipal Advisory Firm or Company:

City: State: Country: Postal Code:

Municipal Advisor-Related Business? Yes No
Investment-Related Business? Yes No
Position Held: _____________________________________________________________

**Item 5 Other Business**

Is the individual currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? [ ] Yes [ ] No

If “Yes,” please enter the following details for each other business below:

**Other Business:**

Start Date (MM/YYYY): _______________
Name of Business:

Street Address 1: _____________________________________________________________
Street Address 2: _____________________________________________________________
City: State: Country: Postal Code: __________________________

Is this a municipal advisor-related business? [ ] Yes [ ] No
Is this an investment-related business? [ ] Yes [ ] No

Nature of Business: ___________________________________________________________
Position/Title/Relationship: ___________________________________________________
Approximate No. of Hours / Month Devoted to This Business: ________
Description of Duties: ________________________________________________________
Item 6 Disclosure Information

If the answer to any of the questions in Items 6A–6J and 6M is "Yes," provide details of all events or proceedings on the appropriate Disclosure Reporting Pages ("DRPs") in Part II.

One event or proceeding may result in the requirement to answer "Yes" to more than one question below. Refer to the Glossary of Terms for definitions or descriptions of italicized terms.

CRIMINAL ACTION DISCLOSURE

If the answer is “Yes” to any question below in Item 6A or 6B, complete a Criminal Action DRP.

Item 6A.
(1) Has the individual ever:
   (a) been convicted of any felony, or pled guilty or nolo contendere ("no contest") to any charge of a felony in a domestic, foreign, or military court?
       ☐ Yes ☐ No
   (b) been charged with any felony?
       ☐ Yes ☐ No

(2) Based upon activities that occurred while the individual exercised control over it, has an organization ever:
   (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any charge of a felony?
       ☐ No ☐ Yes
   (b) been charged with any felony?
       ☐ Yes ☐ No

Item 6B.
(1) Has the individual ever:
   (a) been convicted of any misdemeanor or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to any charge of a misdemeanor involving: municipal advisory activities or a municipal advisor-related or 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?
       ☐ Yes ☐ No
   (b) been charged with any misdemeanor of the kind described in 6B(1)(a)?
       ☐ Yes ☐ No

(2) Based upon activities that occurred while the individual exercised control over it, has an organization ever:
   (a) been convicted of any misdemeanor or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any charge of a misdemeanor of the kind specified in 6B(1)(a)?
       ☐ Yes ☐ No
   (b) been charged with any misdemeanor of the kind specified in 6B(1)(a)?
       ☐ Yes ☐ No
REGULATORY ACTION DISCLOSURE

If the answer is “Yes” to any question below in Items 6C-6G(1), complete a Regulatory Action DRP.

Item 6C.
Has the SEC or the CFTC ever:

(1) found the individual to have made a false statement or omission?
   Yes  No

(2) found the individual to have been involved in a violation of any SEC or CFTC regulation or statute?
   Yes  No

(3) found the individual to have been a cause of a denial, suspension, revocation, or restriction of the authorization of a municipal advisor-related business or investment-related business to operate?
   Yes  No

(4) entered an order against the individual in connection with municipal advisor-related or investment-related activity?
   Yes  No

(5) imposed a civil money penalty on the individual, or ordered the individual to cease and desist from any activity?
   Yes  No

(6) found the individual to have willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the MSRB, or found the individual to have been unable to comply with any provision of such Acts, rules or regulations?
   Yes  No

(7) found the individual to have willfully aided, abetted, counseled, commanded, induced, or procured the violation by any person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the MSRB?
   Yes  No

(8) found the individual to have failed reasonably to supervise another person subject to his or her supervision, with a view to preventing the violation of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the MSRB?
   Yes  No

Item 6D.
(1) Has any other federal regulatory agency or any state regulatory agency or foreign financial regulatory authority ever:

(a) found the individual to have made a false statement or omission or to have been dishonest, unfair or unethical?

☐ Yes  ☐ No

(b) found the individual to have been involved in a violation of municipal advisor-related or investment-related regulation(s) or statute(s)?

☐ Yes  ☐ No

(c) found the individual to have been a cause of a denial, suspension, revocation, or restriction of the authorization of a municipal advisor-related or investment-related business to operate?  ☐ Yes  ☐ No

(d) entered an order against the individual in connection with a municipal advisor-related or investment-related activity?

☐ Yes  ☐ No

(e) denied, suspended, or revoked the individual’s registration or license or otherwise, by order, prevented the individual from associating with a municipal advisor-related or investment-related business or restricted his or her activities?

☐ No  ☐ Yes

(2) Has the individual ever been subject to any final order of a state securities commission (or any agency or office performing like functions), a state authority that supervises or examines banks, savings associations, or credit unions, a state insurance commission (or any agency or office performing like functions), a federal banking agency, or the National Credit Union Administration, that:

(a) bars the individual from association with an entity regulated by such commission, authority, agency, or office, or from engaging in the business of securities, insurance, banking, savings association activities, or credit union activities; or

☐ Yes  ☐ No

(b) is based on violations of any laws or regulations that prohibit fraudulent, manipulative, or deceptive conduct?

☐ Yes  ☐ No

Item 6E.
Has any self-regulatory organization or commodities exchange ever:

(1) found the individual to have made a false statement or omission?

☐ Yes  ☐ No

(2) found the individual 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 SEC)?

☐ Yes  ☐ No
(3) found the individual to have been a cause of a denial, suspension, revocation, or restriction of the authorization of a municipal advisor-related or investment-related business to operate?

☐ Yes ☐ No

(4) disciplined the individual by expelling or suspending him or her from membership, barring or suspending the individual’s association with its members, or restricting the individual’s activities?

☐ Yes ☐ No

(5) found the individual to have willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the MSRB, or found the individual to have been unable to comply with any provision of such Acts, rules or regulations?

☐ Yes ☐ No

(6) found the individual to have willfully aided, abetted, counseled, commanded, induced, or procured the violation by any person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the MSRB?

☐ Yes ☐ No

(7) found the individual to have failed reasonably to supervise another person subject to his or her supervision, with a view to preventing the violation of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the MSRB?

☐ Yes ☐ No

Item 6F.

Has the individual ever had an authorization to act as an attorney, accountant or federal contractor that was revoked or suspended?

☐ Yes

Item 6G.

Has the individual been notified, in writing, that he or she is currently the subject of any:

(1) regulatory complaint or proceeding that could result in a “Yes” answer to any part of 6C, D or E?

☐ Yes ☐ No

INVESTIGATION DISCLOSURE

If the answer is “Yes” to Item 6G(2) below, complete an Investigation DRP.

(2) investigation that could result in a “Yes” answer to any part of 6A, B, C, D or E?

☐ Yes ☐ No
CIVIL JUDICIAL ACTION DISCLOSURE

If the answer is “Yes” to a question below in Item 6H, complete a Civil Judicial Action DRP.

Item 6H.

(1) Has any domestic or foreign court ever:

(a) enjoined the individual in connection with any municipal advisor-related or investment-related activity?

☐ Yes ☐ No

(b) found that the individual was involved in a violation of any municipal advisor-related or investment-related statute(s) or regulation(s)?

☐ Yes ☐ No

(c) dismissed, pursuant to a settlement agreement, a municipal advisor-related or investment-related civil action brought against the individual by a domestic jurisdiction or foreign financial regulatory authority?

☐ Yes ☐ No

(2) Is the individual named in any currently pending civil proceeding that could result in a “Yes” answer to any part of 6H(1)?

☐ Yes

CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DISCLOSURE

If the answer is “Yes” to a question below in Item 6I, complete a Customer Complaint / Arbitration / Civil Litigation DRP.

Item 6I.

(1) Has the individual ever been the subject of a municipal advisor-related or investment-related, customer-initiated (written or oral) complaint that alleged that he or she was involved in fraud, false statements, omissions, theft, embezzlement, wrongful taking of property, bribery, forgery, counterfeiting, extortion, or dishonest, unfair or unethical practices, which:

(a) is still pending, or;

☐ Yes ☐ No

(b) was settled?

☐ No ☐ Yes

(2) Has the individual ever been the subject of a municipal advisor-related or investment-related, customer-initiated arbitration or civil litigation that alleged that he or she was involved in fraud, false statements, omissions, theft, embezzlement, wrongful taking of property, bribery, forgery, counterfeiting, extortion, or dishonest, unfair or unethical practices, which:

(a) is still pending, or;

☐ Yes ☐ No
(b) resulted in an arbitration award or civil judgment against the individual, regardless of amount, or; □ Yes

(c) was settled? □ Yes □ No

TERMINATION DISCLOSURE

If the answer is “Yes” to a question below in Item 6J, complete a Termination DRP.

Item 6J.
Has the individual ever voluntarily resigned, been discharged or permitted to resign after allegations were made that accused him or her of:

(1) violating municipal advisor-related or investment-related statutes, regulations, rules, or industry standards of conduct? □ Yes □ No

(2) fraud or the wrongful taking of property? □ Yes □ No

(3) failure to supervise in connection with municipal advisor-related or investment-related statutes, regulations, rules or industry standards of conduct? □ Yes □ No

FINANCIAL DISCLOSURE

Item 6K.
Within the past 10 years:

(1) has the individual made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition? □ Yes □ No

(2) based upon events that occurred while the individual exercised control over it, has an organization made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition? □ Yes □ No

(3) based upon events that occurred while the individual exercised control over it, has a broker or dealer been the subject of an involuntary bankruptcy petition, had a trustee appointed, or had a direct payment procedure initiated under the Securities Investor Protection Act? □ Yes □ No

Item 6L.
Has a bonding company ever denied, paid out on, or revoked a bond for the individual? □ Yes □ No
JUDGMENT / LIEN DISCLOSURE

If the answer is “Yes” to a question below in Item 6M, complete a Judgment/Lien DRP.

Item 6M. Are there currently any unsatisfied judgments or liens against the individual?  Yes  No
Item 7 Signature

NOTE: In addition to completing Item 7, to the extent that the individual is a non-resident, a Form MA-NR completed and signed by the individual must be attached as an exhibit to this Form MA-I.

Complete either Subpart A or Subpart B:
By typing a name in the signature field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

A. For Municipal Advisory Firms filing this form:

The municipal advisory firm has obtained and retained written consent from the individual that service of any civil action brought by, or notice of any proceeding before, the SEC or any self-regulatory organization in connection with the individual’s municipal advisory activities may be given by registered or certified mail to the individual’s address given in Item 1.

I, the undersigned, sign this Form MA-I on behalf of, and with the authority of, the municipal advisory firm that is filing this form. The municipal advisory firm and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this Form MA-I, including exhibits and any other information submitted, are true and correct, and that I am signing this Form MA-I as a free and voluntary act.

Date: ______________________

By: __________________________________________
   (signature)

Title: _______________________________

B. For Natural Person Municipal Advisors (Sole Proprietors) filing this form:

The individual named below consents that service of any civil action brought by, or notice of any proceeding before, the SEC or any self-regulatory organization in connection with the individual’s municipal advisory activities may be given by registered or certified mail to the individual’s address given in Item 1.

I, the undersigned, certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this Form MA-I, including exhibits and any other information submitted, are true and correct, and that I am signing this Form MA-I Execution Page as a free and voluntary act.

Date: ____________________

Full Legal Name of the Individual
Enter all the letters of each name and not initials or other abbreviations. If no middle name, enter NMN on that line.

Last Name ___________________________ Middle Name _________ Suffix _________
First Name ________________

Individual CRD No. (if any): _________________

By: __________________________________________
   (signature)

FORM MA-I
PART II:
DISCLOSURE REPORTING PAGES (DRPs)

CRIMINAL ACTION DISCLOSURE REPORTING PAGE (MA-I)

CRIMINAL ACTION DRP – PART 1

This Disclosure Reporting Page (DRP MA-I) is an □ INITIAL or □ AMENDED response to report details for affirmative response(s) to Question(s) 6A and 6B on Form MA-I.

Check the question(s) to which this DRP pertains:

- □ 6A(1)(a)  □ 6A(1)(b)  □ 6A(2)(a)  □ 6A(2)(b)
- □ 6B(1)(a)  □ 6B(1)(b)  □ 6B(2)(a)  □ 6B(2)(b)

Is this DRP an amendment that seeks to remove a previously filed DRP concerning the individual from the record?

□ Yes  □ No

If “Yes,” the reason the DRP should be removed is:

- □ The event or proceeding was resolved in the individual’s favor
- □ The DRP was filed in error. Explain the circumstances:

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How to Report an Event or Proceeding on a Criminal Action DRP: Use a separate DRP for each event or proceeding. One event may result in more than one affirmative answer to Items 6A(1)(a), 6A(1)(b), 6A(2)(a), 6A(2)(b), 6B(1)(a), 6B(1)(b), 6B(2)(a) and/or 6B(2)(b). Use this DRP to report all charges, including multiple counts of the same charge, arising out of the same event and filed in one criminal action. Separate cases arising out of the same event, and unrelated criminal actions, must be reported on separate DRPs.

How to Provide Court Documents: Applicable court documents (i.e., criminal complaint, information or indictment as well as judgment of conviction or sentencing documents) must be attached as an exhibit if not previously submitted.

DRP On File for This Event: Is an accurate and up-to-date DRP containing the information regarding the individual required by this DRP already on file (a) in the IARD or CRD system (with a Form ADV, BD, or U4), or (b) in the SEC’s EDGAR system (with a Form MA or Form MA-I)?

Note: The filer may identify a DRP filed by the individual directly, or filed by another SEC-registrant about the individual as an associated person.

□ Yes

If the answer is “Yes,” provide the applicable information indicated below that identifies where the DRP may be found:

- □ 1. Form ADV, BD, or U4 Filing: For a DRP filed on the IARD or CRD system with one of these forms, provide the following information:
2. Form MA Filing: For a DRP filed on EDGAR with a Form MA, provide the following information:

Name on Registration: ____________________________
MA Registration Number: __________________
Date of filing that contains the DRP (MM/DD/YYYY): ________________
Accession number of the filing: ______________________

3. Form MA-I Filing: For a DRP filed on EDGAR with a Form MA-I, provide the following information:

Name of Individual: ____________________________
MA-I File Number: ______________________________
Date of filing that contains the DRP (MM/DD/YYYY): ________________
Accession number of the filing: ______________________

☐ No

If the answer is “Yes,” no other information on this DRP (other than set forth above) must be provided. If the answer is “No,” complete Part 2 of this DRP.

NOTE: The completion of all or any part of this form does not relieve the individual or any municipal advisor with which the individual is associated of the obligation to update any relevant Form MA or IARD or CRD records.
CRIMINAL ACTION DRP – PART 2

1. Firm or Organization

   A. Were charge(s) brought against a firm or organization over which the individual exercise(d) control?

      □ Yes □ No

   B. If “Yes,” provide the following information:

      (1) Enter the firm or organization name: ________________________________

      (2) Was the firm or organization engaged in a municipal advisor-related or investment-related business? □ Yes □ No

      (3) What was the individual’s position, title, or relationship with the firm or organization?

2. Court Where Formal Charge(s) Were Brought: (File a separate Criminal Action DRP for charges brought in separate courts and/or separate cases in the same court. If brought in a foreign jurisdiction, provide all the information below in English.)

      □ Federal Court
      □ Military Court
      □ State Court
      □ Foreign Country Court
      □ International Court
      □ Other: ___________________________

   A. Name of the Court: ________________________________________________

   B. Location of the Court

      Street Address: ________________________________
      City or County: ________________________________ State/Country: ________________________________
      Postal Code: ________________________________

   C. Docket/Case Name: ________________________________

   D. Docket/Case Number: ________________________________

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

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

      If not exact, provide explanation:

      ________________________________________________________________
B. Details of Event: Report all charges separately. For each charge, provide the following information.

(1) First Charge

(a) List the charge/charge description:

(b) Number of counts: ___

(c) Check the appropriate box: □ Felony □ Misdemeanor

(d) Plea for this charge:

(e) (i) Is the charge municipal advisor-related? □ Yes □ No

(ii) If “Yes,” what is the product type?

(f) (i) Is the charge investment-related? □ Yes □ No

(ii) If “Yes,” what is the product type?

(g) (i) Amended Charge: Indicate if the original charge was amended or reduced:

□ Yes □ No

(ii) If “Yes,” provide the date the charge was amended or reduced (MM/DD/YYYY):

Report each additional charge below:

C. Felony Charge(s): Did any of the charge(s) within the event involve a felony? □ Yes □ No


5. Event Status Date (Complete unless status is pending) (MM/DD/YYYY): ___________________

□ Exact □ Explanation

If not exact, provide explanation:
6. On Appeal – Judicial Review: If you checked “On Appeal” in Item 4, to whom was the criminal action appealed? *(If brought in a foreign jurisdiction, provide all the information below in English.)*

- Federal Court
- Military Court
- State Court
- Foreign Country Court
- International Court
- Other (specify): ___________________________

A. Name of the Court: ____________________________________________

B. Location of the Court

- Street Address: ______________________________________________________________
- City or County: ______________________ State/Country: ________________________
- Postal Code: __________________

C. Docket/Case Name: ________________________________

D. Docket/Case Number: ______________________________

E. Date Appeal filed (MM/DD/YYYY): ___________________

For Item 7: If you checked “Final” or “On Appeal” in Item 4, complete Item 7. For actions that are “Pending,” skip to Item 8.

7. Disposition Disclosure Detail (For each charge, provide the following information):

(a) First Charge

(1) Disposition of the Charge:
Check all that apply.

- Acquitted
- Amended
- Convicted
- Deferred Adjudication
- Dismissed
- Found not guilty
- Pled guilty
- Pled nolo contendere
- Pled not guilty
- Pre-trial diversion/intervention
- Reduced
- Other (requires explanation) ____________________________

- Appealed
  - Affirmed
  - Vacated & Returned For Further Action
  - Vacated / Final
  - Other (requires explanation) ____________________________

Explanation: *If more than one disposition is checked, and/or “Other” is checked, or the above otherwise does not adequately summarize the disposition of the charge, provide an explanation.*

______________________________________________________________________________

______________________________________________________________________________

(2) Date (MM/DD/YYYY): _______________
(3) Sentence/Penalty: Is a sentence or other penalty ordered?  □ Yes  □ No
If “Yes,” list each type (e.g., prison, jail, probation, community service, counseling, education, other - specify):
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

(4) Was or is the individual incarcerated in connection with this sentence?  □ Yes  □ No
If “Yes,” provide the following details:
(i) Duration (length of the sentence):  □ Days ___ □ Months ___ □ Years ___
(ii) Start Date of Penalty (MM/DD/YYYY): ________________  □ Not determined.
(iii) End Date of Penalty (MM/DD/YYYY): ________________  □ Not determined.
(iv) Is the sentence to be served concurrently with any other sentence?  □ Yes  □ No
If “Yes,” indicate the end date of the concurrent sentence (MM/DD/YYYY):
_______________________________________________________________________________

(v) Explanation (Optional):
_______________________________________________________________________________

(5) Monetary Penalty/Fine:
(i) Was a monetary penalty/fine imposed?  □ Yes  □ No
If “Yes,” provide the following details in (ii) and (iii) below:
(ii) Total Penalty/Fine Amount:  $___________
(iii) Was any portion suspended/reduced?

□ Yes  If “Yes,” how much?  $___________  □ No

(iv) Final Amount:  $___________
(v) Was the final amount paid in full?

□ Yes  If “Yes,” date paid in full (MM/DD/YYYY): ________________
□ No
If “No,” indicate the amount unpaid:  $___________
And explain the circumstances:
_______________________________________________________________________________

Report the disposition(s) of each additional charge below:
_______________________________________________________________________________
_______________________________________________________________________________
8. **Summary of Circumstances (Optional):** You may use this space to provide a brief summary of the circumstances leading to the charge(s), as well as the current status or final disposition, if any. Include the relevant dates when the conduct which was the subject of the charge(s) occurred, and any other relevant information. The information must fit within the space provided.
REGULATORY ACTION DISCLOSURE REPORTING PAGE (MA-I)

REGULATORY ACTION DRP – PART 1

This Disclosure Reporting Page (DRP MA-I) is an □ INITIAL or □ AMENDED response to report details for affirmative response(s) to Question(s) 6C, 6D, 6E, 6F and 6G(1) on Form MA-I.

Check the question(s) to which this DRP pertains:

☐ 6C(1) ☐ 6D(1)(a) ☐ 6E(1) ☐ 6F ☐ 6G(1)
☐ 6C(2) ☐ 6D(1)(b) ☐ 6E(2)
☐ 6C(3) ☐ 6D(1)(c) ☐ 6E(3)
☐ 6C(4) ☐ 6D(1)(d) ☐ 6E(4)
☐ 6C(5) ☐ 6D(1)(e) ☐ 6E(5)
☐ 6C(6) ☐ 6D(2)(a) ☐ 6E(6)
☐ 6C(7) ☐ 6D(2)(b) ☐ 6E(7)
☐ 6C(8)

Is this DRP an amendment that seeks to remove a previously filed DRP concerning the individual from the record?  □ Yes  □ No

If “Yes,” the reason the DRP should be removed is:

☐ The event or proceeding was resolved in the individual’s favor
☐ The DRP was filed in error. Explain the circumstances:

How to Report an Event or Proceeding on a Regulatory Action DRP: Use a separate DRP for each event or proceeding. One event may result in more than one affirmative answer to the above items. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

DRP On File for This Event: Is an accurate and up-to-date DRP containing the information regarding the individual required by this DRP already on file (a) in the IARD or CRD system (with a Form ADV, BD, or U4), or (b) in the SEC’s EDGAR system (with a Form MA or Form MA-I)?

Note: The filer may identify a DRP filed by the individual directly, or filed by another SEC registrant about the individual as an associated person.

☐ Yes

If the answer is “Yes,” provide the applicable information indicated below that identifies where the DRP may be found.

☐ 1. Form ADV, BD, or U4 Filing: For a DRP filed on the IARD or CRD system with one of these forms, provide the following information:

Name on Registration: ____________________________________________
CRD No.: ________________ Disclosure Occurrence No.: ________________

☐ 2. Form MA Filing: For a DRP filed on EDGAR with a Form MA, provide the following information:
Name on Registration: _________________________________________________
MA Registration Number: ____________________________
Date of filing that contains the DRP (MM/DD/YYYY): _________________
Accession number of the filing: ________________________

☐ 3. **Form MA-I Filing**: For a DRP filed on EDGAR with a Form MA-I, provide the following information:

Name of Individual: _________________________________________________
MA-I File Number:  __________________
Date of filing that contains the DRP (MM/DD/YYYY): _________________
Accession number of the filing: ________________________

☐ No

If the answer is “Yes,” no other information on this DRP (other than set forth above) must be provided.
If the answer is “No,” complete Part 2 of this DRP.

**NOTE**: The completion of all or any part of this form does not relieve the individual or any municipal advisor with which the individual is associated of the obligation to update any relevant Form MA or IARD or CRD records.
1. Regulatory Action was initiated by:

   A. Select the Appropriate Item.
   Select only one box below. A separate Regulatory Action DRP is required for each such regulator or other authority.

   - [ ] SEC
   - [ ] CFTC
   - [ ] Federal Banking Agency
   - [ ] State
   - [ ] SRO
   - [ ] Foreign Financial Regulatory Authority
   - [ ] Other: _______________________

   B. Full name of the individual regulator (if not fully identified in Item 1-A.) or other authority that initiated the action. For a foreign financial regulatory authority, please provide the full name in English.

2. Sanction(s) Sought
Select all that apply.

- [ ] Bar (Permanent)
- [ ] Bar (Temporary / Time Limited)
- [ ] Cease and Desist
- [ ] Censure
- [ ] Civil and Administrative Penalty(ies)/Fine(s)
- [ ] Denial
- [ ] Disgorgement
- [ ] Expulsion
- [ ] Injunction
- [ ] Prohibition
- [ ] Reprimand
- [ ] Requalification
- [ ] Requalification

- [ ] Other Sanction(s) Sought (list each such additional sanction):

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

   If not exact, provide explanation:

4. Regulatory Action was brought in (if brought in a foreign jurisdiction, provide all the information below in English):

   A. Name of the Administrative Proceeding, Commission/Agency Hearing, or Other Regulatory Proceeding or Forum: _______________________

   B. Location of the Proceeding / Hearing:

   Street Address: _______________________
   City or County: _______________________
   State/Country: _______________________
   Postal Code: _______________________

   C. Docket/Case Number: _______________________
5. **Employing Firm:** Provide the full legal name of the individual’s employing firm, if any, when the activity occurred which led to the regulatory action (if there was no such employing firm at that time, enter “None”). Enter the employing firm’s MA and CRD registration numbers below, if any.

A. **Employing Firm:** __________________________________________________________

B. **Municipal Advisor Registration Number, if any:** _________________

C. **CRD Number, if any:** _________________

6. A. **Principal Product Type**

Check appropriate item.

- [ ] No Product

- [ ] Annuity – Charitable
- [ ] Annuity – Fixed
- [ ] Annuity – Variable
- [ ] Banking Product (other than CD)
- [ ] CD
- [ ] Commodity Option
- [ ] Debt – Asset Backed
- [ ] Debt – Corporate
- [ ] Debt – Government
- [ ] Debt – Municipal
- [ ] Derivative

- [ ] Direct Investment – DPP & LP Interest
- [ ] Equipment Leasing
- [ ] Equity Listed (Common & Preferred Stock)
- [ ] Equity OTC
- [ ] Futures – Commodity
- [ ] Futures – Financial
- [ ] Index Option
- [ ] Insurance
- [ ] Investment Contract
- [ ] Money Market Fund
- [ ] Mutual Fund

- [ ] Oil & Gas
- [ ] Options
- [ ] Penny Stock
- [ ] Prime Bank Instrument
- [ ] Promissory Note
- [ ] Real Estate Security
- [ ] Security Futures
- [ ] Security-based Swap
- [ ] Swap
- [ ] Unit Investment Trust
- [ ] Viatical Settlement

- [ ] Other Principal Product Type (specify):

B. **Other Product Types?**  [ ] Yes  [ ] No  If “Yes,” describe each additional product type:

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

8. **Current Status:**  [ ] Pending  [ ] On Appeal  [ ] Final
9. Pending: If you checked “Pending” in Item 8, provide the following information.

A. Date Served: The date that notice or other process was served (MM/DD/YYYY): ______________

☐ Exact   ☐ Explanation

If not exact, provide explanation:
__________________________________________

B. Limitation or Restrictions: Are there any limitations or restrictions currently in effect?

☐ Yes   ☐ No

If the answer is “Yes,” provide details:
__________________________________________

10. On Appeal – Administrative or Judicial Review of the Regulatory Action: If the individual appealed, provide the following information.

A. Name of Regulator or Court Action Appealed To: Provide the name of the US regulator (i.e., the SEC, an SRO, other), federal court, state court or state regulator, or a foreign or international court or regulator to whom the individual appealed. If brought in a foreign jurisdiction, provide all the information below in English.

__________________________________________

B. Location of the Regulator or Judicial Court to Whom the Individual Appealed:

Street Address: ______________________________________________________________
City or County: ______________________ State/Country: _______________________
Postal Code: __________________

C. Docket/Case Name: ______________________________

D. Docket/Case Number: ______________________________

E. Date Appeal filed (MM/DD/YYYY): ______________   ☐ Exact   ☐ Explanation

If not exact, provide explanation:
__________________________________________

F. Appeal Details (including status):

__________________________________________

__________________________________________

__________________________________________

__________________________________________

G. Limitation or Restrictions: Are there any limitations or restrictions currently in effect while on appeal?
If the answer is “Yes,” provide details:

__________________________________________________________

If you checked “Final” or “On Appeal” in Item 8, complete Items 11 through 13, and consider Item 14. For actions that are “Pending,” skip to Item 14.

11. **Resolution:** How was the matter resolved?
   Check all the applicable boxes that reflect the most recent resolution of the matter by a regulator or a court, whether or not any part of the resolution is on appeal. If any part of the resolution is on appeal, identify in Item 11-B which part is currently on appeal.

   - Acceptance, Waiver & Consent (AWC)
   - Consent
   - Decision
   - Decision & Order of Offer of Settlement
   - Appealed
     - Affirmed
     - Vacated Nunc Pro Tunc / ad initio
     - Vacated & Returned For Further Action
     - Vacated / Final
     - Other (requires explanation)
   - Dismissed
   - Judgment Rendered
   - Order
   - Withdrawn
   - Other (requires explanation)

   - Stipulation and Consent

   - Other (requires explanation)

B. **Explanation:** If more than one box in Item 11-A is checked, or Other is checked, or Item 11-A otherwise does not adequately summarize the type of resolution, provide an explanation. For example, if the individual appealed all or part of a resolution by the regulator or court, indicate what is being appealed.

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

C. **Order:** If Order is checked above in Item 11-A, does the order constitute a final order based on violations of any laws or regulations that prohibit fraudulent, or deceptive conduct?  □ Yes □ No

12. **Resolution Date** (MM/DD/YYYY): ____________ □ Exact □ Explanation
   (For a resolution that is being appealed in part, the date to be provided should be the date on which the regulator (reviewing a decision by an SRO or an Administrative Law Judge) or a court provided its resolution.)

   If not exact, provide explanation:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

13. **Resolution Detail**

   A. **Sanction(s):** Was/were any Sanction(s) Ordered?  □ Yes □ No
      No, none were ordered.
B. If “Yes,” check each individual sanction below that was ordered:

- Bar (Permanent)
- Bar (Temporary / Time Limited)
- Cease and Desist
- Censure
- Civil and Administrative Penalty(ies)/Fine(s)*
- Denial
- Disgorgement*
- Expulsion
- Injunction
- Prohibition
- Reprimand
- Recision
- Restitution*
- Requalification
- Revocation
- Suspension
- Undertaking

* Monetary Sanction(s): Were one or more sanctions ordered that require a monetary payment?

- Yes
- No

If “Yes,” enter the total amount ordered: $_____________

C. Sanction Detail (Provide the details of the following specific sanctions, if checked above in Item 13-B.)

1. Barred, Enjoined, or Suspended: If you checked one or more of these sanctions in Item 13-B. above, check the appropriate box(es) below and provide the corresponding information.

   a. Barred
      
      i. Duration (length of time):

      - Permanent (not limited by length of time).
      - Temporary / Time Limited. Specify the: □ Days ___ □ Months ___ □ Years ___

      ii. Start Date (MM/DD/YYYY): ______________ □ Exact □ Explanation

      iii. End Date (MM/DD/YYYY): ______________ □ Exact □ Explanation

      iv. Description: Provide remaining details, including any explanation boxes checked above, and the registration capacities affected (General Securities Principal, Financial Operations Principal, etc.):

         __________________________________________
         __________________________________________
         __________________________________________
         __________________________________________
         __________________________________________

If, in the above action, the individual received one or more bars from registration capacities, associations, and/or other activities, and the terms specify different time periods, report the additional details below:

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
(b) Enjoined

(i) Duration (length of time):

☐ Permanent (not limited by length of time).
☐ Temporary / Time Limited. Specify the: ☐ Days ___ ☐ Months ___ ☐ Years ___

(ii) Start Date (MM/DD/YYYY): ______________ ☐ Exact ☐ Explanation

(iii) End Date (MM/DD/YYYY): ______________ ☐ Exact ☐ Explanation

(iv) Description: Provide remaining details, including any explanation boxes checked above, and the registration capacities affected (General Securities Principal, Financial Operations Principal, etc.):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

If, in the above action, the individual received one or more injunctions from registration capacities, associations, and/or other activities, and the terms specify different time periods, report the additional details below:

(c) Suspended

(i) Duration (length of time):

☐ Permanent (not limited by length of time).
☐ Temporary / Time Limited. Specify the: ☐ Days ___ ☐ Months ___ ☐ Years ___

(ii) Start Date (MM/DD/YYYY): ______________ ☐ Exact ☐ Explanation

(iii) End Date (MM/DD/YYYY): ______________ ☐ Exact ☐ Explanation

(iv) Description: Provide remaining details, including any explanation boxes checked above, and the registration capacities affected (General Securities Principal, Financial Operations Principal, etc.):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
If, in the above action, the individual received one or more suspensions from registration capacities, associations, and/or other activities, and the terms specify different time periods, report the additional details below:

(2) Requalification: Was requalification by examination, retraining, or other process a condition of a sanction?

☐ Yes  ☐ No

If “Yes,” provide:

(a) Length of time given to requalify, retrain, or complete other process:

☐ No time period is specified.
☐ Time period is specified: ☐ Days ___ ☐ Months ___ ☐ Years ___

(b) Type of examination, retraining, or other process required:

_________________________________________________________________________

(c) Was the condition satisfied?  ☐ Yes  ☐ No

(1) If “Yes,” provide the date (MM/DD/YYYY): ______________

(2) If “No,” explain the circumstances:

_________________________________________________________________________

If, in the above action, the individual received one or more requalifications in connection with registration capacities, associations, and/or other activities, and the terms specify different time periods, report the additional details below:

(3) Monetary Sanction(s): If you indicated in Item 13-B above that one or more monetary sanctions were ordered, provide the following information.

(a) Total Amount Ordered: $___________

(b) Portion levied against the individual:

(i) Amount Ordered: $___________

(ii) Was any portion waived?
☐ Yes
☐ No

If “Yes,” how much? $___________

(iii) Final Amount: $___________

(iv) Was final amount paid in full?

☐ Yes
☐ No

If “Yes,” date paid in full (MM/DD/YYYY): _______________
If “No,” explain the circumstances:
_________________________________________________________________________________
_________________________________________________________________________________

14. Summary of Circumstances (Optional): You may use this space to provide a brief summary of the circumstances leading to the action, allegation(s), finding(s) and disposition(s), if any. Include any relevant information on the current action status, and on any terms, conditions, and dates not already provided above, and any other relevant information. The information must fit within the space provided.
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
This Disclosure Reporting Page (DRP MA-I) is an ☐ INITIAL or ☐ AMENDED response to report details for an affirmative response to Question 6G(2) on Form MA-I.

Check the question(s) to which this DRP pertains:

☐ 6G(2) Investigation that could result in a “Yes” answer to any part of:
  Check all that apply.

☐ 6A (Criminal Action Disclosure – Felony)
☐ 6B (Criminal Action Disclosure – Misdemeanor)
☐ 6C (Regulatory Action Disclosure – SEC or CFTC)
☐ 6D (Regulatory Action Disclosure – Other Federal, State, Foreign)
☐ 6E (Regulatory Action Disclosure – SRO)

Is this DRP an amendment that seeks to remove a previously filed DRP concerning the individual from the record?
☐ Yes ☐ No

If “Yes,” the reason the DRP should be removed is:

☐ The event or proceeding was resolved in the individual’s favor
☐ The DRP was filed in error. Explain the circumstances:

How to Report an Event or Investigation on an Investigation DRP: Complete this Investigation DRP only if you are answering “yes” to Item 6G(2), i.e., that the individual has been notified, in writing, that he or she is currently the subject of an investigation. (If you answered “yes” to Item 6G(1), i.e., that the individual has been notified in writing that he or she is currently the subject of a regulatory complaint or proceeding, complete the Regulatory Action DRP.) Use a separate Investigation DRP for each event or investigation. One event may result in more than one investigation. If an event gives rise to more than one authority investigating the individual, provide the details of each investigation on a separate DRP.

Investigation Concluded Without Formal Action: If the individual has been notified that the investigation has been concluded without formal action, complete items 4 and 5 of this DRP to update.

DRP on File for This Event: Is an accurate and up-to-date DRP containing the information regarding the individual required by this DRP already on file (a) in the IARD or CRD system (with a Form ADV, BD, or U4), or (b) in the SEC’s EDGAR system (with a Form MA or Form MA-I)?

Note: The filer may identify a DRP filed by the individual directly, or filed by another SEC-registrant about the individual as an associated person.

☐ Yes

If the answer is “Yes,” provide the applicable information indicated below that identifies where the DRP may be found.
1. **Form ADV, BD, or U4 Filing:** For a DRP filed on the IARD or CRD system with one of these forms, provide the following information:

   Name on Registration: _________________________________________________
   CRD No.: __________________ Disclosure Occurrence No.: ________________

2. **Form MA Filing:** For a DRP filed on EDGAR with a Form MA, provide the following information:

   Name on Registration: _________________________________________________
   MA Registration Number: __________________
   Date of filing that contains the DRP (MM/DD/YYYY): ________________
   Accession number of the filing: __________________________

3. **Form MA-I Filing:** For a DRP filed on EDGAR with a Form MA-I, provide the following information:

   Name of Individual: _________________________________________________
   MA-I File Number: __________________
   Date of filing that contains the DRP (MM/DD/YYYY): ________________
   Accession number of the filing: __________________________

   No

If the answer is “Yes,” no other information on this DRP (other than set forth above) must be provided. If the answer is “No,” complete Part 2 of this DRP.

**NOTE:** The completion of all or any part of this form does not relieve the individual or any municipal advisor with which the individual is associated of the obligation to update any relevant Form MA or IARD or CRD records.
INVESTIGATION DRP – PART 2

1. *Investigation* was initiated by:

   A. Notice Received From (select appropriate item):

   Select only one box below. A separate *Investigation* DRP is required for each notice received from a regulator or other authority.

   - [ ] Criminal *Investigation*
     - [ ] Federal
     - [ ] Military
     - [ ] State
     - [ ] Foreign Country
     - [ ] International Authority
     - [ ] Other: __________________________

   - [ ] Regulatory or Other Civil Authority *Investigation*
     - [ ] SEC
     - [ ] CFTC
     - [ ] State
     - [ ] Foreign Financial Regulatory Authority
     - [ ] Other: __________________________

   - [ ] Other: __________________________

   B. Full name of the criminal, regulatory or other civil authority that initiated the *investigation* (unless SEC or CFTC is checked above). For a foreign *investigation*, please provide the full name in English.

2. Notice Date (MM/DD/YYYY): ____________________  □ Exact  □ Explanation

   If not exact, provide explanation:

3. Description:

   A. Does the individual know the nature of the *investigation*?  □ Yes  □ No

   B. If the answer is “Yes,” describe the nature of the *investigation*:

4. Product Type(s): (Select all that apply.)

   □ No Product

   □ Annuity – Charitable
   □ Annuity – Fixed
   □ Annuity – Variable
   □ Banking Product (other than CD)
   □ CD
   □ Commodity Option
   □ Debt – Asset Backed
   □ Debt – Corporate
   □ Debt – Government
   □ Debt – Municipal
   □ Direct Investment – DPP & LP Interest
   □ Equipment Leasing
   □ Equity Listed (Common & Preferred Stock)
   □ Equity OTC
   □ Futures – Commodity
   □ Futures – Financial
   □ Index Option
   □ Insurance
   □ Investment Contract
   □ Money Market Fund
   □ Mutual Fund
   □ Oil & Gas
   □ Options
   □ Penny Stock
   □ Prime Bank Instrument
   □ Promissory Note
   □ Real Estate Security
   □ Security Futures
   □ Security-based Swap
   □ Swap
   □ Unit Investment Trust
   □ Viatical Settlement
5. **Current Status:** Is the *investigation* pending?  
   - Yes: If “Yes,” skip to Item 7.  
   - No: If “No,” complete Item 6.

6. **Resolution Details:**

   A. **Date Closed/Resolved** (MM/DD/YYYY): ________________  
      Exact  
      If not exact, provide explanation:

   B. **How was the investigation resolved?** (select appropriate item):
      - Closed Without Further Action  
      - Closed - Regulatory Action Initiated  
      - Other (Explain):

      If you checked “Closed - Regulatory Action Initiated” in Item 6-B, you must promptly complete and file an accurate and up-to-date Regulatory Action DRP (MA-I).

7. **Summary of Circumstances (Optional):** You may use this space to provide a brief summary of the circumstances leading to the *investigation*, as well as the current status or final disposition and/or finding(s), if any. Include any other relevant information. The information must fit within the space provided.
This Disclosure Reporting Page (DRP MA-I) is an □ INITIAL or □ AMENDED response to report details for affirmative response(s) to Question 6J on Form MA-I;

Check the question(s) to which this DRP pertains:

☐ 6J(1)  ☐ 6J(2)  ☐ 6J(3)

Is this DRP an amendment that seeks to remove a previously filed DRP concerning the individual from the record?
□ Yes  □ No

If “Yes,” the reason the DRP should be removed is:

☐ The event or proceeding was resolved in the individual’s favor
☐ The DRP was filed in error. Explain the circumstances:

__________________________________________________________________________

How to Report a Termination on a Termination DRP: One termination may result in more than one affirmative answer to the above items. Use only one Termination DRP to report details about the same termination. Use a separate Termination DRP for each termination reported.

DRP on File for This Event: Is an accurate and up-to-date DRP containing the information regarding the individual required by this DRP already on file (a) in the IARD or CRD system (with a Form ADV, BD, or U4), or (b) in the SEC’s EDGAR system (with a Form MA or Form MA-I)?

Note: The filer may identify a DRP filed by the individual directly, or filed by another SEC registrant about the individual as an associated person.

☐ Yes

If the answer is “Yes,” provide the applicable information indicated below that identifies where the DRP may be found.

☐ 1. Form ADV, BD, or U4 Filing: For a DRP filed on the IARD or CRD system with one of these forms, provide the following information:

Name on Registration: _________________________________________________
CRD No.: __________________ Disclosure Occurrence No.: ___________________

☐ 2. Form MA Filing: For a DRP filed on EDGAR with a Form MA, provide the following information:

Name on Registration: _________________________________________________
MA Registration Number: __________________
Date of filing that contains the DRP (MM/DD/YYYY): ___________________
Accession number of the filing: ________________________________

☐ 3. Form MA-I Filing: For a DRP filed on EDGAR with a Form MA-I, provide the following information:
Name of Individual: _________________________________________________
MA-I File Number: __________________
Date of filing that contains the DRP (MM/DD/YYYY): _________________
Accession number of the filing: ________________________

☐ No

If the answer is “Yes,” no other information on this DRP (other than set forth above) must be provided.
If the answer is “No,” complete Part 2 of this DRP.

NOTE: The completion of all or any part of this form does not relieve the individual or any municipal advisor with which the individual is associated of the obligation to update any relevant Form MA or IARD or CRD records.
TERMINATION DRP – PART 2

1. Name of Employing Firm: __________________________________________________________

MA Registration Number, if any: ______________  CRD Number, if any: ______________

2. Termination Type:  □ Discharged  □ Permitted to Resign  □ Voluntary Resignation

3. Termination Date (MM/DD/YYYY): ______________  □ Exact  □ Explanation

If not exact, provide explanation:

________________________________________________________________________

4. Allegation(s):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. Product Type(s): (Select all that apply.)

□ No Product

□ Annuity – Charitable  □ Annuity – Fixed  □ Annuity – Variable
□ Banking Product (other than CD)  □ CD  □ Commodity Option
□ Debt – Asset Backed  □ Debt – Corporate  □ Debt – Government
□ Debt – Municipal  □ Derivative  □ Direct Investment – DPP & LP Interest
□ Equipment Leasing  □ Equity Listed (Common & Preferred Stock)  □ Equity OTC
□ Futures – Commodity  □ Futures – Financial  □ Index Option
□ Insurance  □ Investment Contract  □ Money Market Fund
□ Mutual Fund  □ Oil & Gas  □ Options
□ Penny Stock  □ Prime Bank Instrument  □ Promissory Note
□ Real Estate Security  □ Security Futures  □ Security-based Swap
□ Swap  □ Unit Investment Trust  □ Vatical Settlement

□ Other Product Type:

________________________________________________________________________

6. Summary of Circumstances (Optional): You may use this space to provide a brief summary of the circumstances leading to the termination, including any relevant information. The information must fit within the space provided.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
This Disclosure Reporting Page (DRP MA-I) is an □ INITIAL or □ AMENDED response to report details for an affirmative response to Question 6M on Form MA-I.

Is this DRP an amendment that seeks to remove a previously filed DRP concerning the individual from the record? □ Yes □ No

If “Yes,” the reason the DRP should be removed is:

□ The event or proceeding was resolved in the individual’s favor

□ The DRP was filed in error. Explain the circumstances:

________________________________________________________________________

How to Report an Event or a Judgment/Lien on a Judgment/Lien DRP: If multiple, unrelated events result in the same affirmative answer, details relating to each separate event must be provided on a separate Judgment/Lien DRP.

DRP on File for This Event: Is an accurate and up-to-date DRP containing the information regarding the individual required by this DRP already on file (a) in the IARD or CRD system (with a Form ADV, BD, or U4), or (b) in the SEC’s EDGAR system (with a Form MA or Form MA-I)?

Note: The filer may identify a DRP filed by the individual directly, or filed by another SEC-registrant about the individual as an associated person.

□ Yes

If the answer is “Yes,” provide the applicable information indicated below that identifies where the DRP may be found.

□ 1. Form ADV, BD, or U4 Filing: For a DRP filed on the IARD or CRD system with one of these forms, provide the following information:

Name on Registration: _________________________________________________
CRD No.:  __________________ Disclosure Occurrence No.: ___________________

□ 2. Form MA Filing: For a DRP filed on EDGAR with a Form MA, provide the following information:

Name on Registration: _________________________________________________
MA Registration Number: __________________
Date of filing that contains the DRP (MM/DD/YYYY): _________________
Accession number of the filing: ________________________

□ 3. Form MA-I Filing: For a DRP filed on EDGAR with a Form MA-I, provide the following information:

Name of Individual: _________________________________________________
MA-I File Number:  __________________
Date of filing that contains the DRP (MM/DD/YYYY): _________________
Accession number of the filing: ________________________

☐ No

If the answer is “Yes,” no other information on this DRP (other than set forth above) must be provided. If the answer is “No,” complete Part 2 of this DRP.

NOTE: The completion of all or any part of this form does not relieve the individual or any municipal advisor with which the individual is associated of the obligation to update any relevant Form MA or IARD or CRD records.
1. Judgment/Lien Amount: $__________

2. Judgment/Lien Holder: ___________________________________________

3. Judgment/Lien Type:  [ ] Civil  [ ] Tax

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

If not exact, provide explanation:

________________________________________________________________________

5. Formal Action Was Brought In: (If brought in a foreign jurisdiction, provide all the information below in English):

[ ] Federal Court  [ ] Military Court  [ ] State Court  [ ] Foreign Court  [ ] International Court

[ ] Other: ___________________________

A. Name of the Court: ________________________________________________

B. Location of the Court

Street Address: ____________________________  State/Country: ____________________________

City or County: ____________________________  State/Country: ____________________________

Postal Code: ____________________________

C. Docket/Case Name: _______________________________

D. Docket/Case Number: _______________________________

[ ] No  If “No,” complete item 7.

7. If Judgment/Lien is not outstanding, provide:

A. Status Date (MM/DD/YYYY): ____________________ [ ] Exact  [ ] Explanation

If not exact, provide explanation:

________________________________________________________________________

B. How was matter resolved? (select appropriate item):

[ ] Discharged  [ ] Released  [ ] Removed  [ ] Satisfied

[ ] Other (provide explanation):

________________________________________________________________________
8. **Summary of Circumstances (Optional):** You may use this space to provide a brief summary of the circumstances leading to the action as well as the current status or final disposition. Include any other relevant information. The information must fit within the space provided.
This Disclosure Reporting Page (DRP MA-I) is an ☐ INITIAL or ☐ AMENDED response to report details for affirmative response(s) to Question(s) 6H on Form MA-I.

Check the question(s) to which this DRP pertains:

☐ 6H(1)(a)  ☐ 6H(1)(b)  ☐ 6H(1)(c)  ☐ 6H(2)

Is this DRP an amendment filed for the individual that seeks to remove a previously filed DRP concerning the individual from the record?  ☐ Yes  ☐ No

If “Yes,” the reason the DRP should be removed is:

☐ The event or proceeding was resolved in the individual’s favor

☐ The DRP was filed in error. Explain the circumstances:

________________________________________

How to Report an Event or Proceeding on a Civil Judicial Action DRP: Use a separate DRP for each event or proceeding. One event may result in more than one affirmative answer to Item 6H. Separate cases arising out of the same event, and unrelated civil judicial actions, must be reported on separate DRPs; if they are later consolidated into a single civil judicial action, the consolidated action can be reported on one DRP.

DRP on File for This Event: Is an accurate and up-to-date DRP containing the information regarding the individual required by this DRP already on file (a) in the IARD or CRD system (with a Form ADV, BD, or U4), or (b) in the SEC’s EDGAR system (with a Form MA or Form MA-I)?

Note: The filer may identify a DRP filed by the individual directly, or filed by another SEC-registrant about the individual as an associated person.

☐ Yes

If the answer is “Yes,” provide the applicable information indicated below that identifies where the DRP may be found.

☐ 1. Form ADV, BD, or U4 Filing: For a DRP filed on the IARD or CRD system with one of these forms, provide the following information:

  Name on Registration: _________________________________________________
  CRD No.: __________________ Disclosure Occurrence No.: __________________

☐ 2. Form MA Filing: For a DRP filed on EDGAR with a Form MA, provide the following information:

  Name on Registration: ________________________________
  MA Registration Number: __________________________
  Date of filing that contains the DRP (MM/DD/YYYY): _________________
  Accession number of the filing: __________________________
3. **Form MA-I Filing:** For a DRP filed on EDGAR with a Form MA-I, provide the following information:

   Name of Individual: _________________________________________________
   MA-I File Number: _________________________________________________
   Date of filing that contains the DRP (MM/DD/YYYY): _________________
   Accession number of the filing: ________________________________

   □ No

If the answer is “Yes,” no other information on this DRP (other than set forth above) must be provided. If the answer is “No,” complete Part 2 of this DRP.

**NOTE:** The completion of all or any part of this form does not relieve the individual or any municipal advisor with which the individual is associated of the obligation to update any relevant Form MA or IARD or CRD records.
CIVIL JUDICIAL ACTION DRP – PART 2

1. Court Action initiated by:

A. Select the Appropriate Item(s).
   Check all that apply.

   - [ ] SEC
   - [ ] CFTC
   - [ ] State
   - [ ] SRO
   - [ ] Foreign Financial Regulatory Authority
   - [ ] Municipal Advisory Firm
   - [ ] Other Federal Authority
   - [ ] Commodities Exchange
   - [ ] Private Plaintiff

   - [ ] Other: _______________________________

B. Plaintiff(s): Enter the full name(s) of the plaintiff(s), unless only SEC and/or CFTC is/are checked above. For a foreign financial regulatory authority, please provide the full name in English.

   _______________________________________

   _______________________________________

   _______________________________________

   _______________________________________

   _______________________________________

   Were all plaintiffs fully identified in the space provided? [ ] Yes [ ] No

2. Defendant(s):

A. Enter the full name(s) of the defendant(s). For foreign defendant(s), please provide the full name(s) in English:

   _______________________________________

   _______________________________________

   _______________________________________

   _______________________________________

   _______________________________________

   B. Is the individual a named defendant? [ ] Yes [ ] No If “No,” describe how this action involves the individual:

   _______________________________________

   _______________________________________

   _______________________________________

   _______________________________________

3. Sanction(s) or Relief Sought:
   Check appropriate items.

   - [ ] Bar (Permanent)
   - [ ] Bar (Temporary / Time Limited)
   - [ ] Cease and Desist
   - [ ] Censure
   - [ ] Civil /Administrative Penalty(ies)/Fine(s)
   - [ ] Denial
   - [ ] Disgorgement
   - [ ] Exemption
   - [ ] Expulsion
   - [ ] Injunction
   - [ ] Money Damage(s)
   - [ ] Prohibition
   - [ ] Reprimand
   - [ ] Requalification
   - [ ] Rescission
   - [ ] Restitution
   - [ ] Restraining Order
   - [ ] Revocation
   - [ ] Suspension
   - [ ] Undertaking

   - [ ] Other Sanction(s) or Relief Sought:
4. **A. Filing Date of Court Action (MM/DD/YYYY):** 
   
   ☐ Exact    ☐ Explanation
   
   If not exact, provide explanation:

   __________________________________________________________

**B. Date Notice/Process was served (MM/DD/YYYY):** 
   
   ☐ Exact    ☐ Explanation
   
   If not exact, provide explanation:

   __________________________________________________________

5. **Formal Action was brought in (If brought in a foreign jurisdiction, provide all the information below in English):**
   
   Check the appropriate box.

   ☐ Federal Court    ☐ Military Court    ☐ State Court    ☐ Foreign Court    ☐ International Court
   
   ☐ Other : ___________________________

   **A. Name of the Court:** ____________________________________________________________

   **B. Location of the Court**

   Street Address: ____________________________  State/Country: ____________________________
   
   City or County: ____________________________
   
   Postal Code: ____________________________

   **C. Docket/Case Name:** ____________________________

   **D. Docket/Case Number:** ____________________________

6. **Employing Firm:** Provide the full legal name of the individual’s employing firm, if any, when the activity occurred which led to the civil judicial action. (If there was no such employing firm at that time, enter “None”). Enter the employing firm’s MA and CRD registration numbers below, if any.

   **A. Employing Firm:** __________________________________________________________

   **B. Municipal Advisor Registration Number, if any:** ____________________________

   **C. CRD Number, if any:** __________________________

7. **A. Principal Product Type:**
   
   Check appropriate item.
☐ No Product

☐ Annuity – Charitable  ☐ Direct Investment – DPP & LP Interest  ☐ Oil & Gas
☐ Annuity – Fixed  ☐ Equipment Leasing  ☐ Options
☐ Annuity – Variable  ☐ Equity Listed (Common & Preferred Stock)  ☐ Penny Stock
☐ Banking Product (other than CD)  ☐ Equity OTC  ☐ Prime Bank Instrument
☐ CD  ☐ Futures – Commodity  ☐ Promissory Note
☐ Commodity Option  ☐ Futures – Financial  ☐ Real Estate Security
☐ Debt – Asset Backed  ☐ Index Option  ☐ Security Futures
☐ Debt – Corporate  ☐ Insurance  ☐ Security-based Swap
☐ Debt – Government  ☐ Investment Contract  ☐ Swap
☐ Debt – Municipal  ☐ Money Market Fund  ☐ Unit Investment Trust
☐ Derivative  ☐ Mutual Fund  ☐ Viatical Settlement

☐ Other Principal Product Type (specify):

B. Other Product Types?  ☐ Yes  ☐ No  If “Yes,” describe each additional product type:

8. Allegations: Describe the allegations related to this civil action. (The response must fit within the space provided.)


10. Pending: If you checked “Pending” in Item 9, provide the following information:

A. Date Served: The date that notice or other process was served (MM/DD/YYYY): _______________

☐ Exact  ☐ Explanation

If not exact, provide explanation:

B. Limitation or Restrictions: Are there any limitations or restrictions currently in effect?

☐ Yes  ☐ No

If the answer is “Yes,” provide details:
11. On Appeal – Judicial Review: If the individual appealed, provide the following information. 
(If brought in a foreign jurisdiction, provide all the information below in English):

A. Action Appealed to: (Provide the name of the federal, state, foreign, or international court to whom the individual appealed):

B. Location of the Court:

Street Address: ______________________________________________________________
City or County: ______________________ State/Country: _________________
Postal Code: __________________

C. Docket/Case Name: _________________

D. Docket/Case Number: _______________

E. Date Appeal filed (MM/DD/YYYY): ____________  □ Exact  □ Explanation

If not exact, provide explanation:

________________________________________________________________________

F. Appeal Details (including status):

________________________________________________________________________

________________________________________________________________________

G. Limitation or Restrictions: Are there any limitations or restrictions currently in effect while on appeal?

□ Yes  □ No

If the answer is “Yes,” provide details:

________________________________________________________________________

If you checked “Final” or “On Appeal” in Item 9, complete Items 12 through 14. For Pending Actions, skip to Item 15.

12. A. Resolution: How was the action resolved?

Check all the applicable boxes that reflect the most recent resolution of the action by a court, whether or not any part of the resolution is on appeal. If any part of the resolution is on appeal, identify in Item 12-B which part is currently on appeal.

□ Consent  □ Judgment Rendered  □ Settled
□ Decision  □ Stipulation and Consent  □ Withdrawn
□ Decision & Order of Offer of Settlement  □ Opinion
□ Dismissed  □ Order
□ Other: ____________________________
Appealed
☐ Affirmed
☐ Vacated Nunc Pro Tune / ad initio
☐ Vacated & Returned For Further Action
☐ Vacated / Final
☐ Other: _______________________

B. **Explanation:** If more than one box in Item 12-A is checked or Item 12-A otherwise does not adequately summarize the type of resolution, provide an explanation. For example, if the individual appealed all or part of a resolution by the regulator or court, indicate what is being appealed.

__________________________________________________________________________________

C. **Order:** If Order is checked above in Item 12-A, does the order constitute a final order based on violations of any laws or regulations that prohibit fraudulent, or deceptive conduct?  
☐ Yes  ☐ No

13. **Resolution Date** (MM/DD/YYYY):____________________  
☐ Exact  ☐ Explanation
(For a resolution that is being appealed in part, the date to be provided should be the date on which the regulator or court provided its resolution.)

If not exact, provide explanation:
__________________________________________________________________________________

14. **Resolution Detail**

A. **Sanctions(s):** Was/were any Sanction(s) Ordered or Relief Granted?  
☐ Yes  ☐ No, none were ordered or granted.

B. If “Yes,” check each individual sanction ordered and/or relief granted below:

☐ Bar (Permanent)  ☐ Bar (Temporary / Time Limited)  ☐ Censure  ☐ Censure
☐ Cease and Desist  ☐ Civil /Administrative Penalty(ies)/Fine(s)*  ☐ Denial  ☐ Disgorgement*

☐ Exemption  ☐ Expulsion  ☐ Injunction  ☐ Money Damage(s)  ☐ Prohibition  ☐ Repramand
☐ Requalification  ☐ Rescission  ☐ Restitution*  ☐ Restraining Order  ☐ Revocation  ☐ Suspension
☐ Rescission  ☐ Rescission  ☐ Rescission  ☐ Rescission  ☐ Rescission  ☐ Rescission
☐ Rescission  ☐ Rescission  ☐ Rescission  ☐ Rescission  ☐ Rescission  ☐ Rescission
☐ Rescission  ☐ Rescission  ☐ Rescission  ☐ Rescission  ☐ Rescission  ☐ Rescission

* Monetary Sanction(s): Were one or more sanctions ordered that require a monetary payment?  
☐ Yes  ☐ No

If “Yes,” enter the total amount ordered:  $_____________

☐ Other Sanctions Ordered or Relief Granted (list each such additional sanction or relief):
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
C. Sanction Detail (Provide the details of the following specific sanctions, if checked above in Item 14-B.)

(1) Barred, Enjoined, or Suspended: If you checked one or more of these sanctions in Item 14-B. above, check the appropriate box(es) below and provide the corresponding information.

(a) Barred

(i) Duration (length of time):

☐ Permanent (not limited by length of time).
☐ Temporary / Time Limited. Specify the: ☐ Days ___ ☐ Months ___ ☐ Years ___

(ii) Start Date (MM/DD/YYYY): ______________ ☐ Exact ☐ Explanation

(iii) End Date (MM/DD/YYYY): ______________ Exact  Explanation

(iv) Description: Provide remaining details, including any explanation boxes checked above, and the registration capacities affected (General Securities Principal, Financial Operations Principal, etc.):

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

If, in the above action, the individual received one or more bars from registration capacities, associations, and/or other activities, and the terms specify different time periods, report the additional details below:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

(b) Enjoined

(i) Duration (length of time):

☐ Permanent (not limited by length of time).
☐ Temporary / Time Limited. Specify the: ☐ Days ___ ☐ Months ___ ☐ Years ___

(ii) Start Date (MM/DD/YYYY): ______________ ☐ Exact ☐ Explanation

(iii) End Date (MM/DD/YYYY): ______________ Exact  Explanation

(iv) Description: Provide remaining details, including any explanation boxes checked above, and the registration capacities affected (General Securities Principal, Financial Operations Principal, etc.):

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

If, in the above action, the individual received one or more injunctions from registration capacities, associations, and/or other activities, and the terms specify different time periods, report the additional details below:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
(c) Suspended

(i) Duration (length of time):
   - Permanent (not limited by length of time).
   - Temporary / Time Limited. Specify the: □ Days ___ □ Months ___ □ Years ___

(ii) Start Date (MM/DD/YYYY): ______________ □ Exact □ Explanation

(iii) End Date (MM/DD/YYYY): ______________ □ Exact □ Explanation

(iv) Description: Provide remaining details, including any explanation boxes checked above, and the registration capacities affected (General Securities Principal, Financial Operations Principal, etc.):
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

If, in the above action, the individual received one or more suspensions from registration capacities, associations, and/or other activities, and the terms specify different time periods, report the additional details below:

(2) Requalification: Was requalification by examination, retraining, or other process a condition of a sanction?
   - □ Yes □ No

If “Yes,” provide:

(a) Length of time given to requalify, retrain, or complete other process:
   - □ No time period is specified.
   - □ Time period is specified: □ Days ___ □ Months ___ □ Years ___

(b) Type of examination, retraining, or other process required:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

(c) Was the condition satisfied? □ Yes □ No

If “Yes,” provide the date (MM/DD/YYYY): ______________
If “No,” explain the circumstances:
   ____________________________________________________________
If, in the above action, the individual received one or more requalifications in connection with registration capacities, associations, and/or other activities, and the terms specify different time periods, report the additional details below:

(3) Monetary Sanction(s): If you indicated in Item 14-B above that one or more monetary sanctions were ordered, provide the following information.

(a) Total Amount Ordered: $___________

(b) Portion levied against the individual:

(i) Amount Ordered: $___________

(ii) Was any portion waived?

☐ Yes
☐ No

   If “Yes,” how much? $___________

(iii) Final Amount: $___________

(iv) Was final amount paid in full?

☐ Yes
☐ No

   If “Yes,” date paid in full (MM/DD/YYYY):________________

   If “No,” explain the circumstances:

   15. Summary of Circumstances (Optional): You may use this space to provide a brief summary of the circumstances leading to the action, allegation(s), finding(s) and disposition(s), if any. Include any relevant information on the current action status, and on any terms, conditions, and dates not already provided above, and any other relevant information. The information must fit within the space provided.
CUSTOMER COMPLAINT / ARBITRATION / CIVIL LITIGATION DISCLOSURE REPORTING PAGE (MA-I)

CUSTOMER COMPLAINT / ARBITRATION / CIVIL LITIGATION DRP – PART 1

This Disclosure Reporting Page (DRP MA-I) is an □ INITIAL or □ AMENDED response to report details for affirmative response(s) to Question(s) 6I on Form MA-I.

Check the question(s) to which this DRP pertains:

☐ 6I(1)(a) ☐ 6I(2)(a) ☐ 6I(2)(c)
☐ 6I(1)(b) ☐ 6I(2)(b)

Is this DRP an amendment that seeks to remove a previously filed DRP concerning the individual from the record?
☐ Yes ☐ No

If “Yes,” the reason the DRP should be removed is:

☐ The event or proceeding was resolved in the individual’s favor
☐ The DRP was filed in error. Explain the circumstances:

______________________________

How to Report a Matter or a Proceeding on this DRP: Use a separate DRP for each matter or proceeding. One matter may result in more than one affirmative answer to the above items. Use a single DRP to report details relating to a particular matter (i.e., a customer complaint, arbitration, CFTC reparation, or civil litigation). If an event gives rise to separate proceedings by more than one regulator or other authority, or other plaintiff, provide details for each proceeding on a separate DRP. Separate cases arising out of the same matter, and unrelated civil judicial actions, must be reported on separate DRPs; if they are later consolidated into a single civil judicial action, the consolidated action can be reported on one DRP.

DRP on File for This Event: Is an accurate and up-to-date DRP containing the information regarding the individual required by this DRP already on file (a) in the IARD or CRD system (with a Form ADV, BD, or U4), or (b) in the SEC’s EDGAR system (with a Form MA or Form MA-I)?

Note: The filer may identify a DRP filed by the individual directly, or filed by another SEC-registrant about the individual as an associated person.

☐ Yes

If the answer is “Yes,” provide the applicable information indicated below that identifies where the DRP may be found.

☐ 1. Form ADV, BD, or U4 Filing: For a DRP filed on the IARD or CRD system with one of these forms, provide the following information:

Name on Registration: ____________________________________________
CRD No.: __________ Disclosure Occurrence No.: ___________________

☐ 2. Form MA Filing: For a DRP filed on EDGAR with a Form MA, provide the following information:

Name on Registration: ____________________________________________
MA Registration Number: __________________
Date of filing that contains the DRP (MM/DD/YYYY): _________________
Accession number of the filing: ________________________

☐ 3. **Form MA-I Filing:** For a DRP filed on EDGAR with a Form MA-I, provide the following information:

Name of Individual: ____________________________________________
MA-I File Number: ____________________________________________
Date of filing that contains the DRP (MM/DD/YYYY): _______________
Accession number of the filing: ________________________

☐ No

If the answer is “Yes,” no other information on this DRP (other than set forth above) must be provided. If the answer is “No,” complete Part 2 of this DRP.

**NOTE:** The completion of all or any part of this form does not relieve the individual or any municipal advisor with which the individual is associated of the obligation to update any relevant Form MA or IARD or CRD records.
CUSTOMER COMPLAINT / ARBITRATION / CIVIL LITIGATION DRP – PART 2

Disclosure Instructions and the Individual’s Status: You must indicate the individual’s status in Items II and III below:

I. All Matters: Items 1-6. Complete Items 1-6 for all matters, whether or not the individual is named as a party, including:
   A. Customer complaints, arbitrations/CFTC reparations and civil litigation in which the individual is not named as a party, as well as,
   B. Arbitrations/CFTC reparations and civil litigation in which the individual is named as a party.

II. If the individual is not named as a party, check here: ☐ And complete Items 7-11.
   A. If the matter involves a customer complaint, or an arbitration/CFTC reparation or civil litigation in which the individual is not named as a party, complete Items 7-11 as appropriate.
   B. If a customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing Disclosure Form by completing Items 9 and 10.

III. If the individual is named as a party, check here: ☐ And check the appropriate boxes below:
   A. Arbitration/CFTC Reparation: If the matter involves an arbitration/CFTC reparation in which the individual is a named party, check here: ☐ And complete Items 12-16, as appropriate.
   B. Civil Litigation: If the matter involves a civil litigation in which the individual is a named party, check here: ☐ And complete Items 17-23.

IV. Summary of the Circumstances: Item 24. This is an optional space and applies to all event types (i.e., customer complaint, arbitration/CFTC reparation, civil litigation).

Complete Items 1-6 for all matters (i.e., customer complaints, arbitrations/CFTC reparations, civil litigation).

1. Customer Name(s):

2. A. Customer(s) State of Residence or domicile, if applicable:

B. Does/do the customer(s) have other state(s) of residence or domicile, if applicable? ☐ Yes ☐ No
   If “Yes,” provide the information:

3. Employing Firm: Provide the full legal name of the individual’s employing firm, if any, when activities occurred which led to the customer complaint, arbitration, CFTC reparation or civil litigation. (If there was no such employing firm at that time, enter “None”). Enter the employing firm’s MA and CRD registration numbers below, if any.
   A. Employing Firm:
B. Municipal Advisor Registration Number, if any: ____________________

C. CRD Number, if any: ________________

4. Product Type(s): (select all that apply)

- No Product
- Annuity – Charitable
- Annuity – Fixed
- Annuity – Variable
- Banking Product (other than CD)
- Direct Investment – DPP & LP Interest
- Equipment Leasing
- Equity Listed (Common & Preferred Stock)
- Equity OTC
- Futures – Commodity
- Futures – Financial
- Index Option
- Insurance
- Investment Contract
- Money Market Fund
- Mutual Fund
- Oil & Gas
- Options
- Penny Stock
- Prime Bank Instrument
- Promissory Note
- Real Estate Security
- Security Futures
- Security-based Swap
- Swap
- Unit Investment Trust
- Viatical Settlement
- Other Product Type?
  - Yes
  - No
  - If “Yes,” describe each additional product type:

5. Allegation(s): Describe the allegation(s) and provide a brief summary of events related to the allegation(s), including dates when activities leading to the allegation(s) occurred:

6. Alleged Compensatory Damage(s)

A. Do the allegations include any amount(s) for compensatory damage(s)?
  - Yes
  - No

B. If “Yes,” indicate the amount: $__________

- Exact
- Explanation

If not exact, provide explanation:

If the Individual Is Not a Named Party: If the matter involves a customer complaint, arbitration/CFTC reparation or civil litigation in which the individual is not named as a party, complete items 7-11 as appropriate.

If the Individual Is a Named Party: Report in Items 12-16, or 17-23, as appropriate, only arbitrations/CFTC reparations or civil litigation in which the individual is named as a party.
7. A. Is this an oral complaint?  □ Yes  □ No

B. Is this a written complaint?  □ Yes  □ No

C. Is this an arbitration/CFTC reparation or civil litigation?  □ Yes  □ No

If “Yes,” provide:

(1) Arbitration/reparation forum or court name: ________________________________

(2) Location of the Forum or Court

   Street Address: ____________________________
   City or County: ____________________________
   State/Country: ____________________________
   Postal Code: ______________________________

(3) Docket/Case Name: ______________________________

(4) Docket/Case Number: ______________________________

(5) Filing date of arbitration/CFTC reparation or civil litigation (MM/DD/YYYY): ____________

D. Date received by/served on firm (MM/DD/YYYY): ____________ □ Exact  □ Explanation

If not exact, provide explanation:

_______________________________________________________________

8. Pending: Is the complaint, arbitration/CFTC reparation or civil litigation pending?  □ Yes  □ No
   If “No,” complete item 9.

9. Final: If the complaint, arbitration/CFTC reparation or civil litigation is not pending, provide status:

   □ Closed/No Action  □ Withdrawn  □ Denied  □ Settled  
   □ Arbitration Award/Monetary Judgment (for claimants/plaintiffs)  
   □ Arbitration Award/Monetary Judgment (for respondents/defendants)  
   □ Evolved into Arbitration/CFTC reparation (individual is a named party): Complete Items 12-16.  
   □ Evolved into Civil litigation (individual is a named party): Complete Items 17-23.
Status:

If the Individual Is Not a Named Party: If the status is arbitration/CFTC reparation in which the individual is not a named party, provide details in Item 7C.

If the Individual Is a Named Party: If the status is arbitration/CFTC reparation in which the individual is a named party, complete Items 12-16. If the status is civil litigation in which the individual is a named party, complete Items 17-23.

10. Status Date (MM/DD/YYYY):_____________ [Exact □  Explanation □]

If not exact, provide explanation:

____________________________________________________________________________________

11. Settlement/Award/Monetary Judgment:

A. Is there a Settlement/Award/Monetary Judgment? □ Yes □ No
   If “Yes,” provide the details below in Item 11-B. and Item 11-C.

B. Settlement/Award/Monetary Judgment Amount: $_________________

C. Was the individual required to pay any portion of the total amount? □ Yes □ No
   If “Yes,” indicate:
   (1) The individual’s contribution amount: $____________
   (2) Was any portion waived?
      □ Yes
      □ No
      If “Yes,” how much? $__________
   (3) Final Amount: $____________
   (4) Was final amount paid in full?
      □ Yes
      □ No
      If “Yes,” date paid in full (MM/DD/YYYY):____________
      If “No,” explain the circumstances:

____________________________________________________________________________________

If the matter involves an arbitration or CFTC reparation in which the individual is a named respondent, complete Items 12-16, as appropriate.
12. A. Arbitration/CFTC reparation claim filed with (FINRA, AAA, CFTC, etc.):

B. Location of the Forum

Street Address: ____________________________________________________________
City or County: ___________________ State/Region: _____________________________
Country: _________________________ Postal Code: ____________________________

C. Docket/Case Name: ________________________________

D. Docket/Case Number: ______________________________

E. Date notice/process was served (MM/DD/YYYY): _____________ □ Exact □ Explanation

If not exact, provide explanation:

________________________________________________________________________

13. Pending: Is arbitration/CFTC reparation pending? □ Yes □ No
If “No,” complete Items 14 and 15.

14. Final: If the arbitration/CFTC reparation is not pending, what was the disposition?

☐ Award to the Individual (Agent/Representative)
☐ Award to Customer
☐ Denied
☐ Dismissed
☐ Judgment (other than monetary)
☐ No Action
☐ Settlement that includes a monetary payment to customer
☐ Settlement without a monetary payment to customer
☐ Withdrawn

☐ Other: _________________________________________________________________

15. Disposition Date (MM/DD/YYYY): _____________ □ Exact □ Explanation

If not exact, provide explanation:

________________________________________________________________________

16. Monetary Compensation Details (If you checked “Award to Customer,” or “Settlement that includes a monetary payment to customer” in Item 14, or otherwise a payment of money must be made to the customer, provide the following information.)

A. Total Amount: $___________

B. The Individual’s Portion: Was the individual required to pay any portion of the total amount?

☐ Yes  ☐ No

C. If you answered “Yes,” to Item 16-B, indicate:

(1) The individual’s contribution amount: $___________
(2) Was any portion waived?

☐ Yes  ☐ No

If “Yes,” how much? $________

(3) Final Amount: $________

(4) Was final amount paid in full?

☐ Yes  ☐ No

If “Yes,” date paid in full (MM/DD/YYYY):____________

If “No,” explain the circumstances:

____________________________________________________________________________

If the matter involves a civil litigation in which the individual is a defendant, complete items 17-23.

17. Court in which case was filed (if brought in a foreign jurisdiction, provide all the information below in English):

☐ Federal Court  ☐ Military Court  ☐ State Court  ☐ Foreign Court  ☐ International Court

☐ Other: __________________________

A. Name of the Court:____________________________________________________________

B. Location of the Court:

Street Address: ______________________________________________________________

City or County: ______________________ State/Country: ________________________

Postal Code: __________________

C. Docket/Case Name: ______________________________

D. Docket/Case Number: ______________________________

18. Date received by/served on firm (MM/DD/YYYY):__________________

☐ Exact  ☐ Explanation

If not exact, provide explanation:

____________________________________________________________________________

19. Current Status of the Civil Litigation:

☐ Pending   (Skip to Item 24.)
20. Resolution:

☐ Denied
☐ Dismissed
☐ Judgment (other than monetary)
☐ Monetary Judgment to the Individual (Agent/Representative)
☐ Monetary Judgment to Customer
☐ No Action
☐ Settlement that includes a monetary payment to customer
☐ Settlement without a monetary payment to customer
☐ Withdrawn

☐ Other:

21. Disposition Date (MM/DD/YYYY):_______________

☐ Exact    ☐ Explanation

If not exact, provide explanation:

22. Monetary Compensation Details  (If you checked “Monetary Judgment to Customer” or “Settlement that includes a monetary payment to customer” in Item 20, or otherwise a payment of money must be made to the customer, provide the following information.)

A. Total Amount: $___________

B. Was the individual required to pay any portion of the total amount?  ☐ Yes  ☐ No

C. If you answered “Yes” to Item 22-B, indicate:

   (1) The individual’s contribution amount:  $___________

   (2) Was any portion waived?

       ☐ Yes
       ☐ No

           If “Yes,” how much?  $___________

   (3) Final Amount:  $___________

   (4) Was final amount paid in full?

       ☐ Yes
       ☐ No

           If “Yes,” date paid in full (MM/DD/YYYY):____________
If “No,” explain the circumstances:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

23. **On Appeal – Judicial Review:** If the individual appealed, provide the following information. *(If brought in a foreign jurisdiction, provide all the information below in English):*

   **A. Action Appealed to:** *(Provide the name of the federal, military, state, foreign, or international court to which the individual appealed.)*

   ______________________________________________________________
   ______________________________________________________________

   **B. Location of the Court:**

   Street Address: ______________________________________________________________
   City or County: ______________________ State/Country: ________________________
   Postal Code: __________________

   **C. Docket/Case Name:** ____________________

   **D. Docket/Case Number:** __________________

   **E. Date Appeal filed (MM/DD/YYYY):** ______________  □ Exact  □ Explanation

   If not exact, provide explanation:
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

   **F. Appeal Details (including status):**

   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

24. **Summary of the Circumstances (Optional).** You may use this space to provide a brief summary of the circumstances leading to the customer complaint, arbitration/CFTC reparation and/or civil litigation as well as the current status or final disposition(s). The information must fit within the space provided.

   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________