

FORM ADV

UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION AND REPORT BY EXEMPT REPORTING ADVISERS

Primary Business Name: VOYA FINANCIAL ADVISORS, INC.	CRD Number: 2882
Other-Than-Annual Amendment - All Sections	Rev. 10 / 2021
5 / 13 / 2026 10:48:21 AM	

WARNING: Complete this form truthfully. False statements or omissions may result in denial of your application, revocation of your registration, or criminal prosecution. You must keep this form updated by filing periodic amendments. See Form ADV General Instruction 4.

Item 1 Identifying Information

Responses to this Item tell us who you are, where you are doing business, and how we can contact you. If you are filing an *umbrella registration*, the information in Item 1 should be provided for the *filing adviser* only. General Instruction 5 provides information to assist you with filing an *umbrella registration*.

A. Your full legal name (if you are a sole proprietor, your last, first, and middle names):
VOYA FINANCIAL ADVISORS, INC.

B. (1) Name under which you primarily conduct your advisory business, if different from Item 1.A.
VOYA FINANCIAL ADVISORS, INC.

List on [Section 1.B. of Schedule D](#) any additional names under which you conduct your advisory business.

(2) If you are using this Form ADV to register more than one investment adviser under an *umbrella registration*, check this box ☐

If you check this box, complete a Schedule R for each relying adviser.

C. If this filing is reporting a change in your legal name (Item 1.A.) or primary business name (Item 1.B.(1)), enter the new name and specify whether the name change is of
☐ your legal name or ☐ your primary business name:

D. (1) If you are registered with the SEC as an investment adviser, your SEC file number: **801-46585**
(2) If you report to the SEC as an *exempt reporting adviser*, your SEC file number:
(3) If you have one or more Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:

CIK Number
73520
1424367

E. (1) If you have a number ("CRD Number") assigned by the *FINRA's CRD* system or by the IARD system, your *CRD* number: **2882**

If your firm does not have a *CRD* number, skip this Item 1.E. Do not provide the *CRD* number of one of your officers, employees, or affiliates.

(2) If you have additional *CRD* Numbers, your additional *CRD* numbers:
No Information Filed

F. Principal Office and Place of Business

(1) Address (do not use a P.O. Box):

Number and Street 1:

ONE ORANGE WAY

City:

WINDSOR

State:

Connecticut

Number and Street 2:

Country:

United States

ZIP+4/Postal Code:

06095

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

List on [Section 1.F. of Schedule D](#) any office, other than your principal office and place of business, at which you conduct investment advisory business. If you are applying for registration, or are registered, with one or more state securities authorities, you must list all of your offices in the state or states to which you are applying for registration or with whom you are registered. If you are applying for SEC registration, if you are registered only with the SEC, or if you are reporting to the SEC as an exempt reporting adviser, list the largest twenty-five offices in terms of numbers of employees as of the end of your most recently completed fiscal year.

(2) Days of week that you normally conduct business at your *principal office and place of business*:

☒ Monday - Friday ☐ Other:

Normal business hours at this location:

8:00 AM - 4:30 PM

(3) Telephone number at this location:

1-800-356-2906

(4) Facsimile number at this location, if any:

(5) What is the total number of offices, other than your *principal office and place of business*, at which you conduct investment advisory business as of the end of your most recently completed fiscal year?

303

G. Mailing address, if different from your *principal office and place of business* address:

Number and Street 1:

City:

State:

Number and Street 2:

Country:

ZIP+4/Postal Code:

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

H. If you are a sole proprietor, state your full residence address, if different from your *principal office and place of business* address in Item 1.F.:

Number and Street 1:

City:

State:

Number and Street 2:

Country:

ZIP+4/Postal Code:

I. Do you have one or more websites or accounts on publicly available social media platforms (including, but not limited to, Twitter, Facebook and LinkedIn)?

Yes

No

If "yes," list all firm website addresses and the address for each of the firm's accounts on publicly available social media platforms on [Section 1.I. of Schedule D](#). If a website address serves as a portal through which to access other information you have published on the web, you may list the portal without listing addresses for all of the other information. You may need to list more than one portal address. Do not provide the addresses of websites or accounts on publicly available social media platforms where you do not control the content. Do not provide the individual electronic mail (e-mail) addresses of employees or the addresses of employee accounts on publicly available social media platforms.

J. Chief Compliance Officer

(1) Provide the name and contact information of your Chief Compliance Officer. If you are an *exempt reporting adviser*, you must provide the contact information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.K. below.

Name:

Telephone number:

Number and Street 1:

City:

State:

Other titles, if any:

Facsimile number, if any:

Number and Street 2:

Country:

ZIP+4/Postal Code:

Electronic mail (e-mail) address, if Chief Compliance Officer has one:

(2) If your Chief Compliance Officer is compensated or employed by any *person* other than you, a *related person* or an investment company registered under the Investment Company Act of 1940 that you advise for providing chief compliance officer services to you, provide the *person's* name and IRS Employer Identification Number (if any):

Name:

IRS Employer Identification Number:

K. Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.

Name:

Telephone number:

Number and Street 1:

City:

State:

Titles:

Facsimile number, if any:

Number and Street 2:

Country:

ZIP+4/Postal Code:

Electronic mail (e-mail) address, if contact person has one:

L. Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law, somewhere other than your *principal office and place of business*?

Yes

No

If "yes," complete [Section 1.L. of Schedule D](#).

M. Are you registered with a *foreign financial regulatory authority*?

Yes

No

Answer "no" if you are not registered with a *foreign financial regulatory authority*, even if you have an affiliate that is registered with a *foreign financial regulatory authority*. If "yes," complete [Section 1.M. of Schedule D](#).

N. Are you a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934?

Yes

No

O. Did you have \$1 billion or more in assets on the last day of your most recent fiscal year?

If yes, what is the approximate amount of your assets:

☐ \$1 billion to less than \$10 billion

- ☒ \$10 billion to less than \$50 billion
- ☐ \$50 billion or more

For purposes of Item 1.O. only, "assets" refers to your total assets, rather than the assets you manage on behalf of clients. Determine your total assets using the total assets shown on the balance sheet for your most recent fiscal year end.

P. Provide your *Legal Entity Identifier* if you have one:

A *legal entity identifier* is a unique number that companies use to identify each other in the financial marketplace. You may not have a *legal entity identifier*.

SECTION 1.B. Other Business Names

No Information Filed

SECTION 1.F. Other Offices

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1:		Number and Street 2:	
11101 SWITZER RD		SUITE 130	
City:	State:	Country:	ZIP+4/Postal Code:
OVERLAND PARK	Kansas	United States	66210

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

Telephone Number:	Facsimile Number, if any:
913-661-3773	

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD Branch Number* here:

613894

How many *employees* perform investment advisory functions from this office location?

11

- Are other business activities conducted at this office location? (check all that apply)
- ☒ (1) Broker-dealer (registered or unregistered)
 - ☐ (2) Bank (including a separately identifiable department or division of a bank)
 - ☒ (3) Insurance broker or agent
 - ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
 - ☐ (5) Registered municipal advisor
 - ☐ (6) Accountant or accounting firm
 - ☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1:		Number and Street 2:	
6225 SHERIDAN DRIVE		SUITE 212	
City:	State:	Country:	ZIP+4/Postal Code:
WILLIAMSVILLE	New York	United States	14221

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

Telephone Number:
716-626-3931

Facsimile Number, if any:
716-839-1886

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
465155

How many *employees* perform investment advisory functions from this office location?
7

Are other business activities conducted at this office location? (check all that apply)

- ☒ (1) Broker-dealer (registered or unregistered)
- ☐ (2) Bank (including a separately identifiable department or division of a bank)
- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (5) Registered municipal advisor
- ☐ (6) Accountant or accounting firm
- ☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1:
45 KNOLLWOOD RD

City:
ELMSFORD

State:
New York

Country:
United States

Number and Street 2:
STE 204

ZIP+4/Postal Code:
10523

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

Telephone Number:
914-347-5841

Facsimile Number, if any:
914-347-5867

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
465179

How many *employees* perform investment advisory functions from this office location?
5

Are other business activities conducted at this office location? (check all that apply)

- ☒ (1) Broker-dealer (registered or unregistered)
- ☐ (2) Bank (including a separately identifiable department or division of a bank)
- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (5) Registered municipal advisor
- ☐ (6) Accountant or accounting firm
- ☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1:

Number and Street 2:

1030 NEVADA ST		STE 203	
City:	State:	Country:	ZIP+4/Postal Code:
REDLANDS	California	United States	92374
If this address is a private residence, check this box: ☐			
Telephone Number:		Facsimile Number, if any:	
310-962-2525		9097927976	
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here: 464999			
How many <i>employees</i> perform investment advisory functions from this office location? 6			
Are other business activities conducted at this office location? (check all that apply)			
☒ (1) Broker-dealer (registered or unregistered)			
☐ (2) Bank (including a separately identifiable department or division of a bank)			
☒ (3) Insurance broker or agent			
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)			
☐ (5) Registered municipal advisor			
☐ (6) Accountant or accounting firm			
☐ (7) Lawyer or law firm			
Describe any other <i>investment-related</i> business activities conducted from this office location:			

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1:		Number and Street 2:	
699 WALNUT ST STE 1000		MS1375	
City:	State:	Country:	ZIP+4/Postal Code:
DES MOINES	Iowa	United States	50309
If this address is a private residence, check this box: ☐			
Telephone Number:		Facsimile Number, if any:	
5156987971		5156987974	
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here: 465068			
How many <i>employees</i> perform investment advisory functions from this office location? 5			
Are other business activities conducted at this office location? (check all that apply)			
☒ (1) Broker-dealer (registered or unregistered)			
☐ (2) Bank (including a separately identifiable department or division of a bank)			
☒ (3) Insurance broker or agent			
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)			
☐ (5) Registered municipal advisor			
☐ (6) Accountant or accounting firm			
☐ (7) Lawyer or law firm			
Describe any other <i>investment-related</i> business activities conducted from this office location:			

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business.

You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1: 250 MARQUETTE AVENUE		Number and Street 2: SUITE 900	
City: MINNEAPOLIS	State: Minnesota	Country: United States	ZIP+4/Postal Code: 55401

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

Telephone Number: 6124920200	Facsimile Number, if any: 6123339146
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
465048

How many *employees* perform investment advisory functions from this office location?
5

Are other business activities conducted at this office location? (check all that apply)

- ☒ (1) Broker-dealer (registered or unregistered)
- ☐ (2) Bank (including a separately identifiable department or division of a bank)
- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (5) Registered municipal advisor
- ☐ (6) Accountant or accounting firm
- ☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1: 10800 LYNDALE AVENUE S		Number and Street 2: SUITE 200	
City: BLOOMINGTON	State: Minnesota	Country: United States	ZIP+4/Postal Code: 55420

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

Telephone Number: 6128873861	Facsimile Number, if any: 6124457667
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
799305

How many *employees* perform investment advisory functions from this office location?
5

Are other business activities conducted at this office location? (check all that apply)

- ☒ (1) Broker-dealer (registered or unregistered)
- ☐ (2) Bank (including a separately identifiable department or division of a bank)
- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (5) Registered municipal advisor
- ☐ (6) Accountant or accounting firm
- ☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1: REYNOLDS OFFICE BUILDING		Number and Street 2: 6641 WEST BROAD STREET	
City: RICHMOND	State: Virginia	Country: United States	ZIP+4/Postal Code: 23230

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

Telephone Number: 6122179541	Facsimile Number, if any:
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
858635

How many *employees* perform investment advisory functions from this office location?
6

Are other business activities conducted at this office location? (check all that apply)

- ☒ (1) Broker-dealer (registered or unregistered)
- ☐ (2) Bank (including a separately identifiable department or division of a bank)
- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (5) Registered municipal advisor
- ☐ (6) Accountant or accounting firm
- ☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1: 14643 DALLAS PARKWAY		Number and Street 2: SUITE 500	
City: DALLAS	State: Texas	Country: United States	ZIP+4/Postal Code: 75254

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

Telephone Number: 972-643-6330	Facsimile Number, if any: 972-661-1128
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
465075

How many *employees* perform investment advisory functions from this office location?
8

Are other business activities conducted at this office location? (check all that apply)

- ☒ (1) Broker-dealer (registered or unregistered)
- ☐ (2) Bank (including a separately identifiable department or division of a bank)
- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (5) Registered municipal advisor

☐ (6) Accountant or accounting firm

☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1:		Number and Street 2:	
7965 NORTH HIGH STREET, SUITE 150			
City:	State:	Country:	ZIP+4/Postal Code:
COLUMBUS	Ohio	United States	43235

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

Telephone Number:	Facsimile Number, if any:
8008624287	6144315080

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
465114

How many *employees* perform investment advisory functions from this office location?
18

Are other business activities conducted at this office location? (check all that apply)

- ☒ (1) Broker-dealer (registered or unregistered)
- ☐ (2) Bank (including a separately identifiable department or division of a bank)
- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (5) Registered municipal advisor
- ☐ (6) Accountant or accounting firm
- ☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1:		Number and Street 2:	
10700 WEST RESEARCH DRIVE		SUITE 190	
City:	State:	Country:	ZIP+4/Postal Code:
MILWAUKEE	Wisconsin	United States	53226

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

Telephone Number:	Facsimile Number, if any:
414-256-2159	414-258-8096

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
461047

How many *employees* perform investment advisory functions from this office location?
6

Are other business activities conducted at this office location? (check all that apply)

- ☒ (1) Broker-dealer (registered or unregistered)

- ☐ (2) Bank (including a separately identifiable department or division of a bank)
- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (5) Registered municipal advisor
- ☐ (6) Accountant or accounting firm
- ☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1:		Number and Street 2:	
6100 OAK TREE BLVD		STE 200	
City:	State:	Country:	ZIP+4/Postal Code:
INDEPENDENCE	Ohio	United States	44131

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

Telephone Number:	Facsimile Number, if any:
216-447-3764	216-447-9497

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:

465210

How many *employees* perform investment advisory functions from this office location?

14

Are other business activities conducted at this office location? (check all that apply)

- ☒ (1) Broker-dealer (registered or unregistered)
- ☐ (2) Bank (including a separately identifiable department or division of a bank)
- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (5) Registered municipal advisor
- ☐ (6) Accountant or accounting firm
- ☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1:		Number and Street 2:	
ONE HUNTINGTON QUADRANGLE		SUITE 1C01	
City:	State:	Country:	ZIP+4/Postal Code:
MELVILLE	New York	United States	11747

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

Telephone Number:	Facsimile Number, if any:
631-755-0810	631-454-6182

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:

465130

How many *employees* perform investment advisory functions from this office location?

Are other business activities conducted at this office location? (check all that apply)

- ☒ (1) Broker-dealer (registered or unregistered)
- ☐ (2) Bank (including a separately identifiable department or division of a bank)
- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (5) Registered municipal advisor
- ☐ (6) Accountant or accounting firm
- ☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1: 5331 SW MADADAM AVENUE		Number and Street 2: SUITE 207	
City: PORTLAND	State: Oregon	Country: United States	ZIP+4/Postal Code: 97239

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

Telephone Number: 503-937-0350	Facsimile Number, if any: 503-241-6060
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
465099

How many *employees* perform investment advisory functions from this office location?
11

Are other business activities conducted at this office location? (check all that apply)

- ☒ (1) Broker-dealer (registered or unregistered)
- ☐ (2) Bank (including a separately identifiable department or division of a bank)
- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (5) Registered municipal advisor
- ☐ (6) Accountant or accounting firm
- ☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1: 10100 INNOVATION DRIVE		Number and Street 2: SUITE 120	
City: MIAMISBURG	State: Ohio	Country: United States	ZIP+4/Postal Code: 45342

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

Telephone Number: 937-353-5462	Facsimile Number, if any: 937-434-1675
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment

adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:
465158

How many *employees* perform investment advisory functions from this office location?
14

Are other business activities conducted at this office location? (check all that apply)

- ☒ (1) Broker-dealer (registered or unregistered)
- ☐ (2) Bank (including a separately identifiable department or division of a bank)
- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (5) Registered municipal advisor
- ☐ (6) Accountant or accounting firm
- ☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1:		Number and Street 2:	
2525 CABOT DRIVE		SUITE 100	
City:	State:	Country:	ZIP+4/Postal Code:
LISLE	Illinois	United States	60532

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

Telephone Number:	Facsimile Number, if any:
630-245-4031	630-245-4057

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:
465122

How many *employees* perform investment advisory functions from this office location?
8

Are other business activities conducted at this office location? (check all that apply)

- ☒ (1) Broker-dealer (registered or unregistered)
- ☐ (2) Bank (including a separately identifiable department or division of a bank)
- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (5) Registered municipal advisor
- ☐ (6) Accountant or accounting firm
- ☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1:		Number and Street 2:	
711 KAPIOLANI BLVD		SUITE 1400	
City:	State:	Country:	ZIP+4/Postal Code:
HONOLULU	Hawaii	United States	96813

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

Telephone Number:
808-597-8213

Facsimile Number, if any:
808-597-8291

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD Branch Number* here:
465039

How many *employees* perform investment advisory functions from this office location?
6

Are other business activities conducted at this office location? (check all that apply)

☒ (1) Broker-dealer (registered or unregistered)
☐ (2) Bank (including a separately identifiable department or division of a bank)
☒ (3) Insurance broker or agent
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
☐ (5) Registered municipal advisor
☐ (6) Accountant or accounting firm
☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1:
5310 CYPRESS CENTER DRIVE

City:
TAMPA

State:
Florida

Country:
United States

Number and Street 2:
SUITE 125

ZIP+4/Postal Code:
33609

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

Telephone Number:
813-281-3743

Facsimile Number, if any:

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD Branch Number* here:
605964

How many *employees* perform investment advisory functions from this office location?
5

Are other business activities conducted at this office location? (check all that apply)

☒ (1) Broker-dealer (registered or unregistered)
☐ (2) Bank (including a separately identifiable department or division of a bank)
☒ (3) Insurance broker or agent
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
☐ (5) Registered municipal advisor
☐ (6) Accountant or accounting firm
☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1:
2100 CLARENDON BOULEVARD

City:

State:

Country:

Number and Street 2:
SUITE 511

ZIP+4/Postal Code:

ARLINGTON

Virginia

United States

22201

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

Telephone Number:

7032283251

Facsimile Number, if any:

7032287575

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:

465139

How many *employees* perform investment advisory functions from this office location?

6

Are other business activities conducted at this office location? (check all that apply)

☒ (1) Broker-dealer (registered or unregistered)

☐ (2) Bank (including a separately identifiable department or division of a bank)

☒ (3) Insurance broker or agent

☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

☐ (5) Registered municipal advisor

☐ (6) Accountant or accounting firm

☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1:

1201 PACIFIC AVE

City:

TACOMA

State:

Washington

Number and Street 2:

STE 600

Country:

United States

ZIP+4/Postal Code:

98402

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

Telephone Number:

2066766121

Facsimile Number, if any:

2066241050

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:

465166

How many *employees* perform investment advisory functions from this office location?

4

Are other business activities conducted at this office location? (check all that apply)

☒ (1) Broker-dealer (registered or unregistered)

☐ (2) Bank (including a separately identifiable department or division of a bank)

☒ (3) Insurance broker or agent

☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

☐ (5) Registered municipal advisor

☐ (6) Accountant or accounting firm

☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1: 2424 EDENBORN AVENUE		Number and Street 2: SUITE 680	
City: METAIRIE	State: Louisiana	Country: United States	ZIP+4/Postal Code: 70001

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

Telephone Number: 5046205560	Facsimile Number, if any: 5048326192
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
465123

How many *employees* perform investment advisory functions from this office location?
5

Are other business activities conducted at this office location? (check all that apply)

- ☒ (1) Broker-dealer (registered or unregistered)
- ☐ (2) Bank (including a separately identifiable department or division of a bank)
- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (5) Registered municipal advisor
- ☐ (6) Accountant or accounting firm
- ☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1: 121 SEAPORT BOULEVARD		Number and Street 2: 11TH FLOOR	
City: BOSTON	State: Massachusetts	Country: United States	ZIP+4/Postal Code: 02210

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

Telephone Number: 8003562906	Facsimile Number, if any:
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
879502

How many *employees* perform investment advisory functions from this office location?
33

Are other business activities conducted at this office location? (check all that apply)

- ☒ (1) Broker-dealer (registered or unregistered)
- ☐ (2) Bank (including a separately identifiable department or division of a bank)
- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (5) Registered municipal advisor
- ☐ (6) Accountant or accounting firm
- ☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1: 975 OAK ST		Number and Street 2: SUITE 410	
City: EUGENE	State: Oregon	Country: United States	ZIP+4/Postal Code: 97401

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

Telephone Number: 5413432928	Facsimile Number, if any: 5413435564
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
465153

How many *employees* perform investment advisory functions from this office location?
5

- Are other business activities conducted at this office location? (check all that apply)
- ☒ (1) Broker-dealer (registered or unregistered)
 - ☐ (2) Bank (including a separately identifiable department or division of a bank)
 - ☒ (3) Insurance broker or agent
 - ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
 - ☐ (5) Registered municipal advisor
 - ☐ (6) Accountant or accounting firm
 - ☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1: 24 GREENWAY PLAZA		Number and Street 2:	
City: HOUSTON	State: Texas	Country: United States	ZIP+4/Postal Code: 77046

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

Telephone Number: 7138818742	Facsimile Number, if any:
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
781919

How many *employees* perform investment advisory functions from this office location?
11

- Are other business activities conducted at this office location? (check all that apply)
- ☒ (1) Broker-dealer (registered or unregistered)
 - ☐ (2) Bank (including a separately identifiable department or division of a bank)
 - ☒ (3) Insurance broker or agent
 - ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
 - ☐ (5) Registered municipal advisor
 - ☐ (6) Accountant or accounting firm
 - ☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1: 12150 MONUMENT DRIVE		Number and Street 2:	
City: FAIRFAX	State: Virginia	Country: United States	ZIP+4/Postal Code: 22030
If this address is a private residence, check this box: ☐			
Telephone Number: 7034492911		Facsimile Number, if any: 8606075823	

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:
627176

How many *employees* perform investment advisory functions from this office location?
5

- Are other business activities conducted at this office location? (check all that apply)
- ☒ (1) Broker-dealer (registered or unregistered)
 - ☐ (2) Bank (including a separately identifiable department or division of a bank)
 - ☒ (3) Insurance broker or agent
 - ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
 - ☐ (5) Registered municipal advisor
 - ☐ (6) Accountant or accounting firm
 - ☐ (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

SECTION 1.I. Website Addresses

List your website addresses, including addresses for accounts on publicly available social media platforms where you control the content (including, but not limited to, Twitter, Facebook and/or LinkedIn). You must complete a separate Schedule D Section 1.I. for each website or account on a publicly available social media platform.

Address of Website/Account on Publicly Available Social Media Platform:	https://www.linkedin.com/company/voya
Address of Website/Account on Publicly Available Social Media Platform:	https://www.instagram.com/voya
Address of Website/Account on Publicly Available Social Media Platform:	HTTPS://WWW.VOYAFINANCIALADVISORS.COM
Address of Website/Account on Publicly Available Social Media Platform:	HTTPS://VOYAFA.COM
Address of Website/Account on Publicly Available Social Media Platform:	https://www.voya.com/
Address of Website/Account on Publicly Available Social Media Platform:	https://www.facebook.com/VoyaFinancial

SECTION 1.L. Location of Books and Records

Complete the following information for each location at which you keep your books and records, other than your *principal office and place of business*. You must complete a separate Schedule D, Section 1.L. for each location.

Name of entity where books and records are kept:
GLOBAL RELAY

Number and Street 1: 220 CAMBIA STREET	Number and Street 2: 2ND FLOOR		
City: VANCOUVER	State: 	Country: Canada	ZIP+4/Postal Code: V6B2M9

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

Telephone Number: 8664846630	Facsimile number, if any:
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This is (check one):

☐ one of your branch offices or affiliates.

☒ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.
ELECTRONIC COMMUNICATIONS

Name of entity where books and records are kept:
RED OAK COMPLIANCE SOLUTIONS LLC

Number and Street 1: 1101 ARROW POINT DRIVE	Number and Street 2: SUITE 301		
City: CEDAR PARK	State: Texas	Country: United States	ZIP+4/Postal Code: 78613

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

Telephone Number: 888-302-4594	Facsimile number, if any:
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This is (check one):

☐ one of your branch offices or affiliates.

☒ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.
RETAIL COMMUNICATIONS

Name of entity where books and records are kept:
STAR COMPLIANCE

Number and Street 1: 9200 CORPORATE BLVD	Number and Street 2: SUITE 440		
City: ROCKVILLE	State: Maryland	Country: United States	ZIP+4/Postal Code: 20850

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

Telephone Number: 301-340-3900	Facsimile number, if any: 301-340-3906
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This is (check one):

- ☐ one of your branch offices or affiliates.
- ☒ a third-party unaffiliated recordkeeper.
- ☐ other.

Briefly describe the books and records kept at this location.

STARCOMPLIANCE MAINTAINS AN EMPLOYEE CONFLICTS OF INTEREST ("ECOI") PLATFORM, AN APPLICATION THAT RECEIVES, STORES AND ARCHIVES DATA RELATING TO PERSONAL ACCOUNT DEALING, INSIDER TRADING, AND GIFTS AND ENTERTAINMENT.

Name of entity where books and records are kept:
NATIONAL REGULATORY SERVICES

Number and Street 1:
10089 WILLOW CREEK ROAD

City: SAN DIEGO State: California

Number and Street 2:
SUITE 120

Country: ZIP+4/Postal Code:
United States 92131

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

Telephone Number: 8585497131 Facsimile number, if any:

This is (check one):

- ☐ one of your branch offices or affiliates.
- ☒ a third-party unaffiliated recordkeeper.
- ☐ other.

Briefly describe the books and records kept at this location.

OBA/PST, AUDIT REPORTS, QUARTERLY REPORTS/ANNUAL HOLDINGS, LICENSING PAPERWORK

Name of entity where books and records are kept:
DOCUPACE TECHNOLOGIES

Number and Street 1:
11766 WILSHIRE BLVD

City: LOS ANGELES State: California

Number and Street 2:
SUITE 1120

Country:	ZIP+4/Postal Code:
United States	90025

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

Telephone Number: 310-445-7722 Facsimile number, if any:

This is (check one):

- ☐ one of your branch offices or affiliates.
- ☒ a third-party unaffiliated recordkeeper.
- ☐ other.

Briefly describe the books and records kept at this location.

CLIENT PAPERWORK, PERSONNEL FILES, REGULATORY DOCUMENTS

Name of entity where books and records are kept:
INFOSYS LIMITED

Number and Street 1:
400 CROSSING BLVD

City: BRIDGEWATER State: New Jersey

Number and Street 2:
SUITE 101

Country: ZIP+4/Postal Code:
United States 08807

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

Telephone Number:9084508200

Facsimile number, if any:

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
WRITTEN COMMUNICATIONS TO CLIENTS, ELECTRONIC BLOTTER

Name of entity where books and records are kept:
PERSHING LLC

Number and Street 1:
ONE PERSHING PLAZA

City:
JERSEY CITY

State:
New Jersey

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
07399

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

Telephone Number:888-367-2563

Facsimile number, if any:

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
ORDER TICKETS

Name of entity where books and records are kept:
IRON MOUNTAIN

Number and Street 1:
1101 ENTERPRISE DRIVE

City:
ROYERSFORD

State:
Pennsylvania

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
19468

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

Telephone Number:640-495-4912

Facsimile number, if any:

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
REGULATORY DOCUMENTS, CLIENT PAPERWORK

Name of entity where books and records are kept:
GLOBANET

Number and Street 1:
230 PARK AVENUE

Number and Street 2:
SUITE 1000

City:

NEW YORK

State:

New York

Country:

United States

ZIP+4/Postal Code:

10169

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

Telephone Number:

8884275505

Facsimile number, if any:

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
COMPLIANCE BOOKS AND RECORDS AND HISTORICAL EMAILS PREVIOUSLY IN CAMM AND ADVISORMAIL

Name of entity where books and records are kept:
COGNIZANT WORLDWIDE LIMITED

Number and Street 1:

211 QUALITY CIRCLE

Number and Street 2:

City:

COLLEGE STATION

State:

Texas

Country:

United States

ZIP+4/Postal Code:

77845

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

Telephone Number:

612-342-3222

Facsimile number, if any:

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
COMPLIANCE RECORDKEEPING, HISTORICAL EMAILS

Name of entity where books and records are kept:
NATIONAL RECORDS MANAGEMENT

Number and Street 1:

2277 NE BROADWAY

Number and Street 2:

City:

DES MOINES

State:

Iowa

Country:

United States

ZIP+4/Postal Code:

50317-4818

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

Telephone Number:

515-265-8700

Facsimile number, if any:

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
REGULATORY DOCUMENTS, CLIENT PAPERWORK

No Information Filed

Item 2 SEC Registration / Reporting

Responses to this Item help us (and you) determine whether you are eligible to register with the SEC. Complete this Item 2.A. only if you are applying for SEC registration or submitting an *annual updating amendment* to your SEC registration. If you are filing an *umbrella registration*, the information in Item 2 should be provided for the *filing adviser* only.

A. To register (or remain registered) with the SEC, you must check **at least one** of the Items 2.A.(1) through 2.A.(12), below. If you are submitting an *annual updating amendment* to your SEC registration and you are no longer eligible to register with the SEC, check Item 2.A.(13). [Part 1A Instruction 2](#) provides information to help you determine whether you may affirmatively respond to each of these items.

You (the adviser):

- ☒ (1) are a **large advisory firm** that either:

(a) has regulatory assets under management of \$100 million (in U.S. dollars) or more; or

(b) has regulatory assets under management of \$90 million (in U.S. dollars) or more at the time of filing its most recent *annual updating amendment* and is registered with the SEC;
- ☐ (2) are a **mid-sized advisory firm** that has regulatory assets under management of \$25 million (in U.S. dollars) or more but less than \$100 million (in U.S. dollars) and you are either:

(a) not required to be registered as an adviser with the *state securities authority* of the state where you maintain your *principal office and place of business*; or

(b) not subject to examination by the *state securities authority* of the state where you maintain your *principal office and place of business*;

Click [HERE](#) for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.

☐ (3) Reserved

☐ (4) have your *principal office and place of business* **outside the United States**;

☐ (5) are an **investment adviser (or subadviser) to an investment company** registered under the Investment Company Act of 1940;

☐ (6) are an **investment adviser to a company which has elected to be a business development company** pursuant to section 54 of the Investment Company Act of 1940 and has not withdrawn the election, and you have at least \$25 million of regulatory assets under management;

☐ (7) are a **pension consultant** with respect to assets of plans having an aggregate value of at least \$200,000,000 that qualifies for the exemption in rule 203A-2(a);

☐ (8) are a **related adviser** under rule 203A-2(b) that *controls*, is *controlled* by, or is under common *control* with, an investment adviser that is registered with the SEC, and your *principal office and place of business* is the same as the registered adviser;

If you check this box, complete [Section 2.A.\(8\) of Schedule D](#).

☐ (9) are an **adviser** relying on rule 203A-2(c) because you **expect to be eligible for SEC registration within 120 days**;

If you check this box, complete [Section 2.A.\(9\) of Schedule D](#).

☐ (10) are a **multi-state adviser** that is required to register in 15 or more states and is relying on rule 203A-2(d);

If you check this box, complete [Section 2.A.\(10\) of Schedule D](#).

☐ (11) are an **Internet adviser** relying on rule 203A-2(e);

If you check this box, complete [Section 2.A.\(11\) of Schedule D](#).

☐ (12) have **received an SEC order** exempting you from the prohibition against registration with the SEC;

If you check this box, complete [Section 2.A.\(12\) of Schedule D](#).

☐ (13) are **no longer eligible** to remain registered with the SEC.
- State Securities Authority Notice Filings and State Reporting by Exempt Reporting Advisers
- C. Under state laws, SEC-registered advisers may be required to provide to *state securities authorities* a copy of the Form ADV and any amendments they file with the SEC. These are called *notice filings*. In addition, *exempt reporting advisers* may be required to provide *state securities authorities* with a copy of reports and any amendments they file with the SEC. If this is an initial application or report, check the box(es) next to the state(s) that you would like to receive notice of this and all subsequent filings or reports you submit to the SEC. If this is an amendment to direct your *notice filings* or reports to additional state(s), check the box(es) next to the state(s) that you would like to receive notice of this and all subsequent filings or reports you submit to the SEC. If this is an amendment to your registration to stop your *notice filings* or reports from going to state(s) that currently receive them, uncheck the box(es) next to those state(s).
- Jurisdictions

☒ AL	☒ IL	☒ NE	☒ SC
☒ AK	☒ IN	☒ NV	☒ SD
☐	☐	☐	☐

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

If you are amending your registration to stop your notice filings or reports from going to a state that currently receives them and you do not want to pay that state's notice filing or report filing fee for the coming year, your amendment must be filed before the end of the year (December 31).

SECTION 2.A.(8) Related Adviser

If you are relying on the exemption in rule 203A-2(b) from the prohibition on registration because you *control*, are *controlled* by, or are under common *control* with an investment adviser that is registered with the SEC and your *principal office and place of business* is the same as that of the registered adviser, provide the following information:

Name of Registered Investment Adviser

CRD Number of Registered Investment Adviser

SEC Number of Registered Investment Adviser
-

SECTION 2.A.(9) Investment Adviser Expecting to be Eligible for Commission Registration within 120 Days

If you are relying on rule 203A-2(c), the exemption from the prohibition on registration available to an adviser that expects to be eligible for SEC registration within 120 days, you are required to make certain representations about your eligibility for SEC registration. By checking the appropriate boxes, you will be deemed to have made the required representations. You must make both of these representations:

- ☐ I am not registered or required to be registered with the SEC or a *state securities authority* and I have a reasonable expectation that I will be eligible to register with the SEC within 120 days after the date my registration with the SEC becomes effective.
- ☐ I undertake to withdraw from SEC registration if, on the 120th day after my registration with the SEC becomes effective, I would be prohibited by Section 203A(a) of the Advisers Act from registering with the SEC.

SECTION 2.A.(10) Multi-State Adviser

If you are relying on rule 203A-2(d), the multi-state adviser exemption from the prohibition on registration, you are required to make certain representations about your eligibility for SEC registration. By checking the appropriate boxes, you will be deemed to have made the required representations.

If you are applying for registration as an investment adviser with the SEC, you must make both of these representations:

- ☐ I have reviewed the applicable state and federal laws and have concluded that I am required by the laws of 15 or more states to register as an investment adviser with the *state securities authorities* in those states.
- ☐ I undertake to withdraw from SEC registration if I file an amendment to this registration indicating that I would be required by the laws of fewer than 15 states to register as an investment adviser with the *state securities authorities* of those states.

If you are submitting your *annual updating amendment*, you must make this representation:

- ☐ Within 90 days prior to the date of filing this amendment, I have reviewed the applicable state and federal laws and have concluded that I am required by the laws of at least 15 states to register as an investment adviser with the *state securities authorities* in those states.

SECTION 2.A.(11) Internet Adviser

If you are relying on rule 203A-2(e), the Internet adviser exemption from the prohibition on registration, you are required to make a representation about your eligibility for SEC registration. By checking the appropriate box, you will be deemed to have made the required representation.

If you are applying for registration as an investment adviser with the SEC or changing your existing Item 2 response regarding your eligibility for SEC registration, you must make this representation:

- ☐ I will provide investment advice on an ongoing basis to more than one client exclusively through an *operational interactive website*.

If you are filing an annual updating amendment to your existing registration and are continuing to rely on the Internet adviser exemption for SEC registration, you must make this representation:

☐ I have provided and will continue to provide investment advice on an ongoing basis to more than one client exclusively through an *operational interactive website*.

SECTION 2.A.(12) SEC Exemptive Order

If you are relying upon an SEC *order* exempting you from the prohibition on registration, provide the following information:

Application Number:

803-

Date of *order*:

Item 3 Form of Organization

If you are filing an *umbrella registration*, the information in Item 3 should be provided for the *filing adviser* only.

A. How are you organized?

☒ Corporation

☐ Sole Proprietorship

☐ Limited Liability Partnership (LLP)

☐ Partnership

☐ Limited Liability Company (LLC)

☐ Limited Partnership (LP)

☐ Other (specify):

If you are changing your response to this Item, see [Part 1A Instruction 4](#).

B. In what month does your fiscal year end each year?

DECEMBER

C. Under the laws of what state or country are you organized?

StateCountry

MinnesotaUnited States

If you are a partnership, provide the name of the state or country under whose laws your partnership was formed. If you are a sole proprietor, provide the name of the state or country where you reside.

If you are changing your response to this Item, see [Part 1A Instruction 4](#).

Item 4 Successions

YesNo

A. Are you, at the time of this filing, succeeding to the business of a registered investment adviser, including, for example, a change of your structure or legal status (e.g., form of organization or state of incorporation)?

If "yes", complete Item 4.B. and [Section 4 of Schedule D](#).

B. Date of Succession: (MM/DD/YYYY)

If you have already reported this succession on a previous Form ADV filing, do not report the succession again. Instead, check "No." See [Part 1A Instruction 4](#).

SECTION 4 Successions

No Information Filed

Item 5 Information About Your Advisory Business - Employees, Clients, and Compensation

Responses to this Item help us understand your business, assist us in preparing for on-site examinations, and provide us with data we use when making regulatory policy. [Part 1A Instruction 5.a.](#) provides additional guidance to newly formed advisers for completing this Item 5.

Employees

If you are organized as a sole proprietorship, include yourself as an employee in your responses to Item 5.A. and Items 5.B.(1), (2), (3), (4), and (5). If an employee performs more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5).

A. Approximately how many *employees* do you have? Include full- and part-time *employees* but do not include any clerical workers.

638

B. (1) Approximately how many of the *employees* reported in 5.A. perform investment advisory functions (including research)?

638

(2) Approximately how many of the *employees* reported in 5.A. are registered representatives of a broker-dealer?

638

(3) Approximately how many of the *employees* reported in 5.A. are registered with one or more *state securities authorities* as *investment adviser representatives*?

638

(4) Approximately how many of the *employees* reported in 5.A. are registered with one or more *state securities authorities* as *investment adviser representatives* for an investment adviser other than you?

33

(5) Approximately how many of the *employees* reported in 5.A. are licensed agents of an insurance company or agency?

389

(6) Approximately how many firms or other *persons* solicit advisory *clients* on your behalf?

0

In your response to Item 5.B.(6), do not count any of your employees and count a firm only once – do not count each of the firm's employees that solicit on your behalf.

Clients

In your responses to Items 5.C. and 5.D. do not include as "clients" the investors in a private fund you advise, unless you have a separate advisory relationship with those investors.

C. (1) To approximately how many *clients* for whom you do not have regulatory assets under management did you provide investment advisory services during your most recently completed fiscal year?

120

(2) Approximately what percentage of your *clients* are non-United States persons?

0%

D. For purposes of this Item 5.D., the category "individuals" includes trusts, estates, and 401(k) plans and IRAs of individuals and their family members, but does not include businesses organized as sole proprietorships.

The category "business development companies" consists of companies that have made an election pursuant to section 54 of the Investment Company Act of 1940. Unless you provide advisory services pursuant to an investment advisory contract to an investment company registered under the Investment Company Act of 1940, do not answer (1)(d) or (3)(d) below.

Indicate the approximate number of your *clients* and amount of your total regulatory assets under management (reported in Item 5.F. below) attributable to each of the following type of *client*. If you have fewer than 5 *clients* in a particular category (other than (d), (e), and (f)) you may check Item 5.D.(2) rather than respond to Item 5.D.(1).

The aggregate amount of regulatory assets under management reported in Item 5.D.(3) should equal the total amount of regulatory assets under management reported in Item 5.F.(2)(c) below.

If a *client* fits into more than one category, select one category that most accurately represents the *client* to avoid double counting *clients* and assets. If you advise a registered investment company, business development company, or pooled investment vehicle, report those assets in categories (d), (e), and (f) as applicable.

Type of Client	(1) Number of Client(s)	(2) Fewer than 5 Clients	(3) Amount of Regulatory Assets under Management
(a) Individuals (other than <i>high net worth individuals</i>)	13218	☐	\$ 2,263,288,434
(b) <i>High net worth individuals</i>	3095	☐	\$ 1,597,644,531
(c) Banking or thrift institutions	0	☐	\$ 0
(d) Investment companies	0		\$ 0
(e) Business development companies	0		\$ 0
(f) Pooled investment vehicles (other than investment companies and business development companies)	0		\$ 0
(g) Pension and profit sharing plans (but not the plan participants or government pension plans)		☐	\$ 0
(h) Charitable organizations	2	☒	\$ 538,585
(i) State or municipal <i>government entities</i> (including government pension	0	☐	\$ 0

plans)			
(j) Other investment advisers	0	☐	\$ 0
(k) Insurance companies	0	☐	\$ 0
(l) Sovereign wealth funds and foreign official institutions	0	☐	\$ 0
(m) Corporations or other businesses not listed above	21	☐	\$ 9,202,143
(n) Other:	0	☐	\$ 0

Compensation Arrangements

E. You are compensated for your investment advisory services by (check all that apply):

☒

(1) A percentage of assets under your management

☒

(2) Hourly charges

☐

(3) Subscription fees (for a newsletter or periodical)

☒

(4) Fixed fees (other than subscription fees)

☒

(5) Commissions

☐

(6) *Performance-based fees*

☐

(7) Other (specify):

Item 5 Information About Your Advisory Business - Regulatory Assets Under Management

Regulatory Assets Under Management

Yes

No

F. (1) Do you provide continuous and regular supervisory or management services to securities portfolios?

☒

☐

(2) If yes, what is the amount of your regulatory assets under management and total number of accounts?

	U.S. Dollar Amount	Total Number of Accounts
Discretionary:	(a) \$ 69,702,673	(d) 142
Non-Discretionary:	(b) \$ 3,800,971,020	(e) 16,195
Total:	(c) \$ 3,870,673,693	(f) 16,337

Part 1A Instruction 5.b. explains how to calculate your regulatory assets under management. You must follow these instructions carefully when completing this Item.

(3) What is the approximate amount of your total regulatory assets under management (reported in Item 5.F.(2)(c) above) attributable to *clients* who are non-*United States persons*?

\$ 0

Item 5 Information About Your Advisory Business - Advisory Activities

Advisory Activities

G. What type(s) of advisory services do you provide? Check all that apply.

☒

(1) Financial planning services

☒

(2) Portfolio management for individuals and/or small businesses

☐

(3) Portfolio management for investment companies (as well as "business development companies" that have made an election pursuant to section 54 of the Investment Company Act of 1940)

☐

(4) Portfolio management for pooled investment vehicles (other than investment companies)

☒

(5) Portfolio management for businesses (other than small businesses) or institutional *clients* (other than registered investment companies and other pooled investment vehicles)

☐

(6) Pension consulting services

☒

(7) Selection of other advisers (including *private fund* managers)

☐

(8) Publication of periodicals or newsletters

☐

(9) Security ratings or pricing services

☐

(10) Market timing services

☒

(11) Educational seminars/workshops

☐

(12) Other(specify):

☐

0

☐

1 - 10

☐

11 - 25

☐

26 - 50

☐

51 - 100

☒

101 - 250

☐

251 - 500

(3) Do any of your *advertisements* include *hypothetical performance* ?

(4) Do any of your *advertisements* include *predecessor performance* ?

SECTION 5.G.(3) Advisers to Registered Investment Companies and Business Development Companies

No Information Filed

SECTION 5.I.(2) *Wrap Fee Programs*

If you are a portfolio manager for one or more *wrap fee programs*, list the name of each program and its *sponsor*. You must complete a separate Schedule D Section 5.I.(2) for each *wrap fee program* for which you are a portfolio manager.

Name of *Wrap Fee Program*
INVESTOR CHANNEL UNIFIED MANAGED ACCOUNT PROGRAM

Name of *Sponsor*
VOYA FINANCIAL ADVISORS, INC.

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
-

Sponsor's CRD Number (if any):

Name of *Wrap Fee Program*
UNIFIED MANAGED ACCOUNT PROGRAM

Name of *Sponsor*
VOYA FINANCIAL ADVISORS, INC.

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
-

Sponsor's CRD Number (if any):

SECTION 5.K.(1) Separately Managed Accounts

After subtracting the amounts reported in Item 5.D.(3)(d)-(f) from your total regulatory assets under management, indicate the approximate percentage of this remaining amount attributable to each of the following categories of assets. If the remaining amount is at least \$10 billion in regulatory assets under management, complete Question (a). If the remaining amount is less than \$10 billion in regulatory assets under management, complete Question (b).

Any regulatory assets under management reported in Item 5.D.(3)(d), (e), and (f) should not be reported below.

If you are a subadviser to a separately managed account, you should only provide information with respect to the portion of the account that you subadvise.

End of year refers to the date used to calculate your regulatory assets under management for purposes of your *annual updating amendment* . Mid-year is the date six months before the end of year date. Each column should add up to 100% and numbers should be rounded to the nearest percent.

Investments in derivatives, registered investment companies, business development companies, and pooled investment vehicles should be reported in those categories. Do not report those investments based on related or underlying portfolio assets. Cash equivalents include bank deposits, certificates of deposit, bankers' acceptances and similar bank instruments.

Some assets could be classified into more than one category or require discretion about which category applies. You may use your own internal methodologies and the conventions of your service providers in determining how to categorize assets, so long as the methodologies or conventions are consistently applied and consistent with information you report internally and to current and prospective clients. However, you should not double count assets, and your responses must be consistent with any instructions or other guidance relating to this Section.

(a)	Asset Type	Mid-year	End of year
-----	------------	----------	-------------

(i)	Exchange-Traded Equity Securities	%	%
(ii)	Non Exchange-Traded Equity Securities	%	%
(iii)	U.S. Government/Agency Bonds	%	%
(iv)	U.S. State and Local Bonds	%	%
(v)	<i>Sovereign Bonds</i>	%	%
(vi)	Investment Grade Corporate Bonds	%	%
(vii)	Non-Investment Grade Corporate Bonds	%	%
(viii)	Derivatives	%	%
(ix)	Securities Issued by Registered Investment Companies or Business Development Companies	%	%
(x)	Securities Issued by Pooled Investment Vehicles (other than Registered Investment Companies or Business Development Companies)	%	%
(xi)	Cash and Cash Equivalents	%	%
(xii)	Other	%	%

Generally describe any assets included in "Other"

(b)

Asset Type	End of year
(i) Exchange-Traded Equity Securities	44 %
(ii) Non Exchange-Traded Equity Securities	0 %
(iii) U.S. Government/Agency Bonds	0 %
(iv) U.S. State and Local Bonds	0 %
(v) <i>Sovereign Bonds</i>	0 %
(vi) Investment Grade Corporate Bonds	1 %
(vii) Non-Investment Grade Corporate Bonds	0 %
(viii) Derivatives	0 %
(ix) Securities Issued by Registered Investment Companies or Business Development Companies	53 %
(x) Securities Issued by Pooled Investment Vehicles (other than Registered Investment Companies or Business Development Companies)	0 %
(xi) Cash and Cash Equivalents	2 %
(xii) Other	0 %

Generally describe any assets included in "Other"

SECTION 5.K.(2) Separately Managed Accounts - Use of *Borrowings*and Derivatives

☒ No information is required to be reported in this Section 5.K.(2) per the instructions of this Section 5.K.(2)

If your regulatory assets under management attributable to separately managed accounts are at least \$10 billion, you should complete Question (a). If your regulatory assets under management attributable to separately managed accounts are at least \$500 million but less than \$10 billion, you should complete Question (b).

(a) In the table below, provide the following information regarding the separately managed accounts you advise. If you are a subadviser to a separately managed account, you should only provide information with respect to the portion of the account that you subadvise. End of year refers to the date used to calculate your regulatory assets under management for purposes of your *annual updating amendment*. Mid-year is the date six months before the end of year date.

In column 1, indicate the regulatory assets under management attributable to separately managed accounts associated with each level of gross notional exposure. For purposes of this table, the gross notional exposure of an account is the percentage obtained by dividing (i) the sum of (a) the dollar amount of any *borrowings* and (b) the *gross notional value* of all derivatives, by (ii) the regulatory assets under management of the account.

In column 2, provide the dollar amount of *borrowings* for the accounts included in column 1.

In column 3, provide aggregate *gross notional value* of derivatives divided by the aggregate regulatory assets under management of the accounts included in column 1 with respect to each category of derivatives specified in 3(a) through (f).

You may, but are not required to, complete the table with respect to any separately managed account with regulatory assets under management of less than \$10,000,000.

Any regulatory assets under management reported in Item 5.D.(3)(d), (e), and (f) should not be reported below.

(i) Mid-Year

Gross Notional Exposure	(1) Regulatory Assets Under Management	(2) Borrowings	(3) Derivative Exposures					
			(a) Interest Rate Derivative	(b) Foreign Exchange Derivative	(c) Credit Derivative	(d) Equity Derivative	(e) Commodity Derivative	(f) Other Derivative
Less than 10 %	\$	\$	%	%	%	%	%	%
10-149 %	\$	\$	%	%	%	%	%	%
150 % or more	\$	\$	%	%	%	%	%	%

Optional: Use the space below to provide a narrative description of the strategies and/or manner in which *borrowings* and derivatives are used in the management of the separately managed accounts that you advise.

(ii) End of Year

Gross Notional Exposure	(1) Regulatory Assets Under Management	(2) Borrowings	(3) Derivative Exposures					
			(a) Interest Rate Derivative	(b) Foreign Exchange Derivative	(c) Credit Derivative	(d) Equity Derivative	(e) Commodity Derivative	(f) Other Derivative
Less than 10 %	\$	\$	%	%	%	%	%	%
10-149 %	\$	\$	%	%	%	%	%	%
150 % or more	\$	\$	%	%	%	%	%	%

Optional: Use the space below to provide a narrative description of the strategies and/or manner in which *borrowings* and derivatives are used in the management of the separately managed accounts that you advise.

(b) In the table below, provide the following information regarding the separately managed accounts you advise as of the date used to calculate your regulatory assets under management for purposes of your *annual updating amendment*. If you are a subadviser to a separately managed account, you should only provide information with respect to the portion of the account that you subadvise.

In column 1, indicate the regulatory assets under management attributable to separately managed accounts associated with each level of gross notional exposure. For purposes of this table, the gross notional exposure of an account is the percentage obtained by dividing (i) the sum of (a) the dollar amount of any *borrowings* and (b) the *gross notional value* of all derivatives, by (ii) the regulatory assets under management of the account.

In column 2, provide the dollar amount of *borrowings* for the accounts included in column 1.

You may, but are not required to, complete the table with respect to any separately managed accounts with regulatory assets under management of less than \$10,000,000.

Any regulatory assets under management reported in Item 5.D.(3)(d), (e), and (f) should not be reported below.

Gross Notional Exposure	(1) Regulatory Assets Under Management	(2) Borrowings
Less than 10 %	\$	\$
10-149 %	\$	\$
150 % or more	\$	\$

Optional: Use the space below to provide a narrative description of the strategies and/or manner in which *borrowings* and derivatives are used in the management of the separately managed accounts that you advise.

SECTION 5.K.(3) Custodians for Separately Managed Accounts

Complete a separate Schedule D Section 5.K.(3) for each custodian that holds ten percent or more of your aggregate separately managed account regulatory assets under management.

- (a)

Legal name of custodian:

PERSHING LLC
- (b)

Primary business name of custodian:

PERSHING LLC
- (c)

The location(s) of the custodian's office(s) responsible for *custody* of the assets :

City:

JERSEY CITY

State:

New Jersey

Country:

United States

(d)	Is the custodian a <i>related person</i> of your firm?	
(e)	If the custodian is a broker-dealer, provide its SEC registration number (if any) 8 - 17574	
(f)	If the custodian is not a broker-dealer, or is a broker-dealer but does not have an SEC registration number, provide its <i>legal entity identifier</i> (if any)	
(g)	What amount of your regulatory assets under management attributable to separately managed accounts is held at the custodian? \$ 3,225,965,534	

(a)	Legal name of custodian: VOYA INSTITUTIONAL TRUST COMPANY	
(b)	Primary business name of custodian: VOYA INSTITUTIONAL TRUST COMPANY	
(c)	The location(s) of the custodian's office(s) responsible for <i>custody</i> of the assets : City: WINDSOR State: Connecticut Country: United States	
		YesNo
(d)	Is the custodian a <i>related person</i> of your firm?	
(e)	If the custodian is a broker-dealer, provide its SEC registration number (if any) -	
(f)	If the custodian is not a broker-dealer, or is a broker-dealer but does not have an SEC registration number, provide its <i>legal entity identifier</i> (if any)	
(g)	What amount of your regulatory assets under management attributable to separately managed accounts is held at the custodian? \$ 644,708,159	

Item 6 Other Business Activities

In this Item, we request information about your firm's other business activities.

A.

You are actively engaged in business as a (check all that apply):

☒

(1)

broker-dealer (registered or unregistered)

☐

(2)

registered representative of a broker-dealer

☐

(3)

commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

☐

(4)

futures commission merchant

☐

(5)

real estate broker, dealer, or agent

☒

(6)

insurance broker or agent

☐

(7)

bank (including a separately identifiable department or division of a bank)

☐

(8)

trust company

☐

(9)

registered municipal advisor

☐

(10)

registered security-based swap dealer

☐

(11)

major security-based swap participant

☐

(12)

accountant or accounting firm

☐

(13)

lawyer or law firm

☐

(14)

other financial product salesperson (specify):

If you engage in other business using a name that is different from the names reported in Items 1.A. or 1.B.(1), complete [Section 6.A. of Schedule D](#).

YesNo

B.

(1)

Are you actively engaged in any other business not listed in Item 6.A. (other than giving investment advice)?

(2)

If yes, is this other business your primary business?

If "yes," describe this other business on [Section 6.B.\(2\) of Schedule D](#), and if you engage in this business under a different name, provide that name.

YesNo

(3)

Do you sell products or provide services other than investment advice to your advisory *clients*?

If "yes," describe this other business on [Section 6.B.\(3\) of Schedule D](#), and if you engage in this business under a different name, provide that name.

SECTION 6.A. Names of Your Other Businesses

No Information Filed

SECTION 6.B.(2) Description of Primary Business

Describe your primary business (not your investment advisory business):

If you engage in that business under a different name, provide that name:

SECTION 6.B.(3) Description of Other Products and Services

Describe other products or services you sell to your *client*. You may omit products and services that you listed in Section 6.B.(2) above.
FIRM SELLS SECURITIES AND INSURANCE PRODUCTS TO OUR CLIENTS IN OUR ROLE AS BROKER DEALER AND/OR INSURANCE AGENCY

If you engage in that business under a different name, provide that name:

Item 7 Financial Industry Affiliations

In this Item, we request information about your financial industry affiliations and activities. This information identifies areas in which conflicts of interest may occur between you and your *clients*.

A. This part of Item 7 requires you to provide information about you and your *related persons*, including foreign affiliates. Your *related persons* are all of your *advisory affiliates* and any *person* that is under common *control* with you.

You have a *related person* that is a (check all that apply):

- ☒ (1) broker-dealer, municipal securities dealer, or government securities broker or dealer (registered or unregistered)
- ☒ (2) other investment adviser (including financial planners)
- ☐ (3) registered municipal advisor
- ☐ (4) registered security-based swap dealer
- ☐ (5) major security-based swap participant
- ☒ (6) commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (7) futures commission merchant
- ☒ (8) banking or thrift institution
- ☒ (9) trust company
- ☒ (10) accountant or accounting firm
- ☒ (11) lawyer or law firm
- ☒ (12) insurance company or agency
- ☒ (13) pension consultant
- ☐ (14) real estate broker or dealer
- ☒ (15) sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles
- ☒ (16) sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

Note that Item 7.A. should not be used to disclose that some of your employees perform investment advisory functions or are registered representatives of a broker-dealer. The number of your firm's employees who perform investment advisory functions should be disclosed under Item 5.B.(1). The number of your firm's employees who are registered representatives of a broker-dealer should be disclosed under Item 5.B.(2).

Note that if you are filing an umbrella registration, you should not check Item 7.A.(2) with respect to your relying advisers, and you do not have to complete Section 7.A. in Schedule D for your relying advisers. You should complete a Schedule R for each relying adviser.

For each related person, including foreign affiliates that may not be registered or required to be registered in the United States, complete [Section 7.A. of Schedule D](#).

You do not need to complete Section 7.A. of Schedule D for any related person if: (1) you have no business dealings with the related person in connection with advisory services you provide to your clients; (2) you do not conduct shared operations with the related person; (3) you do not refer clients or business to the related person, and the related person does not refer prospective clients or business to you; (4) you do not share supervised persons or premises with the related person; and (5) you have no reason to believe that your relationship with the related person otherwise creates a conflict of interest with your clients.

You must complete [Section 7.A. of Schedule D](#) for each related person acting as qualified custodian in connection with advisory services you provide to your clients (other than any mutual fund transfer agent pursuant to rule 206(4)-2(b)(1)), regardless of whether you have determined the related person to be operationally independent under rule 206(4)-2 of the Advisers Act.

SECTION 7.A. Financial Industry Affiliations

Complete a separate Schedule D Section 7.A. for each *related person* listed in Item 7.A.

1.

Legal Name of *Related Person*:
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY
2.

Primary Business Name of *Related Person*:
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY
3.

Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
-
or
Other

4. Related Person's

(a) CRD Number (if any):

(b) CIK Number(s) (if any):

No Information Filed

5. Related Person is: (check all that apply)

(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer

(b) ☐ other investment adviser (including financial planners)

(c) ☐ registered municipal advisor

(d) ☐ registered security-based swap dealer

(e) ☐ major security-based swap participant

(f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

(g) ☐ futures commission merchant

(h) ☐ banking or thrift institution

(i) ☐ trust company

(j) ☐ accountant or accounting firm

(k) ☐ lawyer or law firm

(l) ☒ insurance company or agency

(m) ☐ pension consultant

(n) ☐ real estate broker or dealer

(o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles

(p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

6. Do you control or are you controlled by the related person?

Yes

No

7. Are you and the related person under common control?

Yes

No

8. (a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?

Yes

No

(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the related person and thus are not required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?

Yes

No

(c) If you have answered "yes" to question 8.(a) above, provide the location of the related person's office responsible for custody of your clients' assets:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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

9. (a) If the related person is an investment adviser, is it exempt from registration?

Yes

No

(b) If the answer is yes, under what exemption?

10. (a) Is the related person registered with a foreign financial regulatory authority ?

Yes

No

(b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered.

No Information Filed

11. Do you and the related person share any supervised persons?

Yes

No

12. Do you and the related person share the same physical location?

Yes

No

1. Legal Name of Related Person:

VOYA RETIREMENT ADVISORS, LLC

2. Primary Business Name of Related Person:

VOYA RETIREMENT ADVISORS, LLC

3. Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)

801 - 57963

or

Other

4. Related Person's

(a) CRD Number (if any):

3989

(b) CIK Number(s) (if any):

5. *Related Person* is: (check all that apply)

(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer

(b) ☒ other investment adviser (including financial planners)

(c) ☐ registered municipal advisor

(d) ☐ registered security-based swap dealer

(e) ☐ major security-based swap participant

(f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

(g) ☐ futures commission merchant

(h) ☐ banking or thrift institution

(i) ☐ trust company

(j) ☐ accountant or accounting firm

(k) ☐ lawyer or law firm

(l) ☐ insurance company or agency

(m) ☐ pension consultant

(n) ☐ real estate broker or dealer

(o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles

(p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

6. Do you *control* or are you *controlled* by the *related person*?

Yes

No

7. Are you and the *related person* under common *control*?

Yes

No

8. (a) Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*?

Yes

No

(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the *related person* and thus are not required to obtain a surprise examination for your *clients'* funds or securities that are maintained at the *related person*?

Yes

No

(c) If you have answered "yes" to question 8.(a) above, provide the location of the *related person's* office responsible for *custody* of your *clients'* assets:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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

Yes

No

9. (a) If the *related person* is an investment adviser, is it exempt from registration?

Yes

No

(b) If the answer is yes, under what exemption?

Yes

No

10. (a) Is the *related person* registered with a *foreign financial regulatory authority* ?

Yes

No

(b) If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.

No Information Filed

11. Do you and the *related person* share any *supervised persons*?

Yes

No

12. Do you and the *related person* share the same physical location?

Yes

No

1. Legal Name of *Related Person*:

VOYA ALTERNATIVE ASSET MANAGEMENT IRELAND LIMITED

2. Primary Business Name of *Related Person*:

VOYA ALTERNATIVE ASSET MANAGEMENT IRELAND LIMITED

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)

-

or

Other

4. *Related Person's*

(a) *CRD* Number (if any):

(b) *CIK* Number(s) (if any):

No Information Filed

5. *Related Person* is: (check all that apply)

(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer

(b) ☒ other investment adviser (including financial planners)

- Yes No

○ ○

assets:

Yes No

ed.

Ireland - Central Bank of Ireland

(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer

(b) ☒ other investment adviser (including financial planners)

(c) ☐ registered municipal advisor

(d) ☐ registered security-based swap dealer

(e) ☐ major security-based swap participant

(f) ☒ commodity pool operator or commodity trading advisor (whether registered or exempt)

(k)	☐	lawyer or law firm		
(l)	☐	insurance company or agency		
(m)	☐	pension consultant		
(n)	☐	real estate broker or dealer		
(o)	☐	sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles		
(p)	☒	sponsor, general partner, managing member (or equivalent) of pooled investment vehicles		
			Yes	No
6.	Do you <i>control</i> or are you <i>controlled</i> by the <i>related person</i> ?			☐ ☒
7.	Are you and the <i>related person</i> under common <i>control</i> ?			☒ ☐
8.	(a)	Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> ?		☐ ☒
	(b)	If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients'</i> funds or securities that are maintained at the <i>related person</i> ?		☐ ☐
	(c)	If you have answered "yes" to question 8.(a) above, provide the location of the <i>related person's</i> office responsible for <i>custody</i> of your <i>clients'</i> assets:		
		Number and Street 1:	Number and Street 2:	
		City:	State:	Country:
		If this address is a private residence, check this box: ☐		ZIP+4/Postal Code:
			Yes	No
9.	(a)	If the <i>related person</i> is an investment adviser, is it exempt from registration?		☐ ☒
	(b)	If the answer is yes, under what exemption?		
10.	(a)	Is the <i>related person</i> registered with a <i>foreign financial regulatory authority</i> ?		☐ ☒
	(b)	If the answer is yes, list the name and country, in English of each <i>foreign financial regulatory authority</i> with which the <i>related person</i> is registered.		
		No Information Filed		
11.	Do you and the <i>related person</i> share any <i>supervised persons</i> ?			☐ ☒
12.	Do you and the <i>related person</i> share the same physical location?			☐ ☒

1.	Legal Name of <i>Related Person</i> : VOYA INVESTMENT TRUST CO		
2.	Primary Business Name of <i>Related Person</i> : VOYA INVESTMENT TRUST CO		
3.	<i>Related Person's</i> SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-) - or Other		
4.	<i>Related Person's</i> (a) <i>CRD</i> Number (if any): (b) <i>CIK</i> Number(s) (if any): No Information Filed		
5.	<i>Related Person</i> is: (check all that apply) (a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer (b) ☐ other investment adviser (including financial planners) (c) ☐ registered municipal advisor (d) ☐ registered security-based swap dealer (e) ☐ major security-based swap participant (f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (g) ☐ futures commission merchant (h) ☒ banking or thrift institution (i) ☒ trust company (j) ☐ accountant or accounting firm (k) ☐ lawyer or law firm (l) ☐ insurance company or agency (m) ☐ pension consultant (n) ☐ real estate broker or dealer (o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles (p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles		

(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the *related person* and thus are not required to obtain a surprise examination for your *clients'* funds or securities that are maintained at the *related person*? ☐ Yes ☐ No

(c) If you have answered "yes" to question 8.(a) above, provide the location of the *related person's* office responsible for *custody* of your *clients'* assets:

Number and Street 1: _____ Number and Street 2: _____

City: _____ State: _____ Country: _____ ZIP+4/Postal Code: _____

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

9. (a) If the *related person* is an investment adviser, is it exempt from registration? ☐ Yes ☐ No

(b) If the answer is yes, under what exemption?
FOREIGN ADVISER

10. (a) Is the *related person* registered with a *foreign financial regulatory authority* ? ☐ Yes ☐ No

(b) If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.
No Information Filed

11. Do you and the *related person* share any *supervised persons*? ☐ Yes ☐ No

12. Do you and the *related person* share the same physical location? ☐ Yes ☐ No

1.	Legal Name of <i>Related Person</i> : VOYA ALTERNATIVE ASSET MANAGEMENT LLC		
2.	Primary Business Name of <i>Related Person</i> : VOYA ALTERNATIVE ASSET MANAGEMENT LLC		
3.	<i>Related Person's</i> SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-) 801 - 51125 or Other		
4.	<i>Related Person's</i> (a) CRD Number (if any): 107235 (b) CIK Number(s) (if any): No Information Filed		
5.	<i>Related Person</i> is: (check all that apply) (a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer (b) ☒ other investment adviser (including financial planners) (c) ☐ registered municipal advisor (d) ☐ registered security-based swap dealer (e) ☐ major security-based swap participant (f) ☒ commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (g) ☐ futures commission merchant (h) ☐ banking or thrift institution (i) ☐ trust company (j) ☐ accountant or accounting firm (k) ☐ lawyer or law firm (l) ☐ insurance company or agency (m) ☐ pension consultant (n) ☐ real estate broker or dealer (o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles (p) ☒ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles		
6.	Do you <i>control</i> or are you <i>controlled</i> by the <i>related person</i> ?	☐	☒
7.	Are you and the <i>related person</i> under common <i>control</i> ?	☒	☐
8.	(a) Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> ? (b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients'</i> funds or securities that are maintained at the <i>related person</i> ? (c) If you have answered "yes" to question 8.(a) above, provide the location of the <i>related person's</i> office responsible for <i>custody</i> of your <i>clients'</i> assets: Number and Street 1: Number and Street 2:	☐ ☐ ☐	☒ ☐ ☐

City:

State:

Country:

ZIP+4/Postal Code:

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

Yes

No

9.

(a)

If the *related person* is an investment adviser, is it exempt from registration?

(b)

If the answer is yes, under what exemption?

10.

(a)

Is the *related person* registered with a *foreign financial regulatory authority* ?

(b)

If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.

Name of Country/English Name of Foreign Financial Regulatory Authority

Australia - Australian Securities and Investments Commission

India - Securities and Exchange Board of India

11.

Do you and the *related person* share any *supervised persons*?

12.

Do you and the *related person* share the same physical location?

1.

Legal Name of *Related Person*:

RELIASTAR LIFE INSURANCE COMPANY

2.

Primary Business Name of *Related Person*:

RELIASTAR LIFE INSURANCE COMPANY

3.

Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)

-

or

Other

41-0451140

4.

Related Person's

(a) *CRD* Number (if any):

(b) *CIK* Number(s) (if any):

No Information Filed

5.

Related Person is: (check all that apply)

(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer

(b) ☐ other investment adviser (including financial planners)

(c) ☐ registered municipal advisor

(d) ☐ registered security-based swap dealer

(e) ☐ major security-based swap participant

(f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

(g) ☐ futures commission merchant

(h) ☐ banking or thrift institution

(i) ☐ trust company

(j) ☐ accountant or accounting firm

(k) ☐ lawyer or law firm

(l) ☒ insurance company or agency

(m) ☐ pension consultant

(n) ☐ real estate broker or dealer

(o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles

(p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

Yes

No

6.

Do you *control* or are you *controlled* by the *related person*?

7.

Are you and the *related person* under common *control*?

8.

(a) Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*?

(b)

If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the *related person* and thus are not required to obtain a surprise examination for your *clients'* funds or securities that are maintained at the *related person*?

(c)

If you have answered "yes" to question 8.(a) above, provide the location of the *related person's* office responsible for *custody* of your *clients'* assets:

Number and Street 1:

City:

State:

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

Number and Street 2:

Country:

ZIP+4/Postal Code:

Yes

No

9.

(a)

If the *related person* is an investment adviser, is it exempt from registration?

(b)

If the answer is yes, under what exemption?

10.

(a)

Is the *related person* registered with a *foreign financial regulatory authority* ?

(b)

If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.

No Information Filed

11.

Do you and the *related person* share any *supervised persons*?

12.

Do you and the *related person* share the same physical location?

1.

Legal Name of *Related Person*:

VOYA INSTITUTIONAL TRUST COMPANY

2.

Primary Business Name of *Related Person*:

VOYA INSTITUTIONAL TRUST COMPANY

3.

Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)

-

or

Other

4.

Related Person's

(a)

CRD Number (if any):

(b)

CIK Number(s) (if any):

No Information Filed

5.

Related Person is: (check all that apply)

(a)

☐

broker-dealer, municipal securities dealer, or government securities broker or dealer

(b)

☐

other investment adviser (including financial planners)

(c)

☐

registered municipal advisor

(d)

☐

registered security-based swap dealer

(e)

☐

major security-based swap participant

(f)

☐

commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

(g)

☐

futures commission merchant

(h)

☐

banking or thrift institution

(i)

☒

trust company

(j)

☐

accountant or accounting firm

(k)

☐

lawyer or law firm

(l)

☐

insurance company or agency

(m)

☐

pension consultant

(n)

☐

real estate broker or dealer

(o)

☐

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

(p)

☐

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

6.

Do you *control* or are you *controlled* by the *related person*?

7.

Are you and the *related person* under common *control*?

8.

(a)

Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*?

(b)

If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the *related person* and thus are not required to obtain a surprise examination for your *clients'* funds or securities that are maintained at the *related person*?

(c)

If you have answered "yes" to question 8.(a) above, provide the location of the *related person's* office responsible for *custody* of your *clients'* assets:

Number and Street 1:

Number and Street 2:

ONE ORANGE WAY

City:

State:

Country:

ZIP+4/Postal Code:

WINDSOR

Connecticut

United States

06109

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

9.

(a)

If the *related person* is an investment adviser, is it exempt from registration?

(b)

If the answer is yes, under what exemption?

10.

(a)

Is the *related person* registered with a *foreign financial regulatory authority* ?

(b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered.

No Information Filed

11. Do you and the related person share any supervised persons?

12. Do you and the related person share the same physical location?

1. Legal Name of Related Person:
VOYA FINANCIAL PARTNERS, LLC

2. Primary Business Name of Related Person:
VOYA FINANCIAL PARTNERS, LLC

3. Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
8 - 46451
or
Other

4. Related Person's
(a) CRD Number (if any):
34815
(b) CIK Number(s) (if any):

No Information Filed

5. Related Person is: (check all that apply)
(a) ☒ broker-dealer, municipal securities dealer, or government securities broker or dealer
(b) ☐ other investment adviser (including financial planners)
(c) ☐ registered municipal advisor
(d) ☐ registered security-based swap dealer
(e) ☐ major security-based swap participant
(f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
(g) ☐ futures commission merchant
(h) ☐ banking or thrift institution
(i) ☐ trust company
(j) ☐ accountant or accounting firm
(k) ☐ lawyer or law firm
(l) ☐ insurance company or agency
(m) ☐ pension consultant
(n) ☐ real estate broker or dealer
(o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles
(p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

6. Do you control or are you controlled by the related person?

7. Are you and the related person under common control?

8. (a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?
(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the related person and thus are not required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?
(c) If you have answered "yes" to question 8.(a) above, provide the location of the related person's office responsible for custody of your clients' assets:
Number and Street 1: Number and Street 2:
City: State: Country: ZIP+4/Postal Code:
If this address is a private residence, check this box: ☐

9. (a) If the related person is an investment adviser, is it exempt from registration?
(b) If the answer is yes, under what exemption?

10. (a) Is the related person registered with a foreign financial regulatory authority ?
(b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered.
No Information Filed

11. Do you and the related person share any supervised persons?

12. Do you and the related person share the same physical location?

1.

Legal Name of *Related Person*:

VOYA INVESTMENTS DISTRIBUTOR, LLC

2.

Primary Business Name of *Related Person*:

VOYA INVESTMENTS DISTRIBUTOR, LLC

3.

Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)

8 - 48020

or

Other

4.

Related Person's

(a)

CRD Number (if any):

37886

(b)

CIK Number(s) (if any):

No Information Filed

5.

Related Person is: (check all that apply)

(a)

☒

broker-dealer, municipal securities dealer, or government securities broker or dealer

(b)

☐

other investment adviser (including financial planners)

(c)

☐

registered municipal advisor

(d)

☐

registered security-based swap dealer

(e)

☐

major security-based swap participant

(f)

☐

commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

(g)

☐

futures commission merchant

(h)

☐

banking or thrift institution

(i)

☐

trust company

(j)

☐

accountant or accounting firm

(k)

☐

lawyer or law firm

(l)

☐

insurance company or agency

(m)

☐

pension consultant

(n)

☐

real estate broker or dealer

(o)

☐

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

(p)

☐

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

6.

Do you *control* or are you *controlled* by the *related person*?

Yes

No

7.

Are you and the *related person* under common *control*?

Yes

No

8.

(a)

Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*?

Yes

No

(b)

If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the *related person* and thus are not required to obtain a surprise examination for your *clients'* funds or securities that are maintained at the *related person*?

Yes

No

(c)

If you have answered "yes" to question 8.(a) above, provide the location of the *related person's* office responsible for *custody* of your *clients'* assets:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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

9.

(a)

If the *related person* is an investment adviser, is it exempt from registration?

Yes

No

(b)

If the answer is yes, under what exemption?

Yes

No

10.

(a)

Is the *related person* registered with a *foreign financial regulatory authority* ?

Yes

No

(b)

If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.

No Information Filed

11.

Do you and the *related person* share any *supervised persons*?

Yes

No

12.

Do you and the *related person* share the same physical location?

Yes

No

1.

Legal Name of *Related Person*:

POMONA EUROPE ADVISERS LTD.

2.

Primary Business Name of *Related Person*:

or

Other

4. Related Person's

(a) CRD Number (if any):

285390

(b) CIK Number(s) (if any):

No Information Filed

5. Related Person is: (check all that apply)

(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer

(b) ☒ other investment adviser (including financial planners)

(c) ☐ registered municipal advisor

(d) ☐ registered security-based swap dealer

(e) ☐ major security-based swap participant

(f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

(g) ☐ futures commission merchant

(h) ☐ banking or thrift institution

(i) ☐ trust company

(j) ☐ accountant or accounting firm

(k) ☐ lawyer or law firm

(l) ☐ insurance company or agency

(m) ☒ pension consultant

(n) ☐ real estate broker or dealer

(o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles

(p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

Yes

No

6. Do you control or are you controlled by the related person?

7. Are you and the related person under common control?

8. (a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?

(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the related person and thus are not required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?

(c) If you have answered "yes" to question 8.(a) above, provide the location of the related person's office responsible for custody of your clients' assets:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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

Yes

No

9. (a) If the related person is an investment adviser, is it exempt from registration?

(b) If the answer is yes, under what exemption?

10. (a) Is the related person registered with a foreign financial regulatory authority ?

(b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered.

No Information Filed

11. Do you and the related person share any supervised persons?

12. Do you and the related person share the same physical location?

1. Legal Name of Related Person:

RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

2. Primary Business Name of Related Person:

RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

3. Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)

-

or

Other

53-0242530

4. Related Person's

(a) CRD Number (if any):

(b) CIK Number(s) (if any):

No Information Filed

5. *Related Person* is: (check all that apply)

(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer

(b) ☐ other investment adviser (including financial planners)

(c) ☐ registered municipal advisor

(d) ☐ registered security-based swap dealer

(e) ☐ major security-based swap participant

(f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

(g) ☐ futures commission merchant

(h) ☐ banking or thrift institution

(i) ☐ trust company

(j) ☐ accountant or accounting firm

(k) ☐ lawyer or law firm

(l) ☒ insurance company or agency

(m) ☐ pension consultant

(n) ☐ real estate broker or dealer

(o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles

(p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

Yes

No

6. Do you *control* or are you *controlled* by the *related person*?

7. Are you and the *related person* under common *control*?

8. (a) Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*?

(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the *related person* and thus are not required to obtain a surprise examination for your *clients'* funds or securities that are maintained at the *related person*?

(c) If you have answered "yes" to question 8.(a) above, provide the location of the *related person's* office responsible for *custody* of your *clients'* assets:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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

Yes

No

9. (a) If the *related person* is an investment adviser, is it exempt from registration?

(b) If the answer is yes, under what exemption?

10. (a) Is the *related person* registered with a *foreign financial regulatory authority* ?

(b) If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.

No Information Filed

11. Do you and the *related person* share any *supervised persons*?

12. Do you and the *related person* share the same physical location?

1. Legal Name of *Related Person*:

VOYA INVESTMENT MANAGEMENT (UK) LIMITED

2. Primary Business Name of *Related Person*:

VOYA INVESTMENT MANAGEMENT (UK) LIMITED

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)

801 - 72900

or

Other

4. *Related Person's*

(a) *CRD* Number (if any):

159442

(b) CIK Number(s) (if any):

No Information Filed

5. *Related Person* is: (check all that apply)

(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer

- | | | | |
|-----|---|----------------------------------|----------------------------------|
| | | Yes | No |
| 6. | Do you <i>control</i> or are you <i>controlled</i> by the <i>related person</i> ? | ☐ | ☒ |
| 7. | Are you and the <i>related person</i> under common <i>control</i> ? | ☒ | ☐ |
| 8. | (a) Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> ? | ☐ | ☒ |
| | (b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients</i> ' funds or securities that are maintained at the <i>related person</i> ? | ☐ | ☐ |
| | (c) If you have answered "yes" to question 8.(a) above, provide the location of the <i>related person</i> 's office responsible for <i>custody</i> of your <i>clients</i> ' assets: | | |
| | Number and Street 1: | Number and Street 2: | |
| | City: | State: | Country: |
| | ZIP+4/Postal Code: | | |
| | If this address is a private residence, check this box: ☐ | | |
| | | Yes | No |
| 9. | (a) If the <i>related person</i> is an investment adviser, is it exempt from registration? | ☐ | ☒ |
| | (b) If the answer is yes, under what exemption? | | |
| 10. | (a) Is the <i>related person</i> registered with a <i>foreign financial regulatory authority</i> ? | ☒ | ☐ |
| | (b) If the answer is yes, list the name and country, in English of each <i>foreign financial regulatory authority</i> with which the <i>related person</i> is registered. | | |
| | Name of Country / English Name of Foreign Financial Regulatory Authority | | |
| | United Kingdom - Financial Conduct Authority | | |
| 11. | Do you and the <i>related person</i> share any <i>supervised persons</i> ? | ☐ | ☒ |
| 12. | Do you and the <i>related person</i> share the same physical location? | ☐ | ☒ |

1. Legal Name of *Related Person*:
VOYA INVESTMENT MANAGEMENT LLC
2. Primary Business Name of *Related Person*:
VOYA INVESTMENT MANAGEMENT LLC
3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
801 - 55232
or
Other
4. *Related Person's*
 - (a) CRD Number (if any):
108934
 - (b) CIK Number(s) (if any):

No Information Filed
5. *Related Person* is: (check all that apply)
 - (a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer
 - (b) ☒ other investment adviser (including financial planners)
 - (c) ☐ registered municipal advisor
 - (d) ☐ registered security-based swap dealer
 - (e) ☐ major security-based swap participant

(f)	☐	commodity pool operator or commodity trading advisor (whether registered or exempt from registration)		
(g)	☐	futures commission merchant		
(h)	☐	banking or thrift institution		
(i)	☐	trust company		
(j)	☐	accountant or accounting firm		
(k)	☐	lawyer or law firm		
(l)	☐	insurance company or agency		
(m)	☐	pension consultant		
(n)	☐	real estate broker or dealer		
(o)	☐	sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles		
(p)	☐	sponsor, general partner, managing member (or equivalent) of pooled investment vehicles		
			Yes	No
6.	Do you <i>control</i> or are you <i>controlled</i> by the <i>related person</i> ?		☐	☒
7.	Are you and the <i>related person</i> under common <i>control</i> ?		☒	☐
8.	(a) Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> ?		☐	☒
	(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients'</i> funds or securities that are maintained at the <i>related person</i> ?		☐	☐
	(c) If you have answered "yes" to question 8.(a) above, provide the location of the <i>related person's</i> office responsible for <i>custody</i> of your <i>clients'</i> assets:			
	Number and Street 1:		Number and Street 2:	
	City: State:		Country: ZIP+4/Postal Code:	
	If this address is a private residence, check this box: ☐			
			Yes	No
9.	(a) If the <i>related person</i> is an investment adviser, is it exempt from registration?		☐	☒
	(b) If the answer is yes, under what exemption?			
10.	(a) Is the <i>related person</i> registered with a <i>foreign financial regulatory authority</i> ?		☐	☒
	(b) If the answer is yes, list the name and country, in English of each <i>foreign financial regulatory authority</i> with which the <i>related person</i> is registered.			
	No Information Filed			
11.	Do you and the <i>related person</i> share any <i>supervised persons</i> ?		☐	☒
12.	Do you and the <i>related person</i> share the same physical location?		☒	☐

1.	Legal Name of <i>Related Person</i> :	POMONA MANAGEMENT LLC
2.	Primary Business Name of <i>Related Person</i> :	POMONA CAPITAL
3.	<i>Related Person's</i> SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)	801 - 69755
	or	
	Other	
4.	<i>Related Person's</i>	
	(a) <i>CRD</i> Number (if any):	148269
	(b) CIK Number(s) (if any):	No Information Filed
5.	<i>Related Person</i> is: (check all that apply)	
(a)	☐	broker-dealer, municipal securities dealer, or government securities broker or dealer
(b)	☒	other investment adviser (including financial planners)
(c)	☐	registered municipal advisor
(d)	☐	registered security-based swap dealer
(e)	☐	major security-based swap participant
(f)	☒	commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
(g)	☐	futures commission merchant
(h)	☐	banking or thrift institution
(i)	☐	trust company
(j)	☐	accountant or accounting firm
(k)	☐	lawyer or law firm

(l)	☐	insurance company or agency		
(m)	☐	pension consultant		
(n)	☐	real estate broker or dealer		
(o)	☐	sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles		
(p)	☐	sponsor, general partner, managing member (or equivalent) of pooled investment vehicles		
			Yes	No
6.	Do you <i>control</i> or are you <i>controlled</i> by the <i>related person</i> ?		☐	☒
7.	Are you and the <i>related person</i> under common <i>control</i> ?		☒	☐
8.	(a) Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> ?		☐	☒
	(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients'</i> funds or securities that are maintained at the <i>related person</i> ?		☐	☐
	(c) If you have answered "yes" to question 8.(a) above, provide the location of the <i>related person's</i> office responsible for <i>custody</i> of your <i>clients'</i> assets:			
	Number and Street 1:		Number and Street 2:	
	City:		State:	Country:
	ZIP+4/Postal Code:			
	If this address is a private residence, check this box: ☐			
			Yes	No
9.	(a) If the <i>related person</i> is an investment adviser, is it exempt from registration?		☐	☒
	(b) If the answer is yes, under what exemption?			
10.	(a) Is the <i>related person</i> registered with a <i>foreign financial regulatory authority</i> ?		☐	☒
	(b) If the answer is yes, list the name and country, in English of each <i>foreign financial regulatory authority</i> with which the <i>related person</i> is registered.			
	No Information Filed			
11.	Do you and the <i>related person</i> share any <i>supervised persons</i> ?		☐	☒
12.	Do you and the <i>related person</i> share the same physical location?		☐	☒

Item 7 Private Fund Reporting	
	Yes No
B.	Are you an adviser to any <i>private fund</i> ?
	☐ ☒
If "yes," then for each private fund that you advise, you must complete a Section 7.B.(1) of Schedule D, except in certain circumstances described in the next sentence and in Instruction 6 of the Instructions to Part 1A. If you are registered or applying for registration with the SEC or reporting as an SEC exempt reporting adviser, and another SEC-registered adviser or SEC exempt reporting adviser reports this information with respect to any such private fund in Section 7.B.(1) of Schedule D of its Form ADV (e.g., if you are a subadviser), do not complete Section 7.B.(1) of Schedule D with respect to that private fund. You must, instead, complete Section 7.B.(2) of Schedule D. In either case, if you seek to preserve the anonymity of a private fund client by maintaining its identity in your books and records in numerical or alphabetical code, or similar designation, pursuant to rule 204-2(d), you may identify the private fund in Section 7.B.(1) or 7.B.(2) of Schedule D using the same code or designation in place of the fund's name.	

SECTION 7.B.(1) Private Fund Reporting	
No Information Filed	

SECTION 7.B.(2) Private Fund Reporting	
No Information Filed	

Item 8 Participation or Interest in Client Transactions	
In this Item, we request information about your participation and interest in your <i>clients'</i> transactions. This information identifies additional areas in which conflicts of interest may occur between you and your <i>clients</i>. Newly-formed advisers should base responses to these questions on the types of participation and interest that you expect to engage in during the next year. Like Item 7, Item 8 requires you to provide information about you and your <i>related persons</i>, including foreign affiliates.	
Proprietary Interest in Client Transactions	
A.	Do you or any <i>related person</i> :
	(1) buy securities for yourself from advisory <i>clients</i> , or sell securities you own to advisory <i>clients</i> (principal transactions)?
	☒ ☐

- (2) buy or sell for yourself securities (other than shares of mutual funds) that you also recommend to advisory *clients*? ☒ ☐
- (3) recommend securities (or other investment products) to advisory *clients* in which you or any *related person* has some other proprietary (ownership) interest (other than those mentioned in Items 8.A.(1) or (2))? ☒ ☐

Sales Interest in *Client* Transactions

- | B. Do you or any <i>related person</i> : | | Yes | No |
|--|--|----------------------------------|----------------------------------|
| (1) | as a broker-dealer or registered representative of a broker-dealer, execute securities trades for brokerage customers in which advisory <i>client</i> securities are sold to or bought from the brokerage customer (agency cross transactions)? | ☐ | ☒ |
| (2) | recommend to advisory <i>clients</i> , or act as a purchaser representative for advisory <i>clients</i> with respect to, the purchase of securities for which you or any <i>related person</i> serves as underwriter or general or managing partner? | ☒ | ☐ |
| (3) | recommend purchase or sale of securities to advisory <i>clients</i> for which you or any <i>related person</i> has any other sales interest (other than the receipt of sales commissions as a broker or registered representative of a broker-dealer)? | ☒ | ☐ |

Investment or Brokerage Discretion

- | | Yes | No |
|---|----------------------------------|----------------------------------|
| C. Do you or any <i>related person</i> have <i>discretionary authority</i> to determine the: | | |
| (1) securities to be bought or sold for a <i>client's</i> account? | ☒ | ☐ |
| (2) amount of securities to be bought or sold for a <i>client's</i> account? | ☒ | ☐ |
| (3) broker or dealer to be used for a purchase or sale of securities for a <i>client's</i> account? | ☐ | ☒ |
| (4) commission rates to be paid to a broker or dealer for a <i>client's</i> securities transactions? | ☒ | ☐ |
| D. If you answer "yes" to C.(3) above, are any of the brokers or dealers <i>related persons</i> ? | ☐ | ☐ |
| E. Do you or any <i>related person</i> recommend brokers or dealers to <i>clients</i> ? | ☐ | ☒ |
| F. If you answer "yes" to E. above, are any of the brokers or dealers <i>related persons</i> ? | ☐ | ☐ |
| G. (1) Do you or any <i>related person</i> receive research or other products or services other than execution from a broker-dealer or a third party ("soft dollar benefits") in connection with <i>client</i> securities transactions? | ☒ | ☐ |
| (2) If "yes" to G.(1) above, are all the "soft dollar benefits" you or any <i>related persons</i> receive eligible "research or brokerage services" under section 28(e) of the Securities Exchange Act of 1934? | ☒ | ☐ |
| H. (1) Do you or any <i>related person</i> , directly or indirectly, compensate any <i>person</i> that is not an <i>employee</i> for <i>client</i> referrals? | ☐ | ☒ |
| (2) Do you or any <i>related person</i> , directly or indirectly, provide any <i>employee</i> compensation that is specifically related to obtaining <i>clients</i> for the firm (cash or non-cash compensation in addition to the <i>employee's</i> regular salary)? | ☐ | ☒ |
| I. Do you or any <i>related person</i> , including any <i>employee</i> , directly or indirectly, receive compensation from any <i>person</i> (other than you or any <i>related person</i>) for <i>client</i> referrals? | ☒ | ☐ |
| <i>In your response to Item 8.I., do not include the regular salary you pay to an employee.</i> | | |

In responding to Items 8.H. and 8.I., consider all cash and non-cash compensation that you or a related person gave to (in answering Item 8.H.) or received from (in answering Item 8.I.) any person in exchange for client referrals, including any bonus that is based, at least in part, on the number or amount of client referrals.

Item 9 Custody

In this Item, we ask you whether you or a *related person* has *custody* of *client* (other than *clients* that are investment companies registered under the Investment Company Act of 1940) assets and about your custodial practices.

- | | | | |
|----|--|-----------------------|----------------------------------|
| A. | (1) Do you have <i>custody</i> of any advisory <i>clients'</i> : | Yes | No |
| | (a) cash or bank accounts? | ☐ | ☒ |
| | (b) securities? | ☐ | ☒ |

If you are registering or registered with the SEC, answer "No" to Item 9.A.(1)(a) and (b) if you have custody solely because (i) you deduct your advisory fees directly from your clients' accounts, or (ii) a related person has custody of client assets in connection with advisory services you provide to clients, but you have overcome the presumption that you are not operationally independent (pursuant to Advisers Act rule 206(4)-2(d)(5)) from the related person.

you have *custody*:

U.S. Dollar Amount
(a) \$

Total Number of *Clients*
(b)

If you are registering or registered with the SEC and you have custody solely because you deduct your advisory fees directly from your clients' accounts, do not include the amount of those assets and the number of those clients in your response to Item 9.A.(2). If your related person has custody of client assets in connection with advisory services you provide to clients, do not include the amount of those assets and number of those clients in your response to 9.A.(2). Instead, include that information in your response to Item 9.B.(2).

- B.

(1)

In connection with advisory services you provide to *clients*, do any of your *related persons* have *custody* of any of your advisory *clients*':
(a) cash or bank accounts?
(b) securities?

Yes

No

You are required to answer this item regardless of how you answered Item 9.A.(1)(a) or (b).

- (2)

If you checked "yes" to Item 9.B.(1)(a) or (b), what is the approximate amount of *client* funds and securities and total number of *clients* for which your *related persons* have *custody*:

U.S. Dollar Amount	Total Number of <i>Clients</i>
(a) \$ 644,708,159	(b) 2,516

- C.

If you or your *related persons* have *custody* of *client* funds or securities in connection with advisory services you provide to *clients*, check all the following that apply:
(1) A qualified custodian(s) sends account statements at least quarterly to the investors in the pooled investment vehicle(s) you manage.
(2) An *independent public accountant* audits annually the pooled investment vehicle(s) that you manage and the audited financial statements are distributed to the investors in the pools.
(3) An *independent public accountant* conducts an annual surprise examination of *client* funds and securities.
(4) An *independent public accountant* prepares an internal control report with respect to custodial services when you or your *related persons* are qualified custodians for *client* funds and securities.

☐

☐

☐

☒

If you checked Item 9.C.(2), C.(3) or C.(4), list in [Section 9.C. of Schedule D](#) the accountants that are engaged to perform the audit or examination or prepare an internal control report. (If you checked Item 9.C.(2), you do not have to list auditor information in [Section 9.C. of Schedule D](#) if you already provided this information with respect to the private funds you advise in [Section 7.B.\(1\) of Schedule D](#)).

- D.

Do you or your *related person(s)* act as qualified custodians for your *clients* in connection with advisory services you provide to *clients*?
(1) you act as a qualified custodian
(2) your *related person(s)* act as qualified custodian(s)

Yes

No

If you checked "yes" to Item 9.D.(2), all related persons that act as qualified custodians (other than any mutual fund transfer agent pursuant to rule 206(4)-2(b)(1)) must be identified in [Section 7.A. of Schedule D](#), regardless of whether you have determined the related person to be operationally independent under rule 206(4)-2 of the Advisers Act.

- E.

If you are filing your *annual updating amendment* and you were subject to a surprise examination by an *independent public accountant* during your last fiscal year, provide the date (MM/YYYY) the examination commenced:
- F.

If you or your *related persons* have *custody* of *client* funds or securities, how many *persons*, including, but not limited to, you and your *related persons*, act as qualified custodians for your *clients* in connection with advisory services you provide to *clients*?
2

SECTION 9.C. Independent Public Accountant

You must complete the following information for each *independent public accountant* engaged to perform a surprise examination, perform an audit of a pooled investment vehicle that you manage, or prepare an internal control report. You must complete a separate Schedule D Section 9.C. for each *independent public accountant*.

- (1)

Name of the *independent public accountant*:
ERNST & YOUNG LLP

- (2)

The location of the *independent public accountant's* office responsible for the services provided:

Number and Street 1:	Number and Street 2:		
55 IVAN ALLEN JR BLVD	SUITE 1000		
City:	State:	Country:	ZIP+4/Postal Code:
ALTANTA	Georgia	United States	30308

- (3)

Is the *independent public accountant* registered with the Public Company Accounting Oversight Board?

If "yes," Public Company Accounting Oversight Board-Assigned Number:
42

Yes

No

- (4)

If "yes" to (3) above, is the *independent public accountant* subject to regular inspection by the Public Company Accounting Oversight Board in accordance with its rules?

☒

☐

- (5)

The *independent public accountant* is engaged to:

- A. ☐ audit a pooled investment vehicle
- B. ☐ perform a surprise examination of *clients'* assets
- C. ☒ prepare an internal control report

(6) Since your last *annual updating amendment*, did all of the reports prepared by the *independent public accountant* that audited the pooled investment vehicle or that examined internal controls contain unqualified opinions?

- ☒ Yes
- ☐ No
- ☐ Report Not Yet Received

If you check "Report Not Yet Received", you must promptly file an amendment to your Form ADV to update your response when the accountant's report is available.

Item 10 Control Persons

In this Item, we ask you to identify every *person* that, directly or indirectly, *controls* you. If you are filing an *umbrella registration*, the information in Item 10 should be provided for the *filing adviser* only.

If you are submitting an initial application or report, you must complete Schedule A and Schedule B. Schedule A asks for information about your direct owners and executive officers. Schedule B asks for information about your indirect owners. If this is an amendment and you are updating information you reported on either Schedule A or Schedule B (or both) that you filed with your initial application or report, you must complete Schedule C.

	Yes	No
1. The company has a policy on the use of social media.		
2. The company has a policy on the use of mobile devices.		
3. The company has a policy on the use of personal email accounts.		
4. The company has a policy on the use of personal social media accounts.		
5. The company has a policy on the use of personal mobile devices.		
6. The company has a policy on the use of personal email accounts.		
7. The company has a policy on the use of personal social media accounts.		
8. The company has a policy on the use of personal mobile devices.		
9. The company has a policy on the use of personal email accounts.		
10. The company has a policy on the use of personal social media accounts.		
11. The company has a policy on the use of personal mobile devices.		
12. The company has a policy on the use of personal email accounts.		
13. The company has a policy on the use of personal social media accounts.		
14. The company has a policy on the use of personal mobile devices.		
15. The company has a policy on the use of personal email accounts.		
16. The company has a policy on the use of personal social media accounts.		
17. The company has a policy on the use of personal mobile devices.		
18. The company has a policy on the use of personal email accounts.		
19. The company has a policy on the use of personal social media accounts.		
20. The company has a policy on the use of personal mobile devices.		

A. Does any *person* not named in Item 1.A. or Schedules A, B, or C, directly or indirectly, *control* your management or policies? ○ ○

If yes, complete [Section 10.A. of Schedule D](#).

B. If any *person* named in Schedules A, B, or C or in Section 10.A. of Schedule D is a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934, please complete [Section 10.B. of Schedule D](#).

SECTION 10.A. Control Persons

No Information Filed

SECTION 10.B. *Control Person* Public Reporting Companies

B. If any *person* named in Schedules A, B, or C, or in Section 10.A. of Schedule D is a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934, please provide the following information (you must complete a separate Schedule D Section 10.B. for each public reporting company):

(1) Full legal name of the public reporting company:	VOYA FINANCIAL, INC.
--	----------------------

(2) The public reporting company's CIK number (Central Index Key number that the SEC assigns to each reporting company): 1535929

Item 11 Disclosure Information

In this Item, we ask for information about your disciplinary history and the disciplinary history of all your *advisory affiliates*. We use this information to determine whether to grant your application for registration, to decide whether to revoke your registration or to place limitations on your activities as an investment adviser, and to identify potential problem areas to focus on during our on-site examinations. One event may result in "yes" answers to more than one of the questions below. In accordance with General Instruction 5 to Form ADV, "you" and "your" include the *filing adviser* and all *relying advisers* under an *umbrella registration*.

Your *advisory affiliates* are: (1) all of your current *employees* (other than *employees* performing only clerical, administrative, support or similar functions); (2) all of your officers, partners, or directors (or any *person* performing similar functions); and (3) all *persons* directly or indirectly *controlling* you or *controlled* by you. If you are a "separately identifiable department or division" (SID) of a bank, see the Glossary of Terms to determine who your *advisory affiliates* are.

If you are registered or registering with the SEC or if you are an exempt reporting adviser, you may limit your disclosure of any event listed in Item 11 to ten years following the date of the event. If you are registered or registering with a state, you must respond to the questions as posed; you may, therefore, limit your disclosure to ten years following the date of an event only in responding to Items 11.A.(1), 11.A.(2), 11.B.(1), 11.B.(2), 11.D.(4), and 11.H.(1)(a). For purposes of calculating this ten-year period, the date of an event is the date the final order, judgment, or decree was entered, or the date any rights of appeal from preliminary orders, judgments, or decrees lapsed.

You must complete the appropriate Disclosure Reporting Page ("DRP") for "yes" answers to the questions in this Item 11.

	Yes	No
1. The company has a policy on the use of social media.		
2. The company has a policy on the use of mobile devices.		
3. The company has a policy on the use of personal email accounts.		
4. The company has a policy on the use of personal social media accounts.		
5. The company has a policy on the use of personal mobile devices.		
6. The company has a policy on the use of personal email accounts.		
7. The company has a policy on the use of personal social media accounts.		
8. The company has a policy on the use of personal mobile devices.		
9. The company has a policy on the use of personal email accounts.		
10. The company has a policy on the use of personal social media accounts.		
11. The company has a policy on the use of personal mobile devices.		
12. The company has a policy on the use of personal email accounts.		
13. The company has a policy on the use of personal social media accounts.		
14. The company has a policy on the use of personal mobile devices.		
15. The company has a policy on the use of personal email accounts.		
16. The company has a policy on the use of personal social media accounts.		
17. The company has a policy on the use of personal mobile devices.		
18. The company has a policy on the use of personal email accounts.		
19. The company has a policy on the use of personal social media accounts.		
20. The company has a policy on the use of personal mobile devices.		

Do any of the events below involve you or any of your *supervised persons*?



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

A. In the past ten years, have you or any <i>advisory affiliate</i> :	Yes	No
---	------------	-----------

	Yes	No
1. The company has a policy on the use of social media.		
2. The company has a policy on the use of mobile devices.		
3. The company has a policy on the use of personal email accounts.		
4. The company has a policy on the use of personal social media accounts.		
5. The company has a policy on the use of personal mobile devices.		
6. The company has a policy on the use of personal email accounts.		
7. The company has a policy on the use of personal social media accounts.		
8. The company has a policy on the use of personal mobile devices.		
9. The company has a policy on the use of personal email accounts.		
10. The company has a policy on the use of personal social media accounts.		
11. The company has a policy on the use of personal mobile devices.		
12. The company has a policy on the use of personal email accounts.		
13. The company has a policy on the use of personal social media accounts.		
14. The company has a policy on the use of personal mobile devices.		
15. The company has a policy on the use of personal email accounts.		
16. The company has a policy on the use of personal social media accounts.		
17. The company has a policy on the use of personal mobile devices.		
18. The company has a policy on the use of personal email accounts.		
19. The company has a policy on the use of personal social media accounts.		
20. The company has a policy on the use of personal mobile devices.		

(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any *felony*?

☐ ☒

For purposes of this Item 12 only:

- Total Assets refers to the total assets of a firm, rather than the assets managed on behalf of *clients*. In determining your or another *person's* total assets, you may use the total assets shown on a current balance sheet (but use total assets reported on a consolidated balance sheet with subsidiaries included, if that amount is larger).
- *Control* means the power to direct or cause the direction of the management or policies of a *person*, whether through ownership of securities, by contract, or otherwise. Any *person* that directly or indirectly has the right to vote 25 percent or more of the voting securities, or is entitled to 25 percent or more of the profits, of another *person* is presumed to *control* the other *person*.

	Yes	No
A. Did you have total assets of \$5 million or more on the last day of your most recent fiscal year?	☐	☐
If "yes," you do not need to answer Items 12.B. and 12.C.		
B. Do you:		
(1) <i>control</i> another investment adviser that had regulatory assets under management (calculated in response to Item 5.F.(2)(c) of Form ADV) of \$25 million or more on the last day of its most recent fiscal year?	☐	☐
(2) <i>control</i> another <i>person</i> (other than a natural person) that had total assets of \$5 million or more on the last day of its most recent fiscal year?	☐	☐
C. Are you:		
(1) <i>controlled</i> by or under common <i>control</i> with another investment adviser that had regulatory assets under management (calculated in response to Item 5.F.(2)(c) of Form ADV) of \$25 million or more on the last day of its most recent fiscal year?	☐	☐
(2) <i>controlled</i> by or under common <i>control</i> with another <i>person</i> (other than a natural person) that had total assets of \$5 million or more on the last day of its most recent fiscal year?	☐	☐

Direct Owners and Executive Officers

1. Complete Schedule A only if you are submitting an initial application or report. Schedule A asks for information about your direct owners and executive officers. Use Schedule C to amend this information.
2. Direct Owners and Executive Officers. List below the names of:
 - (a) each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer (Chief Compliance Officer is required if you are registered or applying for registration and cannot be more than one individual), director, and any other individuals with similar status or functions;
 - (b) if you are organized as a corporation, each shareholder that is a direct owner of 5% or more of a class of your voting securities, unless you are a public reporting company (a company subject to Section 12 or 15(d) of the Exchange Act);
Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 5% or more of a class of your voting securities. For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.
 - (c) if you are organized as a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of your capital;
 - (d) in the case of a trust that directly owns 5% or more of a class of your voting securities, or that has the right to receive upon dissolution, or has contributed, 5% or more of your capital, the trust and each trustee; and
 - (e) if you are organized as a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 5% or more of your capital, and (ii) if managed by elected managers, all elected managers.
3. Do you have any indirect owners to be reported on Schedule B? ☒ Yes ☐ No
4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner or executive officer is an individual.
5. Complete the Title or Status column by entering board/management titles; status as partner, trustee, sole proprietor, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).
6. Ownership codes are: NA - less than 5% B - 10% but less than 25% D - 50% but less than 75%
A - 5% but less than 10% C - 25% but less than 50% E - 75% or more
7. (a) In the *Control Person* column, enter "Yes" if the *person* has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.
(b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
(c) Complete each column.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	DE/FE/I	Title or Status	Date Title or Status Acquired MM/YYYY	Ownership Code	Control Person	PR	CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.
VOYA HOLDINGS INC.	DE	100% SHAREHOLDER	12/2012	E	Y	N	
REILLY, JONATHAN FRANCIS	I	PRESIDENT	06/2024	NA	Y	N	2039032
PAASCH, STEPHAN ANTHONY	I	CHIEF COMPLIANCE OFFICER	09/2022	NA	Y	N	2968516
BOHN, FREDERICK HENRY	I	CHIEF FINANCIAL	06/2025	NA	Y	N	5791728

		OFFICER					
DEPRATTI, JOHN J	I	VP, OPERATIONS PRINCIPAL	10/2025	NA	Y	N	2927917

Schedule B

Indirect Owners

1. Complete Schedule B only if you are submitting an initial application or report. Schedule B asks for information about your indirect owners; you must first complete Schedule A, which asks for information about your direct owners. Use Schedule C to amend this information.
2. Indirect Owners. With respect to each owner listed on Schedule A (except individual owners), list below:

(a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;

For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.

(b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;

(c) in the case of an owner that is a trust, the trust and each trustee; and

(d) in the case of an owner that is a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.
3. Continue up the chain of ownership listing all 25% owners at each level. Once a public reporting company (a company subject to Sections 12 or 15(d) of the Exchange Act) is reached, no further ownership information need be given.
4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner is an individual.
5. Complete the Status column by entering the owner's status as partner, trustee, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).
6. Ownership codes are: C - 25% but less than 50% E - 75% or more
 D - 50% but less than 75% F - Other (general partner, trustee, or elected manager)
7. (a) In the *Control Person* column, enter "Yes" if the *person* has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.

(b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.

(c) Complete each column.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	DE/FE/I	Entity in Which Interest is Owned	Status	Date Status Acquired MM/YYYY	Ownership Code	Control Person	PR	CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.
VOYA FINANCIAL, INC.	DE	VOYA HOLDINGS, INC	SHAREHOLDER	04/2014	E	Y	Y	

Schedule D - Miscellaneous

You may use the space below to explain a response to an Item or to provide any other information.

Schedule R

No Information Filed

DRP Pages

CRIMINAL DISCLOSURE REPORTING PAGE (ADV)

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☒ INITIAL **OR** ☒ AMENDED response used to report details for affirmative responses to Items 11.A. or 11.B. of Form ADV.

Criminal

Check item(s) being responded to:

- ☐ 11.A(1)
- ☒ 11.A(2)
- ☐ 11.B(1)
- ☐ 11.B(2)

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

Multiple counts of the same charge arising out of the same event(s) should be reported on the same DRP. Unrelated criminal actions, including separate cases arising out of the same event, must be reported on separate DRPs. Use this DRP to report all charges arising out of the same event. One event may result in more than one affirmative answer to the items listed above.

PART I

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

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

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

CRD Number:	5129975	This <i>advisory affiliate</i> is	☐ a Firm	☒ an Individual
Registered:	☒ Yes ☐ No			
Name:	YANOTCHKO, DANIEL, JOHNATHAN (For individuals, Last, First, Middle)			

- ☐ This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- ☐ This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.
- ☐ This DRP should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

- ☒ Yes
- ☐ No

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

PART II

1.

If charge(s) were brought against an organization over which you or an *advisory affiliate* exercise(d) *control*: Enter organization name, whether or not the organization was an *investment-related* business and your or the *advisory affiliate's* position, title, or relationship.
2.

Formal Charge(s) were brought in: (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).
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.

Event Disclosure Detail (include Charge(s)/Charge Description(s), and for each charge provide: (1) number of counts, (2) *felony* or *misdemeanor*, (3) plea for each charge, and (4) product type if charge is *investment-related*).

C.

Did any of the Charge(s) within the Event involve a *felony*?

☐ Yes

☐ No

D.

Current status of the Event?

☐ Pending

☐ On Appeal

☐ Final

E.

Event Status Date (complete unless status is Pending) (MM/DD/YYYY):

☐ Exact

☐ Explanation

If not exact, provide explanation:
4.

Disposition Disclosure Detail:

Include for each charge (a) Disposition Type (e.g., convicted, acquitted, dismissed, pretrial, etc.), (b) Date, (c) Sentence/Penalty, (d) Duration (if sentence - suspension, probation, etc.), (e) Start Date of Penalty, (f) Penalty/Fine Amount, and (g) Date Paid.
5.

Provide a brief summary of circumstances leading to the charge(s) as well as the disposition. Include the relevant dates when the conduct which was the subject of the charge(s) occurred. (Your response must fit within the space provided.)

REGULATORY ACTION DISCLOSURE REPORTING PAGE (ADV)

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☐ INITIAL **OR** ☒ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Regulatory Action

Check item(s) being responded to:

- ☐ 11.C(1)
- ☒ 11.C(2)
- ☐ 11.C(3)
- ☒ 11.C(4)
- ☒ 11.C(5)
- ☐ 11.D(1)
- ☐ 11.D(2)
- ☐ 11.D(3)
- ☐ 11.D(4)
- ☐ 11.D(5)
- ☐ 11.E(1)
- ☐ 11.E(2)
- ☐ 11.E(3)
- ☐ 11.E(4)
- ☐ 11.F.
- ☐ 11.G.

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

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

PART I

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

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

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

No Information Filed

- ☐ This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- ☐ This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

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

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

- ☐ Yes
- ☐ No

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

PART II

1. Regulatory Action initiated by:

- ☒ SEC
- ☐ Other Federal
- ☐ State
- ☐ SRO
- ☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)
THE SECURITIES AND EXCHANGE COMMISSION.

2. Principal Sanction:

Cease and Desist
Other Sanctions:
CENSURE,DISGORGEMENT, AND A CIVIL PENALTY.

3. Date Initiated (MM/DD/YYYY):

- 03/08/2017
- ☒ Exact
- ☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:
3-17870
5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):
6. Principal Product Type:
Mutual Fund(s)
Other Product Types:

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):
THE SECURITIES AND EXCHANGE COMMISSION (SEC) ALLEGED THAT VOYA FINANCIAL ADVISORS, INC. (FIRM), IN ITS ROLE AS A REGISTERED INVESTMENT ADVISER, FAILED TO DISCLOSE TO ITS CLIENTS THE COMPENSATION IT RECEIVED THROUGH AN ARRANGEMENT WITH A THIRD PARTY BROKER-DEALER (CLEARING FIRM), AND CONFLICTS OF INTEREST ARISING FROM THAT COMPENSATION. THROUGH AN ADDENDUM TO THE FULLY-DISCLOSED CLEARING AGREEMENT BETWEEN CLEARING FIRM AND THE FIRM, CLEARING FIRM SHARED WITH THE FIRM CERTAIN REVENUES IT RECEIVED FROM THE MUTUAL FUNDS IN CLEARING FIRM'S NO-TRANSACTION-FEE MUTUAL FUND PROGRAM (NTF PROGRAM). IN A SEPARATE AGREEMENT, CLEARING FIRM AGREED TO PAY THE FIRM A CERTAIN PERCENTAGE OF SERVICE FEES THAT CLEARING FIRM RECEIVED FROM CERTAIN MUTUAL FUNDS IN THE NTF PROGRAM IN EXCHANGE FOR THE FIRM PERFORMING CERTAIN ADMINISTRATIVE SERVICES ON CLEARING FIRM'S BEHALF. THE SEC ALLEGED THAT THESE PAYMENTS CREATED A CONFLICT OF INTEREST IN THAT THEY PROVIDED A FINANCIAL INCENTIVE FOR THE FIRM TO FAVOR THE MUTUAL FUNDS IN THE NTF PROGRAM OVER OTHER INVESTMENTS WHEN GIVING INVESTMENT ADVICE TO ITS ADVISORY CLIENTS. THE SEC ALLEGED THAT THE FIRM DID NOT DISCLOSE THE AFOREMENTIONED ARRANGEMENTS OR THE RESULTING CONFLICT OF INTEREST TO ITS ADVISORY CLIENTS, RESULTING IN A VIOLATION OF SECTIONS 206(2) AND 207 OF THE ADVISERS ACT. THE SEC ALSO ALLEGED THAT BY NOT ADEQUATELY IMPLEMENTING POLICIES AND PROCEDURES REASONABLY DESIGNED TO ENSURE PROPER DISCLOSURE OF CONFLICTS OF INTERESTS, THE FIRM VIOLATED SECTION 206(4) OF THE ADVISERS ACT AND RULE 206(4)-7 THEREUNDER.
8. Current Status? ☐ Pending ☐ On Appeal ☒ Final

9. If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:
Order
11. Resolution Date (MM/DD/YYYY):
03/08/2017 ☒ Exact ☐ Explanation
If not exact, provide explanation:

12. Resolution Detail:
- A. Were any of the following Sanctions *Ordered* (check all appropriate items)?
- | | |
|---|---|
| ☒ Monetary/Fine Amount: \$ 300,000.00 | ☒ Disgorgement/Restitution |
| ☐ Revocation/Expulsion/Denial | ☒ Cease and Desist/Injunction |
| ☒ Censure | ☐ Suspension |
| ☐ Bar | |
- B. Other Sanctions *Ordered*:
THE FIRM FURTHER AGREED TO COMPLY WITH THE FOLLOWING UNDERTAKINGS: THE FIRM WILL PROVIDE A COPY OF THE ORDER TO EACH OF THE FIRM'S EXISTING ADVISORY CLIENTS WITHIN FORTY-FIVE DAYS OF THE ENTRY OF THE ORDER AND FURTHER COMPLY WITH ALL DISCLOSURE OBLIGATIONS CONCERNING THE ORDER UNDER THE ADVISERS ACT. THE FIRM WILL CERTIFY ITS COMPLIANCE WITH THE PREVIOUS UNDERTAKING NO LATER THAN SIXTY DAYS FROM THE COMPLETION OF THE UNDERTAKING.
Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:
THE FIRM AGREED TO A CENSURE AND DISGORGEMENT OF \$2,621,324 AND PREJUDGMENT INTEREST OF \$174,629.78 AND A CIVIL MONETARY PENALTY OF \$300,000.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).
THE FIRM AGREED TO COMPLY WITH THE FOLLOWING UNDERTAKINGS: THE FIRM WILL PROVIDE A COPY OF THE ORDER TO EACH OF THE FIRM'S EXISTING ADVISORY CLIENTS WITHIN FORTY-FIVE DAYS OF THE ENTRY OF THE ORDER AND FURTHER COMPLY WITH ALL DISCLOSURE OBLIGATIONS CONCERNING THE ORDER UNDER THE ADVISERS ACT. THE FIRM WILL CERTIFY ITS COMPLIANCE WITH THE PREVIOUS UNDERTAKING NO LATER THAN SIXTY DAYS FROM THE COMPLETION OF THE UNDERTAKING.

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an

☐ INITIAL

OR

☒ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Regulatory Action

Check item(s) being responded to:

☐ 11.C(1)

☐ 11.C(2)

☐ 11.C(3)

☐ 11.C(4)

☐ 11.C(5)

☐ 11.D(1)

☒ 11.D(2)

☐ 11.D(3)

☒ 11.D(4)

☐ 11.D(5)

☐ 11.E(1)

☐ 11.E(2)

☐ 11.E(3)

☐ 11.E(4)

☐ 11.F.

☒ 11.G.

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

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one **DRP** to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate **DRP**.

PART I

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

☒ You (the advisory firm)

☐ You and one or more of your *advisory affiliates*

☐ One or more of your *advisory affiliates*

If this **DRP** is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV **DRP** - *ADVISORY AFFILIATE*

No Information Filed

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

☐ This **DRP** should be removed from the **ADV** record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a **DRP** for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a **DRP** for any event listed in Item 11 that occurred more than ten years ago.

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

B. If the *advisory affiliate* is registered through the *IARD* system or *CRD* system, has the *advisory affiliate* submitted a **DRP** (with Form **ADV**, **BD** or **U-4**) to the *IARD* or *CRD* for the event? If the answer is "Yes," no other information on this **DRP** must be provided.

☐ Yes

☒ No

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

PART II

1. Regulatory Action initiated by:

☐ SEC

☐ Other Federal

☒ State

☐ SRO

☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

CONNECTICUT

2. Principal Sanction:

Civil and Administrative Penalt(ies) /Fine(s)

Other Sanctions:

ORDER TO CEASE AND DESIST, ORDER TO MAKE RESTITUTION, NOTICE OF INTENT TO FINE AND NOTICE OF RIGHT TO HEARING ISSUED APRIL 23, 2018

3. Date Initiated (MM/DD/YYYY):

04/23/2018

☒ Exact

☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:
CRF-18-8430-S
5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):
VOYA FINANCIAL ADVISORS, INC.
6. Principal Product Type:
No Product
Other Product Types:
7. Describe the allegations related to this regulatory action (your response must fit within the space provided):
THE SECURITIES AND BUSINESS INVESTMENTS DIVISION OF THE CONNECTICUT DEPARTMENT OF BANKING ("DIVISION") ALLEGED THAT VOYA FINANCIAL ADVISORS, INC. ("FIRM") VIOLATED SECTION 36B-31-6(F) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES (THE "REGULATIONS") BY FAILING TO ENFORCE AND MAINTAIN A SYSTEM FOR SUPERVISING THE ACTIVITIES OF ITS AGENTS, INVESTMENT ADVISER AGENTS AND CONNECTICUT OFFICE OPERATIONS THAT WAS REASONABLY DESIGNED TO ACHIEVE COMPLIANCE WITH APPLICABLE SECURITIES LAWS AND REGULATIONS. THE ALLEGATIONS PERTAIN TO FORMER FIRM AGENT DALE QUESNEL'S ("QUESNEL") SALE OF UNREGISTERED SECURITIES TO INVESTORS IN CONNECTICUT AND OTHER STATES ("INVESTORS"). THE DIVISION FOUND, THROUGH A MARCH 3, 2016 ORDER AGAINST QUESNEL, THAT QUESNEL PARTICIPATED IN PRIVATE SECURITIES TRANSACTIONS WITHOUT PROVIDING PRIOR WRITTEN NOTICE TO THE FIRM.
8. Current Status? ☐ Pending ☐ On Appeal ☒ Final
9. If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:
Consent
11. Resolution Date (MM/DD/YYYY):
03/11/2019 ☒ Exact ☐ Explanation
If not exact, provide explanation:

12. Resolution Detail:
A. Were any of the following Sanctions *Ordered* (check all appropriate items)?

☒ Monetary/Fine Amount: \$ 100,000.00
☐ Revocation/Expulsion/Denial
☐ Censure
☐ Bar

☐ Disgorgement/Restitution
☒ Cease and Desist/Injunction
☐ Suspension
- B. Other Sanctions *Ordered*:

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:

1) AN ADMINISTRATIVE FINE, PAYABLE TO THE TREASURER OF THE STATE OF CONNECTICUT, OF \$100,000; 2) THE ESTABLISHMENT AND ADMINISTRATION OF A FUND (THE "FUND") TO REIMBURSE INVESTORS IN THE AMOUNT OF \$915,000, AND THE USE OF ALL REASONABLE EFFORTS TO CONFIRM THAT THE CONTACT AND ADDRESS INFORMATION FOR THE INVESTORS IS UP TO DATE; 3) NO LATER THAN THIRTY DAYS FROM THE ORDER, DISTRIBUTION OF A COPY OF THE ORDER AND A WRITTEN NOTICE, PREAPPROVED BY THE DIVISION DIRECTOR, TO INVESTORS STATING THAT THE INVESTOR OR ITS ESTATE IS ENTITLED TO A PAYMENT FROM THE FUND IF HE OR SHE RESPONDS TO THE FIRM WITHIN SIXTY DAYS AND PROVIDES DISTRIBUTION INSTRUCTIONS SUFFICIENT TO MAKE A PAYMENT, AND 4) NO LATER THAN NINETY DAYS FROM THE ORDER, DISBURSEMENT OF MONEY OWED FROM THE FUND, ACCORDING TO THE AMOUNTS IDENTIFIED BY THE DIVISION, TO THE INVESTORS THAT REPLIED, AND PROVIDE PROOF OF DISBURSEMENT TO THE DIVISION VIA A COPY OF THE CHECK OR WIRE TRANSFER TO EACH INVESTOR.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).
ON APRIL 23, 2018 THE CONNECTICUT DEPARTMENT OF BANKING, THROUGH THE SECURITIES AND BUSINESS INVESTMENTS DIVISION (THE "DIVISION"), ENTERED AN ORDER (THE "ORDER") TO CEASE AND DESIST, MAKE RESTITUTION, AND A NOTICE OF INTENT TO FINE AGAINST VOYA FINANCIAL ADVISORS, INC. ("VFA" OR THE "FIRM"). THE ORDER STATES THAT THE FIRM VIOLATED SECTION 36B-31-6F OF THE REGULATIONS UNDER THE CONNECTICUT UNIFORM SECURITIES ACT BY FAILING TO ESTABLISH, ENFORCE AND MAINTAIN A SYSTEM FOR SUPERVISING THE ACTIVITIES OF ITS AGENTS THAT WAS REASONABLY DESIGNED TO ACHIEVE COMPLIANCE WITH APPLICABLE SECURITIES LAWS AND REGULATIONS. ON MAY 3, 2018, THE FIRM REQUESTED A HEARING ON THE MATTERS ALLEGED IN THE ORDER. ON NOVEMBER 13, 2018 THE DIVISION, ENTERED AN AMENDED ORDER (THE "AMENDED ORDER") TO CEASE AND DESIST, MAKE RESTITUTION, AND A NOTICE OF INTENT TO FINE AGAINST VOYA FINANCIAL ADVISORS, INC. THE LEGAL ALLEGATIONS IN THE AMENDED ORDER REMAIN THE SAME AS THOSE IN THE ORIGINAL ORDER. THE FIRM ACKNOWLEDGED THE DIVISION'S ALLEGATIONS AGAINST IT AND, WITHOUT ADMITTING OR DENYING THEM, ENTERED INTO A CONSENT ORDER. THE FIRM AGREED TO THE SANCTIONS DESCRIBED IN SECTION 12(C), AND TO IMMEDIATELY NOTIFY THE DIVISION IF ANY INVESTOR CANNOT BE LOCATED AFTER A DILIGENT SEARCH, FAILS

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☐ INITIAL **OR** ☒ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Regulatory Action				
Check item(s) being responded to:				
☐ 11.C(1)	☒ 11.C(2)	☐ 11.C(3)	☒ 11.C(4)	☒ 11.C(5)
☐ 11.D(1)	☐ 11.D(2)	☐ 11.D(3)	☐ 11.D(4)	☐ 11.D(5)
☐ 11.E(1)	☐ 11.E(2)	☐ 11.E(3)	☐ 11.E(4)	
☐ 11.F.	☐ 11.G.			

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

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one *DRP* to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate *DRP*.

PART I

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

☒ You (the advisory firm)

☐ You and one or more of your *advisory affiliates*

☐ One or more of your *advisory affiliates*

If this *DRP* is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV *DRP* - ADVISORY AFFILIATE

No Information Filed

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

☐ This *DRP* should be removed from the *ADV* record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a *DRP* for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a *DRP* for any event listed in Item 11 that occurred more than ten years ago.

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

B. If the *advisory affiliate* is registered through the *IARD* system or *CRD* system, has the *advisory affiliate* submitted a *DRP* (with Form *ADV*, *BD* or *U-4*) to the *IARD* or *CRD* for the event? If the answer is "Yes," no other information on this *DRP* must be provided.

☐ Yes ☐ No

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

PART II

1. Regulatory Action initiated by:

☒ SEC ☐ Other Federal ☐ State ☐ SRO ☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

SECURITIES AND EXCHANGE COMMISSION

2. Principal Sanction:

Cease and Desist

Other Sanctions:

3. Date Initiated (MM/DD/YYYY):

09/26/2018 ☒ Exact ☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:
3-18840

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):

6. Principal Product Type:
No Product
Other Product Types:

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

SEC ADMIN RELEASE 34-84288; IA RELEASE 40-5048, SEPTEMBER 26, 2018: THE SECURITIES AND EXCHANGE COMMISSION (THE "COMMISSION") DEEMS IT APPROPRIATE AND IN THE PUBLIC INTEREST THAT PUBLIC ADMINISTRATIVE AND CEASE-AND-DESIST PROCEEDINGS BE INSTITUTED AGAINST VOYA FINANCIAL ADVISORS, INC. ("VFA" OR "RESPONDENT"). THE COMMISSION FINDS THAT THESE PROCEEDINGS ARISE OUT OF VFA'S FAILURE TO ADOPT WRITTEN POLICIES AND PROCEDURES REASONABLY DESIGNED TO PROTECT CUSTOMER RECORDS AND INFORMATION, IN VIOLATION OF RULE 30(A) OF REGULATION S-P (THE "SAFEGUARDS RULE"), AND VFA'S FAILURE TO DEVELOP AND IMPLEMENT A WRITTEN IDENTITY THEFT PREVENTION PROGRAM AS REQUIRED BY RULE 201 OF REGULATION S-ID (THE "IDENTITY THEFT RED FLAGS RULE"). FROM AT LEAST 2013 THROUGH OCTOBER 2017 (THE "RELEVANT PERIOD"), VFA GAVE ITS INDEPENDENT CONTRACTOR REPRESENTATIVES ("CONTRACTOR REPRESENTATIVES") ACCESS TO ITS BROKERAGE CUSTOMER AND ADVISORY CLIENT (HEREINAFTER, "CUSTOMER") INFORMATION THROUGH A PROPRIETARY WEB PORTAL. THROUGH THE PORTAL, THE CONTRACTOR REPRESENTATIVES ACCESSED THE PERSONALLY IDENTIFIABLE INFORMATION ("PII") OF VFA CUSTOMERS AND MANAGED THE CUSTOMERS' BROKERAGE ACCOUNTS. THE PORTAL WAS SERVICED AND MAINTAINED BY VFA'S PARENT COMPANY, VOYA FINANCIAL, INC. ("VOYA"). OVER SIX DAYS IN APRIL 2016, ONE OR MORE PERSONS IMPERSONATING VFA CONTRACTOR REPRESENTATIVES CALLED VFA'S TECHNICAL SUPPORT LINE AND REQUESTED A RESET OF THREE REPRESENTATIVES' PASSWORDS FOR THE WEB PORTAL USED TO ACCESS VFA CUSTOMER INFORMATION, IN TWO INSTANCES USING PHONE NUMBERS VOYA HAD PREVIOUSLY IDENTIFIED AS ASSOCIATED WITH PRIOR FRAUDULENT ACTIVITY. ALTHOUGH VFA TOOK CERTAIN STEPS TO RESPOND TO THE INTRUSION, THOSE STEPS DID NOT PREVENT THE INTRUDERS FROM OBTAINING PASSWORDS AND GAINING ACCESS TO VFA'S PORTAL BY IMPERSONATING TWO ADDITIONAL REPRESENTATIVES OVER THE NEXT SEVERAL DAYS. NOR DID VFA TERMINATE THE INTRUDERS' ACCESS TO THE THREE REPRESENTATIVES' ACCOUNTS DUE TO DEFICIENT CYBERSECURITY CONTROLS AND AN ERRONEOUS UNDERSTANDING OF THE OPERATION OF THE PORTAL. THE INTRUDERS USED THE VFA CONTRACTOR REPRESENTATIVES' USERNAMES AND PASSWORDS TO LOG IN TO THE PORTAL AND GAIN ACCESS TO PII FOR AT LEAST 5,600 OF VFA'S CUSTOMERS, AND SUBSEQUENTLY TO OBTAIN ACCOUNT DOCUMENTS CONTAINING PII OF AT LEAST ONE VOYA CUSTOMER. THE INTRUDERS ALSO USED CUSTOMER INFORMATION TO CREATE NEW VOYA.COM CUSTOMER PROFILES, WHICH GAVE THEM ACCESS TO PII AND ACCOUNT INFORMATION OF TWO ADDITIONAL CUSTOMERS. THERE HAVE BEEN NO KNOWN UNAUTHORIZED TRANSFERS OF FUNDS OR SECURITIES FROM VFA CUSTOMER ACCOUNTS AS A RESULT OF THE ATTACK. VFA VIOLATED THE SAFEGUARDS RULE BECAUSE ITS POLICIES AND PROCEDURES TO PROTECT CUSTOMER INFORMATION AND TO PREVENT AND RESPOND TO CYBERSECURITY INCIDENTS WERE NOT REASONABLY DESIGNED TO MEET THESE OBJECTIVES. AMONG OTHER THINGS, VFA'S POLICIES AND PROCEDURES WITH RESPECT TO RESETTING VFA CONTRACTOR REPRESENTATIVES' PASSWORDS, TERMINATING WEB SESSIONS IN ITS PROPRIETARY GATEWAY SYSTEM FOR VFA CONTRACTOR REPRESENTATIVES, IDENTIFYING HIGHER-RISK REPRESENTATIVES AND CUSTOMER ACCOUNTS FOR ADDITIONAL SECURITY MEASURES, AND CREATION AND ALTERATION OF VOYA.COM CUSTOMER PROFILES, WERE NOT REASONABLY DESIGNED. IN ADDITION, A NUMBER OF VFA'S CYBERSECURITY POLICIES AND PROCEDURES WERE NOT REASONABLY DESIGNED TO BE APPLIED TO ITS CONTRACTOR REPRESENTATIVES. ALTHOUGH VFA ADOPTED A WRITTEN IDENTITY THEFT PREVENTION PROGRAM IN 2009, VFA VIOLATED THE IDENTITY THEFT RED FLAGS RULE BECAUSE IT DID NOT REVIEW AND UPDATE THE IDENTITY THEFT PREVENTION PROGRAM IN RESPONSE TO CHANGES IN RISKS TO ITS CUSTOMERS OR PROVIDE ADEQUATE TRAINING TO ITS EMPLOYEES. IN ADDITION, THE IDENTITY THEFT PREVENTION PROGRAM DID NOT INCLUDE REASONABLE POLICIES AND PROCEDURES TO RESPOND TO IDENTITY THEFT RED FLAGS, SUCH AS THOSE THAT WERE DETECTED BY VFA DURING THE APRIL 2016 INTRUSION.

8. Current Status? ☐ Pending ☐ On Appeal ☒ Final

9. If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:
Order

11. Resolution Date (MM/DD/YYYY):
09/26/2018 ☒ Exact ☐ Explanation
If not exact, provide explanation:

12. Resolution Detail:

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

☒ Monetary/Fine Amount: \$ 1,000,000.00

☐ Revocation/Expulsion/Denial

☒ Censure

☐ Bar

☐ Disgorgement/Restitution

☒ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:
UNDERTAKINGS

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:
WITHOUT ADMITTING OR DENYING THE SEC'S FINDINGS, THE FIRM WAS CENSURED, FINED \$1,000,000 , ORDERED TO CEASE AND DESIST FROM COMMITTING OR CAUSING ANY VIOLATIONS AND ANY FUTURE VIOLATIONS OF RULE 30(A) OF REGULATION S-P (17 C.F.R.§248.30(A))AND OF RULE 201 OF REGULATION S-ID (17 C.F.R. § 248.201).

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).

THE FIRM CONSENTED TO THE ENTRY OF AN ORDER INSTITUTING ADMINISTRATIVE AND CEASE AND DESIST PROCEEDINGS ("ORDER"), A CENSURE, AND CIVIL MONEY PENALTY IN THE AMOUNT OF \$1,000,000. THE FIRM AGREED TO CEASE AND DESIST FROM COMMITTING OR CAUSING ANY VIOLATIONS OR FUTURE VIOLATIONS OF RULE 30(A) OR REGULATION S-P AND OF RULE 201 OF REGULATION S-ID. THE FIRM FURTHER AGREED TO COMPLY WITH THE FOLLOWING UNDERTAKINGS. THE FIRM SHALL RETAIN AN INDEPENDENT COMPLIANCE CONSULTANT ("CONSULTANT") TO CONDUCT A COMPREHENSIVE REVIEW OF THE FIRM'S POLICIES AND PROCEDURES FOR COMPLIANCE WITH REGULATION S-P AND REGULATION S-ID. THE FIRM WILL FULLY COOPERATE WITH THE CONSULTANT, AND REQUIRE THE CONSULTANT SUBMIT A WRITTEN INITIAL REPORT TO THE FIRM AND THE SEC WITHIN NINETY DAYS OF THIS ORDER. THE FIRM AGREES TO ADOPT THE RECOMMENDATIONS FROM THE INITIAL REPORT, SUBJECT TO ADOPTION OF ALTERNATIVE POLICIES, PROCEDURES, OR SYSTEMS, WITHIN 90 DAYS OF ITS ISSUANCE. THE CONSULTANT SHALL COMPLETE ITS REVIEW AND ISSUE A WRITTEN FINAL REPORT WITHIN NINE MONTHS OF THE ORDER, AND THE FIRM SHALL TAKE NECESSARY AND APPROPRIATE STEPS TO IMPLEMENT ALL RECOMMENDATIONS AND ALTERNATIVE POLICIES, PROCEDURES OR SYSTEMS. THE FIRM WILL CERTIFY ITS COMPLIANCE WITH EACH OF THE PREVIOUS UNDERTAKINGS. THE ORDER WAS EXECUTED ON SEPTEMBER 26, 2018.

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☐ INITIAL **OR** ☒ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Regulatory Action

Check item(s) being responded to:

- | | | | | |
|----------------------------------|---|----------------------------------|----------------------------------|----------------------------------|
| ☐ 11.C(1) | ☐ 11.C(2) | ☐ 11.C(3) | ☐ 11.C(4) | ☐ 11.C(5) |
| ☐ 11.D(1) | ☐ 11.D(2) | ☐ 11.D(3) | ☐ 11.D(4) | ☐ 11.D(5) |
| ☐ 11.E(1) | ☒ 11.E(2) | ☐ 11.E(3) | ☐ 11.E(4) | |
| ☐ 11.F. | ☐ 11.G. | | | |

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

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

PART I

- A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):
- ☒ You (the advisory firm)
 - ☐ You and one or more of your *advisory affiliates*
 - ☐ One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

No Information Filed

- ☐ This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- ☐ This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

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

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a *DRP* (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this *DRP* must be provided.

☐ Yes ☒ No

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

PART II

1. Regulatory Action initiated by:
☐ SEC ☐ Other Federal ☐ State ☒ SRO ☐ Foreign
(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)
THE FINANCIAL INDUSTRY REGULATORY AUTHORITY (FINRA)

2. Principal Sanction:
Restitution
Other Sanctions:

3. Date Initiated (MM/DD/YYYY):
04/23/2019 ☒ Exact ☐ Explanation
If not exact, provide explanation:

4. Docket/Case Number:
2016050231901

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):

6. Principal Product Type:
Mutual Fund(s)
Other Product Types:

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):
THE FINANCIAL INDUSTRY REGULATORY AUTHORITY (FINRA) ALLEGED THAT VOYA FINANCIAL ADVISORS, INC. (FIRM) DISADVANTAGED CERTAIN RETIREMENT PLAN AND CHARITABLE ORGANIZATION CUSTOMERS THAT WERE ELIGIBLE TO PURCHASE CLASS A SHARES IN CERTAIN MUTUAL FUNDS WITHOUT A FRONT-END SALES CHARGE (ELIGIBLE CUSTOMERS) BETWEEN JANUARY 1, 2009 AND MAY 26, 2016. ELIGIBLE CUSTOMERS WERE INSTEAD SOLD CLASS A SHARES WITH A FRONT-END SALES CHARGE OR CLASS B OR C SHARES WITH BACK-END SALES CHARGES AND HIGHER ONGOING FEES AND EXPENSES. FINRA ALSO ALLEGED THAT DURING THIS PERIOD THE FIRM FAILED TO REASONABLY SUPERVISE THE APPLICATION OF SALES CHARGE WAIVERS TO MUTUAL FUNDS TRANSACTIONS BY ELIGIBLE CUSTOMERS, FAILED TO MAINTAIN WRITTEN SUPERVISORY PROCEDURES REASONABLY DESIGNED TO ASSIST FINANCIAL ADVISORS IN DETERMINING WHETHER A CUSTOMER WAS ELIGIBLE FOR A SALES CHARGE WAIVER, AND FAILED TO NOTIFY AND TRAIN ITS FINANCIAL ADVISORS REGARDING THE AVAILABILITY OF MUTUAL FUND SALES CHARGE WAIVERS FOR ELIGIBLE CUSTOMERS. FINRA ALLEGED THAT THESE SUPERVISORY VIOLATIONS RESULTED IN THE FIRM VIOLATING NASD CONDUCT RULE 3010 (FOR VIOLATIONS BEFORE DECEMBER 1, 2014), AND FINRA RULE 3110 (FOR VIOLATIONS AFTER DECEMBER 1, 2014, AND FINRA RULE 2010.

8. Current Status? ☐ Pending ☐ On Appeal ☒ Final

9. If on appeal, regulatory action appealed to (SEC, *SRO*, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:
Acceptance, Waiver & Consent(AWC)

11. Resolution Date (MM/DD/YYYY):
04/23/2019 ☒ Exact ☐ Explanation
If not exact, provide explanation:

12. Resolution Detail:
A. Were any of the following Sanctions *Ordered* (check all appropriate items)?

☐ Monetary/Fine Amount: \$
☐ Revocation/Expulsion/Denial
☒ Censure
☐ Bar

☒ Disgorgement/Restitution
☐ Cease and Desist/Injunction
☐ Suspension

B. Other Sanctions *Ordered*:

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal,

Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:
THE FIRM CONSENTED TO THE ENTRY OF A CENSURE, AND AGREED TO PROVIDE REMEDIATION TO ELIGIBLE CUSTOMERS WHO QUALIFIED FOR, BUT DID NOT RECEIVE, THE APPLICABLE MUTUAL FUND SALES-CHARGE WAIVER.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).

WITHOUT ADMITTING OR DENYING THESE FINDINGS, THE FIRM ENTERED INTO A LETTER OF ACCEPTANCE, WAIVER AND CONSENT (AWC) WITH FINRA. THE FIRM FURTHER AGREED TO PROVIDE FINRA WITH I) A SCHEDULE OF ELIGIBLE CUSTOMERS IDENTIFIED FOR REMEDIATION, AND A DETAILED PLAN TO REMEDIATE ELIGIBLE CUSTOMERS BASED ON SPECIFIC DETAILS WITHIN 60 DAYS OF THE AWC'S ACCEPTANCE, AND II) A SATISFACTORY PROOF OF PAYMENT OF RESTITUTION TO ELIGIBLE CUSTOMERS BY A REGISTERED PRINCIPAL OF THE FIRM NO LATER THAN 180 DAYS FROM THE AWC'S ACCEPTANCE. THE FIRM ESTIMATES THAT ELIGIBLE CUSTOMERS WERE OVERCHARGED BY \$125,982. FINRA ACCEPTED THE AWC ON 4/23/2019.

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☐ INITIAL **OR** ☒ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Regulatory Action

Check item(s) being responded to:

☐ 11.C(1)	☐ 11.C(2)	☐ 11.C(3)	☐ 11.C(4)	☐ 11.C(5)
☐ 11.D(1)	☐ 11.D(2)	☐ 11.D(3)	☐ 11.D(4)	☐ 11.D(5)
☐ 11.E(1)	☒ 11.E(2)	☐ 11.E(3)	☐ 11.E(4)	
☐ 11.F.	☐ 11.G.			

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

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

PART I

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

☒ You (the advisory firm)

☐ You and one or more of your *advisory affiliates*

☐ One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

No Information Filed

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

☐ This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

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

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

☐ Yes ☐ No

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

PART II

1. Regulatory Action initiated by:

☐ SEC

☐ Other Federal

☐ State

☒ SRO

☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

THE FINANCIAL INDUSTRY REGULATORY AUTHORITY (FINRA)

2. Principal Sanction:

Civil and Administrative Penalt(ies) /Fine(s)

Other Sanctions:

CENSURE

3. Date Initiated (MM/DD/YYYY):

01/25/2024 ☒ Exact ☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:

NO. 2020065474001

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):

6. Principal Product Type:

Insurance

Other Product Types:

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

THE FINANCIAL INDUSTRY REGULATORY AUTHORITY (FINRA) ALLEGED THAT BETWEEN MARCH 2018 AND SEPTEMBER 2019, VOYA FINANCIAL ADVISORS, INC. (FIRM) PAID APPROXIMATELY \$2.9 MILION TO AN UNREGISTERED ENTTIY IN CONNECTION WITH THE SALE OF VARIABLE UNIVERSAL LIFE INSURANCE (VUL), A SECURITIES PRODUCT. THE FIRM AND THE UNREGISTERED ENTITY WERE PARTIES TO A VARIABLE MARKETING AGREEMENT, WHICH PROVIDED THAT THE UNREGISTERED ENTITY WOULD PROVIDE A VARIETY OF SERVICES TO FACILITATE VUL SALES, INCLUDING DISTRIBUTING SALES MATERIALS AND ASSISTING WITH SALES PROMOTIONAL ACTIVITIES. FINRA ALLEGED THAT THESE PAYMENTS RESULTED IN THE FIRM VIOLATING FINRA RULE 2040 AND FINRA RULE 2010.

8. Current Status?

☐ Pending

☐ On Appeal

☒ Final

9. If on appeal, regulatory action appealed to (SEC, *SRO*, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:

Acceptance, Waiver & Consent(AWC)

11. Resolution Date (MM/DD/YYYY):

01/30/2024 ☒ Exact ☐ Explanation

If not exact, provide explanation:

12. Resolution Detail:

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

☒ Monetary/Fine Amount: \$ 500,000.00

☐ Revocation/Expulsion/Denial

☒ Censure

☐ Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:

THE FIRM CONSENTED TO THE ENTRY OF A CENSURE AND TO PAY A FINE IN THE AMOUNT OF \$500,000. THE FIRM PAID THIS FINE ON 1/30/2024.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).

WITHOUT ADMITTING OR DENYING THESE FINDINGS, THE FIRM ENTERED INTO A LETTER OF ACCEPTANCE, WAIVER AND CONSENT (AWC) WITH FINRA. THE FIRM FURTHER AGREED TO PAY THE MONETORY SANCTION OF \$500,000 AT THE TIME THE AWC WAS ACCEPTED. FINRA ACCEPTED THE AWC ON JANUARY 25, 2024.

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☐ INITIAL **OR** ☒ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Regulatory Action

Check item(s) being responded to:

- ☐ 11.C(1)
- ☐ 11.C(2)
- ☐ 11.C(3)
- ☐ 11.C(4)
- ☐ 11.C(5)
- ☒ 11.D(1)
- ☐ 11.D(2)
- ☐ 11.D(3)
- ☐ 11.D(4)
- ☐ 11.D(5)
- ☐ 11.E(1)
- ☐ 11.E(2)
- ☐ 11.E(3)
- ☐ 11.E(4)
- ☐ 11.F.
- ☐ 11.G.

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

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

PART I

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

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

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

No Information Filed

- ☐ This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- ☐ This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

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

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

- ☐ Yes
- ☐ No

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

PART II

1. Regulatory Action initiated by:

- ☐ SEC
- ☐ Other Federal
- ☒ State
- ☐ SRO
- ☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

OHIO DEPARTMENT OF INSURANCE

2. Principal Sanction:

Civil and Administrative Penalt(ies) /Fine(s)

Other Sanctions:

3. Date Initiated (MM/DD/YYYY):

04/18/2016 ☒ Exact ☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:
5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):
6. Principal Product Type:

No Product

Other Product Types:
7. Describe the allegations related to this regulatory action (your response must fit within the space provided):

THE OHIO DEPARTMENT OF INSURANCE ALLEGED THAT THE FIRM VIOLATED OHIO REVISED CODE § 3905.22(A) BY FAILING TO TIMELY REPORT A REGULATORY ACTION, TAKEN BY FINRA ON JULY 20, 2015, FINING THE FIRM \$325,000 AND ORDERING PAYMENT OF RESTITUTION IN THE AMOUNT OF \$41,856.20 (THE "REGULATORY ACTION"). BY FAILING TO REPORT THE REGULATORY ACTION, THE FIRM ALSO VIOLATED OHIO REVISED CODE § 3905.14(B) (1) BY PROVIDING AN INCORRECT ANSWER ON THE FIRM'S LICENSE RENEWAL PAPERWORK. ON AUGUST 21, 2015 THE FIRM MARKED "NO" WHEN ASKED IF IT HAD BEEN INVOLVED IN AN ADMINISTRATIVE ACTION THAT HAD NOT BEEN PREVIOUSLY REPORTED TO THE DEPARTMENT. THE FIRM ADMITTED THAT THE AFOREMENTIONED ALLEGATIONS ARE TRUE AND ACCURATE AND THAT THE STATUTES CITED WERE VIOLATED. THE FIRM PAID A CIVIL PENALTY OF \$400.00 AND ADMINISTRATIVE COSTS OF \$100.00."
8. Current Status? ☐ Pending ☐ On Appeal ☒ Final
9. If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:

Consent
11. Resolution Date (MM/DD/YYYY):

04/18/2016 ☒ Exact ☐ Explanation

If not exact, provide explanation:
12. Resolution Detail:

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

☒ Monetary/Fine Amount: \$ 400.00

☐ Revocation/Expulsion/Denial

☐ Censure

☐ Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:

THE FIRM PAID A CIVIL PENALTY OF \$400.00 AND ADMINISTRATIVE COSTS OF \$100.00.
13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).

THE OHIO DEPARTMENT OF INSURANCE ALLEGED THAT THE FIRM VIOLATED OHIO REVISED CODE § 3905.22(A) BY FAILING TO TIMELY REPORT A REGULATORY ACTION, TAKEN BY FINRA ON JULY 20, 2015, FINING THE FIRM \$325,000 AND ORDERING PAYMENT OF RESTITUTION IN THE AMOUNT OF \$41,856.20 (THE "REGULATORY ACTION"). BY FAILING TO REPORT THE REGULATORY ACTION, THE FIRM ALSO VIOLATED OHIO REVISED CODE § 3905.14(B) (1) BY PROVIDING AN INCORRECT ANSWER ON THE FIRM'S LICENSE RENEWAL PAPERWORK. ON AUGUST 21, 2015 THE FIRM MARKED "NO" WHEN ASKED IF IT HAD BEEN INVOLVED IN AN ADMINISTRATIVE ACTION THAT HAD NOT BEEN PREVIOUSLY REPORTED TO THE DEPARTMENT. THE FIRM ADMITTED THAT THE AFOREMENTIONED ALLEGATIONS ARE TRUE AND ACCURATE AND THAT THE STATUTES CITED WERE VIOLATED. THE FIRM PAID A CIVIL PENALTY OF \$400.00 AND ADMINISTRATIVE COSTS OF \$100.00."

- ☐ 11.D(1)
- ☒ 11.D(2)
- ☐ 11.D(3)
- ☒ 11.D(4)
- ☐ 11.D(5)
- ☐ 11.E(1)
- ☐ 11.E(2)
- ☐ 11.E(3)
- ☐ 11.E(4)
- ☐ 11.F.
- ☐ 11.G.

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

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

PART I

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

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

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

No Information Filed

- ☐ This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- ☐ This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

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

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

- ☐ Yes
- ☐ No

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

PART II

1. Regulatory Action initiated by:

- ☐ SEC
- ☐ Other Federal
- ☒ State
- ☐ SRO
- ☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE SECRETARY OF THE COMMONWEALTH SECURITIES DIVISION

2. Principal Sanction:

Censure

Other Sanctions:

CEASE AND DESIST ADMINISTRATIVE FINE

3. Date Initiated (MM/DD/YYYY):

06/22/2016 ☒ Exact ☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:

E-2016-0020

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):

6. Principal Product Type:

Direct Investment(s) - DPP & LP Interest(s)

Other Product Types:

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

THE COMMONWEALTH OF MASSACHUSETTS SECURITIES DIVISION (THE "DIVISION") ALLEGED THAT THE FIRM VIOLATED SECTION 204(A)(2)(J) OF THE MASSACHUSETTS UNIFORM SECURITIES ACT BY FAILING TO INCLUDE SPECIFIC POLICIES REGARDING VOTING SHAREHOLDER PROXIES IN ITS WRITTEN SUPERVISORY PROCEDURES OR OTHER MANUALS.
8. Current Status? ☐ Pending ☐ On Appeal ☒ Final
9. If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:
Consent
11. Resolution Date (MM/DD/YYYY):
07/01/2016 ☒ Exact ☐ Explanation
If not exact, provide explanation:

12. Resolution Detail:
A. Were any of the following Sanctions *Ordered* (check all appropriate items)?

☒ Monetary/Fine Amount: \$ 100,000.00
☐ Revocation/Expulsion/Denial
☒ Censure
☐ Bar

☐ Disgorgement/Restitution
☒ Cease and Desist/Injunction
☐ Suspension
- B. Other Sanctions *Ordered*:

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:
THE COMMONWEALTH OF MASSACHUSETTS SECURITIES DIVISION (THE "DIVISION") ALLEGED THAT THE FIRM VIOLATED SECTION 204(A)(2)(J) OF THE MASSACHUSETTS UNIFORM SECURITIES ACT BY FAILING TO INCLUDE SPECIFIC POLICIES REGARDING VOTING SHAREHOLDER PROXIES IN ITS WRITTEN SUPERVISORY PROCEDURES OR OTHER MANUALS. THE DIVISION FOUND THAT TWO FIRM REPRESENTATIVES VOTED SHAREHOLDER PROXIES ON BEHALF OF CUSTOMERS DESPITE VFA'S POSITION THAT IT DOES NOT PERMIT REGISTERED REPRESENTATIVES TO VOTE SHAREHOLDER PROXIES ON BEHALF OF CUSTOMERS. VFA ENTERED INTO A CONSENT ORDER WITH THE DIVISION ON JUNE 22, 2016. VFA ADMITTED THE DIVISION'S STATEMENT OF FACTS BUT NEITHER ADMITTED NOR DENIED THE VIOLATIONS OF LAW CONTAINED THEREIN. VFA WAS CENSURED AND PAID AN ADMINISTRATIVE FINE OF \$100,000.00 TO THE COMMONWEALTH OF MASSACHUSETTS. VFA WAS ALSO REQUIRED TO CERTIFY THAT IT HAD REVIEWED ITS WRITTEN SUPERVISORY POLICIES AND PROCEDURES WITH RESPECT TO BROKER-DEALER REPRESENTATIVE PROXY VOTING. VFA AGREED TO REPORT TO THE DIVISION WITHIN THIRTY (30) DAYS OF THE CONSENT ORDER REGARDING THE STEPS TAKEN BY VFA DURING ITS REVIEW, ALONG WITH CONCLUSIONS AND RECOMMENDATIONS RESULTING FROM THE REVIEW.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☒ INITIAL **OR** ☐ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Regulatory Action

Check item(s) being responded to:

☐ 11.C(1)☐ 11.D(1)☐ 11.E(1)☐ 11.F.

☐ 11.C(2)☐ 11.D(2)☒ 11.E(2)☐ 11.G.

☐ 11.C(3)☐ 11.D(3)☐ 11.E(3)

☐ 11.C(4)☐ 11.D(4)☐ 11.E(4)

☐ 11.C(5)☐ 11.D(5)

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

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one **DRP** to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate **DRP**.

PART I

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

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

If this *DRP* is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV *DRP* - ADVISORY AFFILIATE

No Information Filed

- ☐ This *DRP* should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- ☐ This *DRP* should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a *DRP* for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a *DRP* for any event listed in Item 11 that occurred more than ten years ago.

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

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a *DRP* (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this *DRP* must be provided.

- ☐ Yes
- ☐ No

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

PART II

1. Regulatory Action initiated by:

- ☐ SEC
- ☐ Other Federal
- ☐ State
- ☒ SRO
- ☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

THE FINANCIAL INDUSTRY REGULATORY AUTHORITY (FINRA)

2. Principal Sanction:

Civil and Administrative Penalt(ies) /Fine(s)

Other Sanctions:

CENSURE, RESTITUTION.

3. Date Initiated (MM/DD/YYYY):

11/02/2016 ☒ Exact ☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:

2014039172901

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):

6. Principal Product Type:

Annuity(ies) - Variable

Other Product Types:

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

THE FINANCIAL INDUSTRY REGULATORY AUTHORITY (FINRA) ALLEGED THAT VOYA FINANCIAL ADVISORS, INC. (FIRM) FAILED TO (A) IMPLEMENT A SUPERVISORY SYSTEM AND PROCEDURES DESIGNED TO REASONABLY ENSURE SUITABILITY OF ITS MULTI-SHARE CLASS VARIABLE ANNUITIES SOLD TO CUSTOMERS, (B) IDENTIFY AND INVESTIGATE RED FLAGS IN VARIABLE ANNUITY SALES, (C) SUPERVISE VARIABLE ANNUITY SALES, AND (D) IMPLEMENT AN ADEQUATE SUPERVISORY SYSTEM AND PROCEDURES FOR VARIABLE ANNUITY EXCHANGE TRANSACTIONS. THE FIRM'S FAILURES INCLUDED, BUT WERE NOT LIMITED TO SUPERVISION AND OVERSIGHT, AND THE MAINTENANCE OF POLICIES AND PROCEDURES REGARDING THE SALE OF L-SHARE VARIABLE ANNUITIES WITH LONG-TERM INCOME RIDERS AND NO PERSISTENCY CREDITS TO INVESTORS WITH LONG-TERM TIME HORIZONS.

8. Current Status?

- ☐ Pending
- ☐ On Appeal
- ☒ Final

9. If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:

Acceptance, Waiver & Consent(AWC)

11. Resolution Date (MM/DD/YYYY):

11/02/2016 ☒ Exact ☐ Explanation

If not exact, provide explanation:

12. Resolution Detail:

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

☒ Monetary/Fine Amount: \$ 2,750,000.00

☐ Revocation/Expulsion/Denial

☒ Censure

☐ Bar

☒ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:

UNDERTAKING

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:

WITHOUT ADMITTING OR DENYING FINRA'S FINDINGS, THE FIRM ACCEPTED AND CONSENTED TO THE ENTRY OF FINDINGS AND THE SANCTIONS DESCRIBED BELOW BY AGREEING TO A LETTER OF ACCEPTANCE, WAIVER AND CONSENT (AWC) THAT WAS ACCEPTED BY FINRA ON NOVEMBER 2, 2016. THE AWC INCLUDED A FIRM CENSURE AND FINE IN THE AMOUNT OF \$2,750,000. THE FIRM AGREED TO PAY RESTITUTION TO CUSTOMERS IN ACCORDANCE WITH A PLAN NOT UNACCEPTABLE TO FINRA IN AN AMOUNT THAT WILL TOTAL NOT LESS THAN \$1,800,000. THE FIRM ADDITIONALLY AGREED TO REVIEW AND REVISE, AS NECESSARY, ITS SYSTEMS, POLICIES AND PROCEDURES AND TRAINING WITH RESPECT TO MULTI-SHARE CLASS VARIABLE ANNUITY SALES. THE FIRM WILL CERTIFY TO FINRA THAT IT HAS ESTABLISHED POLICIES AND PROCEDURES THAT ARE REASONABLY DESIGNED TO ACHIEVE COMPLIANCE WITH APPLICABLE FINRA AND NASD RULES.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☒ INITIAL **OR** ☐ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Regulatory Action

Check item(s) being responded to:

☐ 11.C(1)

☐ 11.C(2)

☐ 11.C(3)

☐ 11.C(4)

☐ 11.C(5)

☐ 11.D(1)

☐ 11.D(2)

☐ 11.D(3)

☐ 11.D(4)

☐ 11.D(5)

☐ 11.E(1)

☒ 11.E(2)

☐ 11.E(3)

☐ 11.E(4)

☐ 11.F.

☐ 11.G.

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

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

PART I

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

☒ You (the advisory firm)

☐ You and one or more of your *advisory affiliates*

☐ One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a CRD number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

No Information Filed

- ☐ This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- ☐ This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

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

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

- ☐ Yes
- ☐ No

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

PART II

1. Regulatory Action initiated by:

☐ SEC ☐ Other Federal ☐ State ☒ SRO ☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

THE FINANCIAL INDUSTRY REGULATORY AUTHORITY
2. Principal Sanction:

Censure

Other Sanctions:

FINE
3. Date Initiated (MM/DD/YYYY):

03/01/2017 ☒ Exact ☐ Explanation

If not exact, provide explanation:
4. Docket/Case Number:

20160487927-01
5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):
6. Principal Product Type:

No Product

Other Product Types:
7. Describe the allegations related to this regulatory action (your response must fit within the space provided):

THE FINANCIAL INDUSTRY REGULATORY AUTHORITY (FINRA) ALLEGED THAT VOYA FINANCIAL ADVISORS, INC. (FIRM) FAILED TO REPORT TO TRACE 100 TRANSACTIONS IN TRACE AGENCY/SECURITIZED PRODUCTS (SP) WITHIN THE TIME PERMITTED BY FINRA RULE 6730, CONSTITUTING 26.25 PERCENT OF THE TRANSACTIONS IN TRACE-ELIGIBLE SP (381) THAT THE FIRM REPORTED TO TRACE DURING THE FOURTH QUARTER OF 2015. THIS CONDUCT CONSTITUTED SEPARATE AND DISTINCT VIOLATIONS OF FINRA RULE 6730(A) AND A PATTERN OR PRACTICE OF LATE REPORTING WITHOUT EXCEPTIONAL CIRCUMSTANCES IN VIOLATION OF FINRA RULE 2010.
8. Current Status?

☐ Pending ☐ On Appeal ☒ Final
9. If on appeal, regulatory action appealed to (SEC, *SRO*, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:

Acceptance, Waiver & Consent(AWC)
11. Resolution Date (MM/DD/YYYY):

03/01/2017 ☒ Exact ☐ Explanation

If not exact, provide explanation:

12. Resolution Detail:

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

☒ Monetary/Fine Amount: \$ 7,500.00

☐ Revocation/Expulsion/Denial

☒ Censure

☐ Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:
WITHOUT ADMITTING OR DENYING FINRA'S FINDINGS, THE FIRM ACCEPTED AND CONSENTED TO THE DESCRIBED FINDINGS AND TO THE ENTRY OF A CENSURE AND FINE IN THE AMOUNT OF \$7,500 BY AGREEING TO A LETTER OF ACCEPTANCE, WAIVER AND CONSENT (AWC) WITH FINRA. FINRA ACCEPTED THE AWC ON MARCH 1, 2017.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☐ INITIAL **OR** ☒ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Regulatory Action

Check item(s) being responded to:

☐ 11.C(1)

☐ 11.C(2)

☐ 11.C(3)

☐ 11.C(4)

☐ 11.C(5)

☐ 11.D(1)

☒ 11.D(2)

☐ 11.D(3)

☒ 11.D(4)

☐ 11.D(5)

☐ 11.E(1)

☐ 11.E(2)

☐ 11.E(3)

☐ 11.E(4)

☐ 11.F.

☐ 11.G.

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

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one *DRP* to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate *DRP*.

PART I

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

☒ You (the advisory firm)

☐ You and one or more of your *advisory affiliates*

☐ One or more of your *advisory affiliates*

If this *DRP* is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV *DRP* - ADVISORY AFFILIATE

No Information Filed

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

☐ This *DRP* should be removed from the *ADV* record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a *DRP* for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a *DRP* for any event listed in Item 11 that occurred more than ten years ago.

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

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a *DRP* (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this *DRP* must be provided.

☐ Yes ☒ No

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

PART II

1. Regulatory Action initiated by:
☐ SEC ☐ Other Federal ☒ State ☐ SRO ☐ Foreign
(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)
MASSACHUSETTS SECURITIES DIVISION OF THE OFFICE OF THE SECRETARY OF THE COMMONWEALTH

2. Principal Sanction:
Cease and Desist
Other Sanctions:
UNDERTAKING, RESTITUTION, FINE

3. Date Initiated (MM/DD/YYYY):
01/27/2017 ☒ Exact ☐ Explanation
If not exact, provide explanation:

4. Docket/Case Number:
2017-0033

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):

6. Principal Product Type:
No Product
Other Product Types:

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):
THE COMMONWEALTH OF MASSACHUSETTS SECURITIES DIVISION ALLEGED THAT VOYA FINANCIAL ADVISORS, INC. ("FIRM") VIOLATED THE MASSACHUSETTS UNIFORM SECURITIES ACT, MASS. GEN. LAWS CH. 110A ("ACT"), BY FAILING TO REGISTER TWO (2) OF ITS INVESTMENT ADVISER REPRESENTATIVES WHO HAD A PLACE OF BUSINESS IN MASSACHUSETTS AND PROVIDED INVESTMENT ADVISORY SERVICES TO RESIDENTS OF THE COMMONWEALTH BETWEEN AUGUST 24, 2012 TO JANUARY 30, 2017 (THE "RELEVANT PERIOD").

8. Current Status? ☐ Pending ☐ On Appeal ☒ Final

9. If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:
Settled

11. Resolution Date (MM/DD/YYYY):
07/31/2017 ☒ Exact ☐ Explanation
If not exact, provide explanation:

12. Resolution Detail:

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

☒ Monetary/Fine Amount: \$ 75,000.00	☒ Disgorgement/Restitution
☐ Revocation/Expulsion/Denial	☒ Cease and Desist/Injunction
☐ Censure	☐ Suspension
☐ Bar	

B. Other Sanctions *Ordered*:

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:
THE FIRM AGREED TO PAY RESTITUTION OF ALL ASSET MANAGEMENT FEES PAID BY CLIENTS LOCATED IN THE COMMONWEALTH TO THE

REPRESENTATIVES IN QUESTION DURING THE RELEVANT PERIOD ("ELIGIBLE CLIENTS"), WHICH WAS DETERMINED TO AMOUNT TO \$10,936.47.
THE FIRM PAID A FINE OF \$75,000

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).

THE FIRM ADMITTED TO THE FACTS DESCRIBED BUT NEITHER ADMITTED NOR DENIED ANY VIOLATIONS OF LAW. THE FIRM CONSENTED TO THE ENTRY OF A CONSENT ORDER THAT FOUND THAT THE FIRM VIOLATED SECTIONS 201(C) AND 201(D) OF THE ACT. THE FIRM AGREED TO I.) CEASE AND DESIST FROM ANY VIOLATIONS OF SECTIONS 201(C) AND 201(D) OF THE ACT IN THE COMMONWEALTH, II.) REGISTER ITS INVESTMENT ADVISER REPRESENTATIVES IN THE COMMONWEALTH PRIOR TO THEM PROVIDING INVESTMENT ADVISORY SERVICES IN THE COMMONWEALTH, III.) REVIEW ITS WRITTEN SUPERVISORY POLICIES AND PROCEDURES WITH RESPECT TO, AND PROVIDE COMPLIANCE WITH SECTIONS 201(C) AND 201(D) OF THE ACT, IV.) PAY RESTITUTION OF ALL ASSET MANAGEMENT FEES PAID BY CLIENTS LOCATED IN THE COMMONWEALTH TO THE REPRESENTATIVES IN QUESTION DURING THE RELEVANT PERIOD ("ELIGIBLE CLIENTS"), WHICH WAS DETERMINED TO AMOUNT TO \$10,936.47, V.) MEMORIALIZE ITS RESTITUTION IN A LETTER ("RESTITUTION LETTER") TO EACH ELIGIBLE CLIENT WITHIN THIRTY (30) DAYS OF THE CONSENT ORDER, AND VI.) PROVIDE THE RESTITUTION LETTER TO THE DIVISION AT LEAST TEN (10) DAYS PRIOR TO THE SENDING OF THE RESTITUTION LETTER TO ELIGIBLE CLIENTS. THE FIRM FURTHER AGREED TO REIMBURSE THE ASSET MANAGEMENT FEES TO EACH ELIGIBLE CLIENT WITHIN FORTY-FIVE (45) DAYS OF THE CONSENT ORDER, AND SUBMIT TO THE DIVISION A REPORT DETAILING THE DISTRIBUTION OF ALL FUNDS TO ELIGIBLE CLIENTS WITHIN NINETY (90) DAYS OF THE CONSENT ORDER. THE FIRM PAID A FINE OF \$75,000

GENERAL INSTRUCTIONS

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Regulatory Action

Check item(s) being responded to:

☐ 11.C(1)	☒ 11.C(2)	☐ 11.C(3)	☒ 11.C(4)	☒ 11.C(5)
☐ 11.D(1)	☐ 11.D(2)	☐ 11.D(3)	☐ 11.D(4)	☐ 11.D(5)
☐ 11.E(1)	☐ 11.E(2)	☐ 11.E(3)	☐ 11.E(4)	
☐ 11.F.	☐ 11.G.			

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

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):
☒ You (the advisory firm)
☐ You and one or more of your *advisory affiliates*
☐ One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

No Information Filed

☐ This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
☐ This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

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

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.
☐ Yes ☒ No

PART II

1. Regulatory Action initiated by:

☒ SEC

☐ Other Federal

☐ State

☐ SRO

☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

SECURITIES AND EXCHANGE COMMISSION

2. Principal Sanction:

Cease and Desist

Other Sanctions:

CENSURE DISGORGEMENT RESTITUTION

3. Date Initiated (MM/DD/YYYY):

12/21/2020 ☒ Exact ☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:

3-20183

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):

VOYA FINANCIAL ADVISORS, INC.

6. Principal Product Type:

Mutual Fund(s)

Other Product Types:

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

VOYA FINANCIAL ADVISORS, INC. ("FIRM") HAS SUBMITTED AN OFFER OF SETTLEMENT THAT THE SECURITIES AND EXCHANGE COMMISSION ("SEC") HAS AGREED TO ACCEPT. THE FIRM AGREES, WITHOUT ADMITTING OR DENYING SUCH FINDINGS, THAT IT VIOLATED SECTIONS 206(2) AND 206(4) OF THE INVESTMENT ADVISERS ACT AND RULE 206(4)-7 THEREUNDER BY FAILING TO DISCLOSE CONFLICTS OF INTEREST ASSOCIATED WITH (A) THE FIRM'S MUTUAL FUND SHARE CLASS SELECTION PRACTICES AND THE FINANCIAL BENEFITS IT RECEIVED FOR ADVISING CLIENTS TO PURCHASE AND HOLD MUTUAL FUND SHARE CLASSES THAT CHARGED FEES PURSUANT TO INVESTMENT COMPANY ACT RULE 12B-1; (B) THE FIRM'S RECEIPT OF COMPENSATION IN CONNECTION WITH CERTAIN CASH SWEEP OPTIONS; AND (C) THE FIRM'S POLICY REQUIRING ADVISORY CLIENTS TO PAY AN UPFRONT BROKERAGE COMMISSION WHEN PURCHASING ILLIQUID ALTERNATIVE INVESTMENT PRODUCTS WHEN THE SAME INVESTMENT WAS AVAILABLE TO ADVISORY CLIENTS WITH THE BROKERAGE COMMISSIONS WAIVED.

8. Current Status?

☐ Pending

☐ On Appeal

☒ Final

9. If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:

Consent

11. Resolution Date (MM/DD/YYYY):

12/21/2020 ☒ Exact ☐ Explanation

If not exact, provide explanation:

12. Resolution Detail:

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

☒ Monetary/Fine Amount: \$ 9,000,000.00

☐ Revocation/Expulsion/Denial

☒ Censure

☐ Bar

☒ Disgorgement/Restitution

☒ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:

THE FIRM CONSENTED TO PAY DISGORGEMENT, PREJUDGMENT INTEREST, AND A CIVIL PENALTY TOTALING \$22,919,155

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).

WITHOUT ADMITTING OR DENYING THE SEC'S FINDINGS, AND SOLELY FOR THE PURPOSE OF SETTLING THIS PROCEEDING, THE FIRM CONSENTED TO THE ENTRY OF AN ORDER INSTITUTING ADMINISTRATIVE AND CEASE-AND-DESIST PROCEEDINGS (THE "ORDER"), A CENSURE, TO PAY TO AFFECTED INVESTORS DISGORGEMENT OF \$11,547,820 AND PREJUDGMENT INTEREST OF \$2,371,335, AND TO PAY A \$9 MILLION CIVIL MONETARY PENALTY. THE FIRM AGREED TO COMPLY WITH THE FOLLOWING UNDERTAKINGS: NOTIFY AFFECTED INVESTMENT ADVISORY CLIENTS WITHIN 30 DAYS OF THE ORDER, RETAIN AN INDEPENDENT COMPLIANCE CONSULTANT WITHIN 30 DAYS OF THE ORDER TO CONDUCT A REVIEW OF THE FIRM'S COMPENSATION RECEIPT AND DISCLOSURE PRACTICES WITH RESPECT TO ADVISORY CLIENT INVESTMENTS, AND ADOPT ALL OF RECOMMENDATIONS CONTAINED IN THE INDEPENDENT COMPLIANCE CONSULTANT'S REPORTS. THE FIRM WILL CERTIFY ITS COMPLIANCE WITH THE PREVIOUS UNDERTAKINGS NO LATER THAN SIXTY DAYS FROM THE COMPLETION OF THE UNDERTAKING. THE ORDER WAS EXECUTED ON DECEMBER 21, 2020.

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☒ INITIAL **OR** ☐ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Regulatory Action

Check item(s) being responded to:

- ☐ 11.C(1)
- ☐ 11.C(2)
- ☐ 11.C(3)
- ☐ 11.C(4)
- ☐ 11.C(5)
- ☐ 11.D(1)
- ☐ 11.D(2)
- ☐ 11.D(3)
- ☐ 11.D(4)
- ☐ 11.D(5)
- ☐ 11.E(1)
- ☒ 11.E(2)
- ☐ 11.E(3)
- ☐ 11.E(4)
- ☐ 11.F.
- ☐ 11.G.

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

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

PART I

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

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

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

No Information Filed

- ☐ This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- ☐ This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

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

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

- ☐ Yes
- ☐ No

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

PART II

1. Regulatory Action initiated by:

- ☐ SEC
- ☐ Other Federal
- ☐ State
- ☒ SRO
- ☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

2. Principal Sanction:
Civil and Administrative Penalt(ies) /Fine(s)
Other Sanctions:
CENSURE
3. Date Initiated (MM/DD/YYYY):
01/25/2024 ☒ Exact ☐ Explanation
If not exact, provide explanation:
4. Docket/Case Number:
NO. 2020065474001
5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):
6. Principal Product Type:
Insurance
Other Product Types:
7. Describe the allegations related to this regulatory action (your response must fit within the space provided):
THE FINANCIAL INDUSTRY REGULATORY AUTHORITY (FINRA) ALLEGED THAT BETWEEN MARCH 2018 AND SEPTEMBER 2019, VOYA FINANCIAL ADVISORS, INC. (FIRM) PAID APPROXIMATELY \$2.9 MILION TO AN UNREGISTERED ENTTIY IN CONNECTION WITH THE SALE OF VARIABLE UNIVERSAL LIFE INSURANCE (VUL), A SECURITIES PRODUCT. THE FIRM AND THE UNREGISTERED ENTITY WERE PARTIES TO A VARIABLE MARKETING AGREEMENT, WHICH PROVIDED THAT THE UNREGISTERED ENTITY WOULD PROVIDE A VARIETY OF SERVICES TO FACILITATE VUL SALES, INCLUDING DISTRIBUTING SALES MATERIALS AND ASSISTING WITH SALES PROMOTIONAL ACTIVITIES. FINRA ALLEGED THAT THESE PAYMENTS RESULTED IN THE FIRM VIOLATING FINRA RULE 2040 AND FINRA RULE 2010.
8. Current Status? ☐ Pending ☐ On Appeal ☒ Final
9. If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:
Acceptance, Waiver & Consent(AWC)
11. Resolution Date (MM/DD/YYYY):
01/30/2024 ☒ Exact ☐ Explanation
If not exact, provide explanation:
12. Resolution Detail:

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

☒ Monetary/Fine Amount: \$ 500,000.00
☐ Revocation/Expulsion/Denial
☒ Censure
☐ Bar

☐ Disgorgement/Restitution
☐ Cease and Desist/Injunction
☐ Suspension

B. Other Sanctions *Ordered*:

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:
THE FIRM CONSENTED TO THE ENTRY OF A CENSURE AND TO PAY A FINE IN THE AMOUNT OF \$500,000. THE FIRM PAID THIS FINE ON 1/30/2024.
13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).
WITHOUT ADMITTING OR DENYING THESE FINDINGS, THE FIRM ENTERED INTO A LETTER OF ACCEPTANCE, WAIVER AND CONSENT (AWC) WITH FINRA. THE FIRM FURTHER AGREED TO PAY THE MONETORY SANCTION OF \$500,000 AT THE TIME THE AWC WAS ACCEPTED. FINRA ACCEPTED THE AWC ON JANUARY 25, 2024.

Regulatory Action

Check item(s) being responded to:

☐ 11.C(1)	☐ 11.C(2)	☐ 11.C(3)	☐ 11.C(4)	☐ 11.C(5)
☐ 11.D(1)	☒ 11.D(2)	☐ 11.D(3)	☒ 11.D(4)	☐ 11.D(5)
☐ 11.E(1)	☐ 11.E(2)	☐ 11.E(3)	☐ 11.E(4)	
☐ 11.F.	☐ 11.G.			

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

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one **DRP** to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate **DRP**.

PART I

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

☒ You (the advisory firm)

☐ You and one or more of your *advisory affiliates*

☐ One or more of your *advisory affiliates*

If this **DRP** is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name). If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV **DRP** - ADVISORY AFFILIATE

No Information Filed

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

☐ This **DRP** should be removed from the **ADV** record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a **DRP** for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a **DRP** for any event listed in Item 11 that occurred more than ten years ago.

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

B. If the *advisory affiliate* is registered through the *IARD* system or *CRD* system, has the *advisory affiliate* submitted a **DRP** (with Form **ADV**, **BD** or **U-4**) to the *IARD* or *CRD* for the event? If the answer is "Yes," no other information on this **DRP** must be provided.

☐ Yes ☐ No

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

PART II

1. Regulatory Action initiated by:

☐ SEC ☐ Other Federal ☒ State ☐ SRO ☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

ARIZONA CORPORATION COMMISSION

2. Principal Sanction:

Civil and Administrative Penalt(ies) /Fine(s)

Other Sanctions:

3. Date Initiated (MM/DD/YYYY):

09/13/2024 ☒ Exact ☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:

S-21319A-24-0182

5. Advisory Affiliate Employing Firm when activity occurred which led to the regulatory action (if applicable):
6. Principal Product Type:

No Product

Other Product Types:
7. Describe the allegations related to this regulatory action (your response must fit within the space provided):

THE ARIZONA CORPORATION COMMISSION, SECURITIES DIVISION ALLEGED THAT VFA VIOLATED ARIZONA REVISED STATUTES SECTION 44-1961(A) (12) BY FAILING TO REASONABLY SUPERVISE ITS SALESMAN. THE SALESMAN, AN EMPLOYEE OF VFA, CONDUCTED BACK-OFFICE TRANSACTIONS IN SECURITIES ON BEHALF OF PORTFOLIO MANAGERS. IN 2019, THE EMPLOYEE MOVED FROM IOWA, WHERE HE MAINTAINED REGISTRATION AS A BROKER-DEALER AGENT AND INVESTMENT ADVISER REPRESENTATIVE, TO ARIZONA. THE EMPLOYEE NOTIFIED VFA WHEN HE MOVED TO ARIZONA, AND VFA UPDATED HIS ADDRESS BY FILING AN AMENDED FORM U-4. INADVERTENTLY AND CONTRARY TO VFA'S INTERNAL POLICIES, VFA FAILED TO SELECT ARIZONA AS AN ADDITIONAL JURISDICTION IN WHICH TO SEEK REGISTRATION. THE EMPLOYEE PERFORMED HIS JOB DUTIES AS A BACK-OFFICE TRADE PROCESSOR AND FACILITATED THE EXECUTION OF SECURITIES ORDERS WITHIN OR FROM ARIZONA FROM JUNE 2019 UNTIL MAY 2024.
8. Current Status?

Pending

On Appeal

Final
9. If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:

Consent
11. Resolution Date (MM/DD/YYYY):

09/13/2024

Exact

Explanation

If not exact, provide explanation:

12. Resolution Detail:

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

Monetary/Fine Amount: \$ 75,000.00

Revocation/Expulsion/Denial

Censure

Bar

Disgorgement/Restitution

Cease and Desist/Injunction

Suspension

B. Other Sanctions *Ordered*:

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:

ADMINISTRATIVE PENALTY OF \$75,000 PAID ON SEPTEMBER 16, 2024.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).
- CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (ADV)
- No Information Filed
- Part 2
- Exemption from brochure delivery requirements for SEC-registered advisers
- SEC rules exempt SEC-registered advisers from delivering a firm brochure to some kinds of clients. If these exemptions excuse you from delivering a brochure to *all* of your advisory clients, you do not have to prepare a brochure.
- Are you exempt from delivering a brochure to all of your clients under these rules?

Yes

No
- If no, complete the ADV Part 2 filing below.

Amend, retire or file new brochures:

Brochure ID	Brochure Name	Brochure Type(s)
382991	PART 2A OF FORM ADV: FIRM BROCHURE	Individuals, High net worth individuals, Pension plans/profit sharing plans, Foundations/charities, Financial Planning Services

Part 3			
CRS	Type(s)	Affiliate Info	Retire
☐	Dual		

Execution Pages

DOMESTIC INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial submission of Form ADV to the SEC and all amendments.

Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint the Secretary of State or other legally designated officer, of the state in which you maintain your *principal office and place of business* and any other state in which you are submitting a *notice filing*, as your agents to receive service, and agree that such *persons* may accept service on your behalf, of any notice, subpoena, summons, *order* instituting *proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding*, or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is *founded*, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of the state in which you maintain your *principal office and place of business* or of any state in which you are submitting a *notice filing*.

Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the investment adviser. The investment adviser 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 ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having *custody* or possession of these books and records to make them available to federal and state regulatory representatives.

Signature:
STEPHAN PAASCH

Date: MM/DD/YYYY
05/13/2026

Printed Name:
STEPHAN PAASCH

Title:
CHIEF COMPLIANCE OFFICER

Adviser CRD Number:
2882

NON-RESIDENT INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial submission of Form ADV to the SEC and all amendments.

1. Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint each of the Secretary of the SEC, and the Secretary of State or other legally designated officer, of any other state in which you are submitting a *notice filing*, as your agents to receive service, and agree that such persons may accept service on your behalf, of any notice, subpoena, summons, *order* instituting *proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding* or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is *founded*, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of any state in which you are submitting a *notice filing*.

2. Appointment and Consent: Effect on Partnerships

If you are organized as a partnership, this irrevocable power of attorney and consent to service of process will continue in effect if any partner withdraws from or is admitted to the partnership, provided that the admission or withdrawal does not create a new partnership. If the partnership dissolves, this irrevocable power of attorney and consent shall be in effect for any action brought against you or any of your former partners.

3. *Non-Resident* Investment Adviser Undertaking Regarding Books and Records

By signing this Form ADV, you also agree to provide, at your own expense, to the U.S. Securities and Exchange Commission at its principal office in Washington D.C., at any Regional or District Office of the Commission, or at any one of its offices in the United States, as specified by the Commission, correct, current, and complete copies of any or all records that you are required to maintain under Rule 204-2 under the Investment Advisers Act of 1940. This undertaking shall be binding upon you, your heirs, successors and assigns, and any *person* subject to your written irrevocable consents or powers of attorney or any of your general partners and *managing agents*.

Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the *non-resident* investment adviser. The investment adviser 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 ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having *custody* or possession of these books and records to make them available to federal and state regulatory representatives.

Signature:	Date: MM/DD/YYYY
Printed Name:	Title:
Adviser CRD Number:	
2882	