FORM ADV

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

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):
CIBC PRIVATE WEALTH ADVISORS, INC.

B. (1) Name under which you primarily conduct your advisory business, if different from Item 1.A.
CIBC PRIVATE WEALTH 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: **801-57986**
(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:
No Information Filed

E. (1) If you have a number ("*CRD* Number") assigned by the *FINRA's CRD* system or by the IARD system, your *CRD* number: **109644**

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:		Number and Street 2:	
181 WEST MADISON STREET		36TH FLOOR	
City:	State:	Country:	ZIP+4/Postal Code:
CHICAGO	Illinois	United States	60602

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:
8:30 A.M. TO 5:00 P.M.

(3) Telephone number at this location:
312-368-7700

(4) Facsimile number at this location, if any:
312-368-7750

(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?
16

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

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: ☐

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: Number and Street 2:
City: State: Country: ZIP+4/Postal Code:

	Yes	No
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)?	◉	○

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: Other titles, if any:
Telephone number: Facsimile number, if any:
Number and Street 1: Number and Street 2:
City: State: 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: Titles:
Telephone number: Facsimile number, if any:
Number and Street 1: Number and Street 2:
City: State: Country: ZIP+4/Postal Code:

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

	Yes	No
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*?	◉	○

If "yes," complete Section 1.L. of Schedule D.

	Yes	No
M. Are you registered with a *foreign financial regulatory authority*?	○	◉

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.

	Yes	No
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

List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.

Name: CIBC PRIVATE WEALTH MANAGEMENT

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	☐ Other:
☑ ID	☑ MT	☑ RI	

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:	
11 GREENWAY PLAZA		SUITE 2625	
City:	State:	Country:	ZIP+4/Postal Code:
HOUSTON	Texas	United States	77046

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

Telephone Number:	Facsimile Number, if any:
832-941-5760	832-308-3128

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:

How many *employees* perform investment advisory functions from this office location?
3

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:	
101 SECOND STREET		25TH FLOOR	
City:	State:	Country:	ZIP+4/Postal Code:
SAN FRANCISCO	California	United States	94105

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

Telephone Number:	Facsimile Number, if any:
415-276-2080	

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:

How many *employees* perform investment advisory functions from this office location?
9

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

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Number and Street 1:		Number and Street 2:	
520 NEWPORT CENTER DRIVE		SUITE 700	
City:	State:	Country:	ZIP+4/Postal Code:
NEWPORT BEACH	California	United States	92660

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

Telephone Number:	Facsimile Number, if any:
949-660-0080	949-720-0042

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:

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)
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☐ (7) Lawyer or law firm

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Number and Street 1:		Number and Street 2:	
2121 N. PEARL STREET		SUITE 1230	
City:	State:	Country:	ZIP+4/Postal Code:
DALLAS	Texas	United States	75201

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

Telephone Number: 214-743-8440

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:

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)
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☐ (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:	
301 SEA ISLAND ROAD		SUITE 16	
City:	State:	Country:	ZIP+4/Postal Code:
ST. SIMONS ISLAND	Georgia	United States	31522

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

Telephone Number: 312-422-1721

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:

How many *employees* perform investment advisory functions from this office location?
1

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

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Number and Street 1:		Number and Street 2:	
525 OKEECHOBEE BLVD		SUITE 1630	
City:	State:	Country:	ZIP+4/Postal Code:
WEST PALM BEACH	Florida	United States	33401

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

Telephone Number:	Facsimile Number, if any:
561-461-5150	844-238-1950

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:

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)

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☐ (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

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Number and Street 1:		Number and Street 2:	
1201 F STREET NW		SUITE 900	
City:	State:	Country:	ZIP+4/Postal Code:
WASHINGTON	District of Columbia	United States	20004

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

Telephone Number:	Facsimile Number, if any:
202-783-4144	202-727-5487

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:

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

9

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

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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: 100 SAINT PAUL STREET

Number and Street 2: SUITE 700

City: DENVER

State: Colorado

Country: United States

ZIP+4/Postal Code: 80206

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

Telephone Number: 720-221-5000

Facsimile Number, if any: 303-296-0111

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:

How many *employees* perform investment advisory functions from this office location?
15

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:

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Number and Street 1: 3290 NORTHSIDE PARKWAY NW

Number and Street 2: 7TH FLOOR

City: ATLANTA

State: Georgia

Country: United States

ZIP+4/Postal Code: 30327

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

Telephone Number: 404 881 3400

Facsimile Number, if any: 404 816-7143

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:

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:	
100 FEDERAL STREET		31ST FLOOR	
City:	State:	Country:	ZIP+4/Postal Code:
BOSTON	Massachusetts	United States	02110

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

Telephone Number:	Facsimile Number, if any:
617-357-9600	617-357-9602

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:

How many *employees* perform investment advisory functions from this office location?
58

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)
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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:	
111 CONGRESS AVE		SUITE 1830	
City:	State:	Country:	ZIP+4/Postal Code:
AUSTIN	Texas	United States	78701

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

Telephone Number:	Facsimile Number, if any:
512-651-7800	

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:

How many *employees* perform investment advisory functions from this office location?
2

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

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☐ (5) Registered municipal advisor
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Describe any other *investment-related* business activities conducted from this office location:

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Number and Street 1: 300 MADISON AVENUE		Number and Street 2: 7TH FLOOR	
City: NEW YORK	State: New York	Country: United States	ZIP+4/Postal Code: 10017

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

Telephone Number: 212-259-3800	Facsimile Number, if any: 212-259-3888

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:
190076

How many *employees* perform investment advisory functions from this office location?
15

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)
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Number and Street 1: 1401 S. BRENTWOOD BLVD		Number and Street 2: SUITE 200	
City: ST. LOUIS	State: Missouri	Country: United States	ZIP+4/Postal Code: 63144

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

Telephone Number: 314-301-2200

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:

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)
- [x] (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)
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- [ ] (6) Accountant or accounting firm
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Number and Street 1:		Number and Street 2:	
34901 WOODWARD AVENUE			
City:	State:	Country:	ZIP+4/Postal Code:
BIRMINGHAM	Michigan	United States	48009

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

Telephone Number: 2485664700

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:

How many *employees* perform investment advisory functions from this office location?
2

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

- [ ] (1) Broker-dealer (registered or unregistered)
- [x] (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:	
100 NORTH TAMPA STREET		SUITE 1645	
City:	State:	Country:	ZIP+4/Postal Code:
TAMPA	Florida	United States	33602

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

Telephone Number: 8134990205

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:

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: 743 NORTH WATER STREET

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
MILWAUKEE	Wisconsin	United States	53202

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

Telephone Number: 4142917100

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:

How many *employees* perform investment advisory functions from this office location?
2

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://VIMEO.COM/CIBCPRIVATEWEALTH

Address of Website/Account on Publicly Available Social Media Platform: HTTPS://WWW.INSTAGRAM.COM/CIBC_US/

Address of Website/Account on Publicly Available Social Media Platform: https://www.youtube.com/@cibcus8126

Address of Website/Account on Publicly Available Social Media Platform: HTTP://WWW.LINKEDIN.COM/COMPANY/CIBC_US

Address of Website/Account on Publicly Available Social Media Platform: HTTPS://PRIVATE-WEALTH.US.CIBC.COM

Address of Website/Account on Publicly Available Social Media Platform: HTTPS://WWW.FACEBOOK.COM/CIBCUS/

Address of Website/Account on Publicly Available Social Media Platform: https://threads.net/@cibc_us

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:
IRON MOUNTAIN

Number and Street 1:		Number and Street 2:	
35 COMMERCE DRIVE			
City:	State:	Country:	ZIP+4/Postal Code:
SOMERSET	New Jersey	United States	08873

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

Telephone Number: 800-934-3453
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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:		Number and Street 2:	
700 DISTRIBUTION DRIVE			
City:	State:	Country:	ZIP+4/Postal Code:
ATLANTA	Georgia	United States	30336

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

Telephone Number: 800-934-3453
Facsimile number, if any:

This is (check one):

- [ ] one of your branch offices or affiliates.
- [x] a third-party unaffiliated recordkeeper.
- [ ] other.

Briefly describe the books and records kept at this location.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:		Number and Street 2:	
1515 WASHINGTON STREET			
City:	State:	Country:	ZIP+4/Postal Code:
BRAINTREE	Massachusetts	United States	02184

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

Telephone Number:	Facsimile number, if any:
800-934-3453	

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

Briefly describe the books and records kept at this location.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

Name of entity where books and records are kept:
CIBC PRIVATE WEALTH MANAGEMENT

Number and Street 1:		Number and Street 2:	
100 FEDERAL STREET		37TH FLOOR	
City:	State:	Country:	ZIP+4/Postal Code:
BOSTON	Massachusetts	United States	02110

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

Telephone Number:	Facsimile number, if any:
617-357-9600	617-357-9602

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

Briefly describe the books and records kept at this location.
TRADING RECORDS AND RECORDS WHICH ARE REQUIRED IN ACCORDANCE WITH RULE 204 OF THE ADVISERS ACT

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

Number and Street 1:		Number and Street 2:	
600 DISTRIBUTION DRIVE			
City:	State:	Country:	ZIP+4/Postal Code:
ATLANTA	Georgia	United States	30336

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

Telephone Number: 8009343453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD

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

Number and Street 1: 26 SOUTH MIDDLESEX AVE

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
MONROE	New Jersey	United States	08831

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

Telephone Number: 800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

Name of entity where books and records are kept:
CIBC PRIVATE WEALTH MANAGEMENT

Number and Street 1: 101 SECOND STREET

Number and Street 2: 25TH FLOOR

City:	State:	Country:	ZIP+4/Postal Code:
SAN FRANCISCO	California	United States	94105

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

Telephone Number: 415-276-2080

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.
RECORDS WHICH ARE REQUIRED IN ACCORDANCE WITH RULE 204 OF THE ADVISERS ACT

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

Number and Street 1: 331 & 343 S. SWIFT ROAD

Number and Street 2:

City: ADDISON
State: Illinois
Country: United States
ZIP+4/Postal Code: 60101

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

Telephone Number: 8009343453
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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD

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

Number and Street 1: 811 ROUTE 33
Number and Street 2:
City: FREEHOLD
State: New Jersey
Country: United States
ZIP+4/Postal Code: 07728

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

Telephone Number: 900-934-3453
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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1: 20, 22, 30 KIMBERLY ROAD
Number and Street 2:
City: EAST BRUNSWICK
State: New Jersey
Country: United States
ZIP+4/Postal Code: 08816

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

Telephone Number: 800-934-3453
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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

Name of entity where books and records are kept:

IRON MOUNTAIN

Number and Street 1:
9B BRICK PLANT ROAD

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
SOUTH RIVER	New Jersey	United States	08882

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

Telephone Number:
800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:
844 N 44TH AVE

Number and Street 2:
SUITE 1

City:	State:	Country:	ZIP+4/Postal Code:
PHOENIX	Arizona	United States	85043

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

Telephone Number:
800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:
5249 GLENMONT DRIVE

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
HOUSTON	Texas	United States	77081

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

Telephone Number:
8009343453

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.

BOOKS AND RECORDS MORE THAN 2 YEARS OLD

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

Number and Street 1:
2625 W ROOSEVELT

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
CHICAGO	Illinois	United States	60608

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

Telephone Number:
8009343453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

Name of entity where books and records are kept:
CHICAGO RECORDS MANAGEMENT, INC.

Number and Street 1:
3815 CARNATION STREET

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
FRANKLIN PARK	Illinois	United States	60131

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

Telephone Number:
847-678-0002

Facsimile number, if any:
847-678-0065

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.
BACKUP COPIES OF INFORMATION STORED IN ELECTRONIC FORM.

Name of entity where books and records are kept:
PROOFPOINT INC

Number and Street 1:
925 W MAUDE AVE

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
SUNNYVALE	California	United States	94085

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

Telephone Number:
408-517-4710

Facsimile number, if any:

This is (check one):
- ○ one of your branch offices or affiliates.

- [x] a third-party unaffiliated recordkeeper.
- [ ] other.

Briefly describe the books and records kept at this location.
ELECTRONICALLY STORES EMAILS AND ASSOCIATED EMAIL REVIEW RECORDS.

Name of entity where books and records are kept:
VITAL RECORDS CONTROL

Number and Street 1:		Number and Street 2:	
2721 MICHELLE DRIVE			
City:	State:	Country:	ZIP+4/Postal Code:
TUSTIN	California	United States	92780

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

Telephone Number:	Facsimile number, if any:
714-731-5400	714-669-4245

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

Briefly describe the books and records kept at this location.
REQUIRED BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

Name of entity where books and records are kept:
CIBC PRIVATE WEALTH MANAGEMENT

Number and Street 1:		Number and Street 2:	
300 MADISON AVENUE		7TH FLOOR	
City:	State:	Country:	ZIP+4/Postal Code:
NEW YORK	New York	United States	10017

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

Telephone Number:	Facsimile number, if any:
212-259-3800	212-259-3888

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

Briefly describe the books and records kept at this location.
RECORDS WHICH ARE REQUIRED IN ACCORDANCE WITH RULE 204 OF THE ADVISERS ACT

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

Number and Street 1:		Number and Street 2:	
100 & 106 HARBOR DRIVE			
City:	State:	Country:	ZIP+4/Postal Code:
JERSEY CITY	New Jersey	United States	07305

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

Telephone Number: Facsimile number, if any:

8009343453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD

Name of entity where books and records are kept:
CIBC PRIVATE WEALTH MANAGEMENT

Number and Street 1:		Number and Street 2:	
111 CONGRESS AVE		SUITE 1830	
City:	State:	Country:	ZIP+4/Postal Code:
AUSTIN	Texas	United States	78701

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

Telephone Number:	Facsimile number, if any:
5126517800	

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.
RECORDS WHICH ARE REQUIRED IN ACCORDANCE WITH RULE 204 OF THE ADVISERS ACT

Name of entity where books and records are kept:
CIBC PRIVATE WEALTH MANAGEMENT

Number and Street 1:		Number and Street 2:	
11 GREENWAY PLAZA		SUITE 2625	
City:	State:	Country:	ZIP+4/Postal Code:
HOUSTON	Texas	United States	77046

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

Telephone Number:	Facsimile number, if any:
832-941-5760	

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.
RECORDS WHICH ARE REQUIRED IN ACCORDANCE WITH RULE 204 OF THE ADVISERS ACT

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

Number and Street 1:		Number and Street 2:	
2955 S 18TH PLACE			
City:	State:	Country:	ZIP+4/Postal Code:
PHOENIX	Arizona	United States	85034

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

Telephone Number: 800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1: 1171-1189 MAGNOLIA AVE

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
ELIZABETH	New Jersey	United States	07207

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

Telephone Number: 800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1: 107A WESTSIDE AVE

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
JERSEY CITY	New Jersey	United States	07305

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

Telephone Number: 800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

Name of entity where books and records are kept:
VERIDAY

Number and Street 1:
5580 EXPLORER DRIVE, SUITE 504

Number and Street 2:

City:
MISSISSAUGA, ONTARIO

State:

Country:
Canada

ZIP+4/Postal Code:
L4W 4Y1

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

Telephone Number:
8887062817

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.
CHANGES TO THE COMPANY'S WEBSITE

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

Number and Street 1:
2604 WEST 13TH STREET

Number and Street 2:

City:
CHICAGO

State:
Illinois

Country:
United States

ZIP+4/Postal Code:
60608

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

Telephone Number:
8009343453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

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:

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.
ELECTRONICALLY STORES EMPLOYEE PERSONAL TRADING RECORDS. THESE RECORDS INCLUDE BROKERAGE CONFIRMATIONS, EMPLOYEE HOLDINGS, EMPLOYEE TRANSACTIONS AND CERTIFICATIONS.

Name of entity where books and records are kept:
CIBC PRIVATE WEALTH MANAGEMENT

Number and Street 1:
100 SAINT PAUL STREET

Number and Street 2:
SUITE 2550

City:
DENVER

State:
Colorado

Country:
United States

ZIP+4/Postal Code:
80206

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

Telephone Number:
720 221 5000

Facsimile number, if any:
303 296 0111

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.
RECORDS WHICH ARE REQUIRED IN ACCORDANCE WITH RULE 204 OF THE ADVISERS ACT AND INVESTMENT RELATED RECORDS

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

Number and Street 1:
9 EMPIRE BOULEVARD

Number and Street 2:

City:
SOUTH HACKENSACK

State:
New Jersey

Country:
United States

ZIP+4/Postal Code:
07606

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

Telephone Number:
800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:
1301 S ROCKWELL ST

Number and Street 2:

City:
CHICAGO

State:
Illinois

Country:
United States

ZIP+4/Postal Code:
60608

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

Telephone Number:
800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:
2211 W PERSHING RD

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
CHICAGO	Illinois	United States	60609

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

Telephone Number:
800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:
11713 MISSOURI BOTTOM RD

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
HAZELWOOD	Missouri	United States	63042

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

Telephone Number:
800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:
11719 MISSOURI BOTTOM RD

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
HAZELWOOD	Missouri	United States	63042

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

Telephone Number:
800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:		Number and Street 2:	
15333 HEMPSTEAD RD			
City:	State:	Country:	ZIP+4/Postal Code:
HOUSTON	Texas	United States	77040

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

Telephone Number:	Facsimile number, if any:
800-934-3453	

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:		Number and Street 2:	
21063 FORBES ST			
City:	State:	Country:	ZIP+4/Postal Code:
HAYWARD	California	United States	94545

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

Telephone Number:	Facsimile number, if any:
800-934-3453	

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

Name of entity where books and records are kept:
CIBC PRIVATE WEALTH MANAGEMENT

Number and Street 1:		Number and Street 2:	
3290 NORTHSIDE PARKWAY		7TH FLOOR	
City:	State:	Country:	ZIP+4/Postal Code:
ATLANTA	Georgia	United States	30327

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

Telephone Number: 404-881-3400

Facsimile number, if any: 404-881-3401

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.
TRADING RECORDS AND RECORDS WHICH ARE REQUIRED IN ACCORDANCE WITH RULE 204 OF THE ADVISERS ACT

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

Number and Street 1:		Number and Street 2:	
2425 S HALSTED			
City:	State:	Country:	ZIP+4/Postal Code:
CHICAGO	Illinois	United States	60608

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

Telephone Number: 8009343453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:		Number and Street 2:	
4449 S 36TH STREET			
City:	State:	Country:	ZIP+4/Postal Code:
PHOENIX	Arizona	United States	85040

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

Telephone Number: 800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:

Number and Street 2:

4175 CHANDLER DR

City:	State:	Country:	ZIP+4/Postal Code:
HANOVER PARK	Illinois	United States	60133

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

Telephone Number: 800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1: 202 W 38TH STREET

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
HOUSTON	Texas	United States	77018

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

Telephone Number: 800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

Name of entity where books and records are kept:
CIBC PRIVATE WEALTH MANAGEMENT

Number and Street 1: 2121 N. PEARL STREET

Number and Street 2: SUITE 1230

City:	State:	Country:	ZIP+4/Postal Code:
DALLAS	Texas	United States	75201

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

Telephone Number: 2144593411

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.
RECORDS WHICH ARE REQUIRED IN ACCORDANCE WITH RULE 204 OF THE ADVISERS ACT

Name of entity where books and records are kept:
CIBC PRIVATE WEALTH MANAGEMENT

Number and Street 1:		Number and Street 2:	
525 OKEECHOBEE BLVD		SUITE 1630	
City:	State:	Country:	ZIP+4/Postal Code:
WEST PALM BEACH	Florida	United States	33401

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

Telephone Number:	Facsimile number, if any:
516-461-5150	844-238-1950

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.
RECORDS WHICH ARE REQUIRED IN ACCORDANCE WITH RULE 204 OF THE ADVISERS ACT

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

Number and Street 1:		Number and Street 2:	
694 BINNEWATER ROAD			
City:	State:	Country:	ZIP+4/Postal Code:
ROSENDALE	New York	United States	12472

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

Telephone Number:	Facsimile number, if any:
8009343453	

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

Name of entity where books and records are kept:
CIBC PRIVATE WEALTH MANAGEMENT

Number and Street 1:		Number and Street 2:	
1201 F STREETNW		SUITE 900	
City:	State:	Country:	ZIP+4/Postal Code:
WASHINGTON	District of Columbia	United States	20004

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

Telephone Number:	Facsimile number, if any:
2027834144	2027375487

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.
RECORDS WHICH ARE REQUIRED IN ACCORDANCE WITH RULE 204 OF THE ADVISERS ACT

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

Number and Street 1:		Number and Street 2:	
11333 E. 53RD AVENUE			
City:	State:	Country:	ZIP+4/Postal Code:
DENVER	Colorado	United States	80239

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

Telephone Number:	Facsimile number, if any:
8009343453	

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD

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

Number and Street 1:		Number and Street 2:	
341 ARI COURT			
City:	State:	Country:	ZIP+4/Postal Code:
ADDISON	Illinois	United States	60601

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

Telephone Number:	Facsimile number, if any:
8009343453	

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:		Number and Street 2:	
148 COOK STREET			
City:	State:	Country:	ZIP+4/Postal Code:
BILLERICA	Massachusetts	United States	01821

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

Telephone Number:	Facsimile number, if any:
800-934-3453	

This is (check one):

one of your branch offices or affiliates.

(selected) a third-party unaffiliated recordkeeper.

other.

Briefly describe the books and records kept at this location.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:		Number and Street 2:	
11 BRICK PLANT ROAD			
City:	State:	Country:	ZIP+4/Postal Code:
SOUTH RIVER	New Jersey	United States	08882

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

Telephone Number:	Facsimile number, if any:
800-934-3453	

This is (check one):

one of your branch offices or affiliates.

(selected) a third-party unaffiliated recordkeeper.

other.

Briefly describe the books and records kept at this location.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:		Number and Street 2:	
750 DISTRIBUTION DRIVE			
City:	State:	Country:	ZIP+4/Postal Code:
ALTANTA	Georgia	United States	30336

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

Telephone Number:	Facsimile number, if any:
800-934-3453	

This is (check one):

one of your branch offices or affiliates.

(selected) a third-party unaffiliated recordkeeper.

other.

Briefly describe the books and records kept at this location.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:		Number and Street 2:	
112 MELRICH ROAD			
City:	State:	Country:	ZIP+4/Postal Code:
CRANBURY	New Jersey	United States	08512

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

Telephone Number: 800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1: 5170 SOUTH 6TH STREET

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
MILWAUKEE	Wisconsin	United States	53221

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

Telephone Number: 800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1: 6301 WINCHESTER AVE

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
KANSAS CITY	Missouri	United States	64133

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

Telephone Number: 800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1: 4158 BOULDER RIDGE DRIVE

Number and Street 2:

City: ATLANTA | State: Georgia | Country: United States | ZIP+4/Postal Code: 30336

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

Telephone Number: 800-934-3453
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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:
660 DISTRIBUTION DRIVE

Number and Street 2:

City: ATLANTA | State: Georgia | Country: United States | ZIP+4/Postal Code: 30336

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

Telephone Number: 800-934-3453
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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:
5255 INTERNATIONAL DR

Number and Street 2:

City: CUDAHY | State: Wisconsin | Country: United States | ZIP+4/Postal Code: 53110

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

Telephone Number: 800-934-3453
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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

Name of entity where books and records are kept:

IRON MOUNTAIN

Number and Street 1: 3881 OLD GORDON ROAD

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
ATLANTA	Georgia	United States	30336

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

Telephone Number: 800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1: 17 HYDRO PLAND ROAD

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
MILTON	New Hampshire	United States	03851

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

Telephone Number: 800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1: 5319 TULANE DR SW

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
ATLANTA	Georgia	United States	30336

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

Telephone Number: 800-934-3453

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.

BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:		Number and Street 2:	
26A PARKWAY DRIVE			
City:	State:	Country:	ZIP+4/Postal Code:
SCARBOROUGH	Maine	United States	04074

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

Telephone Number:	Facsimile number, if any:
800-934-3453	

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:		Number and Street 2:	
96 HIGH STREET			
City:	State:	Country:	ZIP+4/Postal Code:
BILLERICA	Massachusetts	United States	01821

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

Telephone Number:	Facsimile number, if any:
800-934-3453	

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

Name of entity where books and records are kept:
CIBC PRIVATE WEALTH MANAGEMENT

Number and Street 1:		Number and Street 2:	
1401 S. BRENTWOOD BLVD			
City:	State:	Country:	ZIP+4/Postal Code:
ST. LOUIS	Missouri	United States	63144

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

Telephone Number:	Facsimile number, if any:
3143012200	

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.
RECORDS WHICH ARE REQUIRED IN ACCORDANCE WITH RULE 204 OF THE ADVISERS ACT

Name of entity where books and records are kept:
CIBC PRIVATE WEALTH MANAGEMENT

Number and Street 1:		Number and Street 2:	
520 NEWPORT CENTER DRIVE		SUITE 700	
City:	State:	Country:	ZIP+4/Postal Code:
NEWPORT BEACH	California	United States	92660

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

Telephone Number:	Facsimile number, if any:
949-660-0080	949-720-0042

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

Briefly describe the books and records kept at this location.
RECORDS WHICH ARE REQUIRED IN ACCORDANCE WITH RULE 204 OF THE ADVISERS ACT

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

Number and Street 1:		Number and Street 2:	
1 OLD FORGE HILL ROAD			
City:	State:	Country:	ZIP+4/Postal Code:
FRANKLIN	Massachusetts	United States	02038

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

Telephone Number:	Facsimile number, if any:
800-934-3453	

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

Briefly describe the books and records kept at this location.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1:		Number and Street 2:	
650 DISTRIBUTION DRIVE			
City:	State:	Country:	ZIP+4/Postal Code:
ATLANTA	Georgia	United States	30336

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

Telephone Number:	Facsimile number, if any:

800-934-3453

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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

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

Number and Street 1: 175 BEARFOOT ROAD		Number and Street 2:	
City: NORTHBOROUGH	State: Massachusetts	Country: United States	ZIP+4/Postal Code: 01532

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

Telephone Number: 8009343453	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.
BOOKS AND RECORDS MORE THAN 2 YEARS OLD

SECTION 1.M. Registration with Foreign Financial Regulatory Authorities

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?

State	Country
Delaware	United 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

	Yes	No
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.

610

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

220

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

60

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

160

(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?

0

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

0

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

10

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?

2160

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

1%

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 *high net worth individuals*)	6063	☐	$ 9,734,612,184
(b) *High net worth individuals*	2020	☐	$ 34,762,747,215
(c) Banking or thrift institutions		☐	$
(d) Investment companies	6		$ 2,057,781,880
(e) Business development companies			$
(f) Pooled investment vehicles (other than investment companies and business development companies)			$
(g) Pension and profit sharing plans (but not the plan participants or government pension plans)	309	☐	$ 950,327,369
(h) Charitable organizations	402	☐	$ 1,864,291,062
(i) State or municipal *government entities* (including government pension plans)	8	☐	$ 384,263,494
(j) Other investment advisers		☐	$
(k) Insurance companies		☐	$
(l) Sovereign wealth funds and foreign official institutions		☐	$
(m) Corporations or other businesses not listed above	427	☐	$ 17,933,301,662
(n) Other: INDIAN TRIBE	1	☐	$ 152,959,386

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)	$ 64,416,934,160	(d)	28,718
Non-Discretionary:	(b)	$ 3,423,350,092	(e)	301
Total:	(c)	$ 67,840,284,252	(f)	29,019

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*?

$ 12,553,000,000

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.

- [x] (1) Financial planning services
- [x] (2) Portfolio management for individuals and/or small businesses
- [x] (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)
- [x] (4) Portfolio management for pooled investment vehicles (other than investment companies)
- [x] (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
- [x] (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
- [x] (12) Other(specify): INDEX PROVIDER

Do not check Item 5.G.(3) unless you provide advisory services pursuant to an investment advisory contract to an investment company registered under the Investment Company Act of 1940, including as a subadviser. If you check Item 5.G.(3), report the 811 or 814 number of the investment company or investment companies to which you provide advice in Section 5.G.(3) of Schedule D.

H. If you provide financial planning services, to how many *clients* did you provide these services during your last fiscal year?

- ( ) 0
- ( ) 1 - 10
- ( ) 11 - 25
- ( ) 26 - 50
- ( ) 51 - 100
- ( ) 101 - 250
- ( ) 251 - 500
- (•) More than 500

If more than 500, how many?
500 (round to the nearest 500)

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

		Yes	No
I.	(1) Do you participate in a *wrap fee program*?	(•)	( )

(2) If you participate in a *wrap fee program*, what is the amount of your regulatory assets under management attributable to acting as:

(a) *sponsor* to a *wrap fee program*
$ 0

(b) portfolio manager for a *wrap fee program*?
$ 1,517,067,560

(c) *sponsor* to and portfolio manager for the same *wrap fee program*?
$ 0

If you report an amount in Item 5.I.(2)(c), do not report that amount in Item 5.I.(2)(a) or Item 5.I.(2)(b).

If you are a portfolio manager for a wrap fee program, list the names of the programs, their sponsors and related information in Section 5.I.(2) of Schedule D.

If your involvement in a wrap fee program is limited to recommending wrap fee programs to your clients, or you advise a mutual fund that is offered through a wrap fee program, do not check Item 5.I.(1) or enter any amounts in response to Item 5.I.(2).

		Yes	No
J.	(1) In response to Item 4.B. of Part 2A of Form ADV, do you indicate that you provide investment advice only with respect to limited types of investments?	( )	(•)
	(2) Do you report *client* assets in Item 4.E. of Part 2A that are computed using a different method than the method used to compute your regulatory assets under management?	( )	(•)

K. Separately Managed Account *Clients*

	Yes	No
(1) Do you have regulatory assets under management attributable to *clients* other than those listed in Item 5.D.(3)(d)-(f) (separately managed account *clients*)?	◉	○

If yes, complete Section 5.K.(1) of Schedule D.

(2) Do you engage in borrowing transactions on behalf of any of the separately managed account *clients* that you advise?	◉	○

If yes, complete Section 5.K.(2) of Schedule D.

(3) Do you engage in derivative transactions on behalf of any of the separately managed account *clients* that you advise?	◉	○

If yes, complete Section 5.K.(2) of Schedule D.

(4) After subtracting the amounts in Item 5.D.(3)(d)-(f) above from your total regulatory assets under management, does any custodian hold ten percent or more of this remaining amount of regulatory assets under management?	◉	○

If yes, complete Section 5.K.(3) of Schedule D *for each custodian.*

L. Marketing Activities

	Yes	No
(1) Do any of your *advertisements* include:		
(a) Performance results?	◉	○
(b) A reference to specific investment advice provided by you (as that phrase is used in rule 206(4)-1(a)(5))?	◉	○
(c) *Testimonials* (other than those that satisfy rule 206(4)-1(b)(4)(ii))?	○	◉
(d) *Endorsements* (other than those that satisfy rule 206(4)-1(b)(4)(ii))?	◉	○
(e) *Third-party ratings*?	◉	○
(2) If you answer "yes" to L(1)(c), (d), or (e) above, do you pay or otherwise provide cash or non-cash compensation, directly or indirectly, in connection with the use of *testimonials*, *endorsements*, or *third-party ratings*?	◉	○
(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

If you check Item 5.G.(3), what is the SEC file number (811 or 814 number) of each of the registered investment companies and business development companies to which you act as an adviser pursuant to an advisory contract? You must complete a separate Schedule D Section 5.G.(3) for each registered investment company and business development company to which you act as an adviser.

SEC File Number
811 - 06400

Provide the regulatory assets under management of all *parallel managed accounts* related to a registered investment company (or series thereof) or business development company that you advise.

Series ID	*Parallel Managed Account* Regulatory assets under management
S000041987	$ 1,660,333,433
S000042153	$ 728,708,869
S000042154	$ 601,264,477
S000059859	$ 356,202,010
S000059860	$ 323,227,625
S000065635	$ 849,905,348

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*
INVESTMENT MANAGEMENT SERVICES PLATFORM

Name of *Sponsor*
MORGAN STANLEY

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 70103

Sponsor's CRD Number (if any):
149777

Name of *Wrap Fee Program*
MANAGED ACCOUNT ACCESS PROGRAM

Name of *Sponsor*
CHARLES SCHWAB & CO., INC.

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 29938

Sponsor's CRD Number (if any):
5393

Name of *Wrap Fee Program*
MANAGED ACCOUNT SELECT

Name of *Sponsor*
CHARLES SCHWAB & CO., INC.

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 29938

Sponsor's CRD Number (if any):
5393

Name of *Wrap Fee Program*
PLATFORM OFFERED BY ASSETMARK

Name of *Sponsor*
ASSETMARK, INC.

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 56323

Sponsor's CRD Number (if any):
109018

Name of *Wrap Fee Program*
STIFEL NICOLAUS OPPORTUNITY PROGRAM

Name of *Sponsor*

STIFEL, NICOLAUS & COMPANY, INCORPORATED

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 10746

Sponsor's CRD Number (if any):
793

Name of *Wrap Fee Program*
UNIFORM OVERLAY MANAGER PROGRAM

Name of *Sponsor*
DYNASTY WEALTH MANAGEMENT, LLC

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 71301

Sponsor's CRD Number (if any):
153377

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	70 %	70 %
(ii) Non Exchange-Traded Equity Securities	1 %	1 %
(iii) U.S. Government/Agency Bonds	3 %	3 %
(iv) U.S. State and Local Bonds	6 %	6 %
(v) *Sovereign Bonds*	0 %	0 %
(vi) Investment Grade Corporate Bonds	2 %	2 %
(vii) Non-Investment Grade Corporate Bonds	0 %	0 %
(viii) Derivatives	0 %	0 %
(ix) Securities Issued by Registered Investment Companies or Business Development Companies	12 %	12 %
(x) Securities Issued by Pooled Investment Vehicles (other than Registered Investment Companies or Business Development Companies)	0 %	0 %
(xi) Cash and Cash Equivalents	2 %	2 %
(xii) Other	4 %	4 %

Generally describe any assets included in "Other"
PARTNERSHIPS AND OTHER ASSETS

(b)

Asset Type	**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)	*Sovereign Bonds*	%
(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"

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%	$ 139,883,542	$	%	%	4.03 %	%	%	%
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%	$ 196,161,079	$	%	%	3.09 %	0.46 %	%	%
10-149%	$ 13,334,475	$	%	%	94.26 %	%	%	%
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:

CHARLES SCHWAB & CO., INC.

(b) Primary business name of custodian:

CHARLES SCHWAB & CO., INC.

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

City:	State:	Country:
NEW YORK	New York	United States

	Yes	No
(d) Is the custodian a *related person* of your firm?	○	◉

(e) If the custodian is a broker-dealer, provide its SEC registration number (if any)

8 - 16514

(f) If the custodian is not a broker-dealer, or is a broker-dealer but does not have an SEC registration number, provide its *legal entity identifier* (if any)

(g) What amount of your regulatory assets under management attributable to separately managed accounts is held at the custodian?

$ 33,073,604,144

(a) Legal name of custodian:

FIDELITY BROKERAGE SERVICES LLC

(b) Primary business name of custodian:

FIDELITY BROKERAGE SERVICES LLC

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

City:	State:	Country:
NY	New York	United States

		Yes	No
(d)	Is the custodian a *related person* of your firm?	○	●

(e) If the custodian is a broker-dealer, provide its SEC registration number (if any)

8 - 23292

(f) If the custodian is not a broker-dealer, or is a broker-dealer but does not have an SEC registration number, provide its *legal entity identifier* (if any)

(g) What amount of your regulatory assets under management attributable to separately managed accounts is held at the custodian?

$ 10,785,881,716

(a) Legal name of custodian:

CIBC MELLON GLOBAL SECURITIES SERVICES COMPANY

(b) Primary business name of custodian:

CIBC MELLON

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

City:	State:	Country:
TORONTO		Canada

		Yes	No
(d)	Is the custodian a *related person* 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 *legal entity identifier* (if any)

549300P770QLF69ZXS34

(g) What amount of your regulatory assets under management attributable to separately managed accounts is held at the custodian?

$ 12,405,505,622

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.

		Yes	No
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.

		Yes	No
(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.

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*:
   CIBC INVESTOR SERVICES INC.

2. Primary Business Name of *Related Person*:
   CIBC INVESTOR SERVICES INC.

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

	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.

Name of Country/English Name of *Foreign Financial Regulatory Authority*
Canada - Alberta Securities Commission
Canada - British Columbia Securities Commission
Canada - Manitoba Securities Commission
Canada - New Brunswick Securities Commission
Canada - Newfoundland and Labrador, Financial Services Regulation Division
Canada - Northwest Territories, Office of the Registrar of Securities
Canada - Nova Scotia Securities Commission
Canada - Nunavut, Registrar of Securities
Canada - Ontario Securities Commission
Canada - Prince Edward Island, Securities Office
Canada - Quebec, Financial Markets Authority
Canada - Saskatchewan Financial Services Commission
Canada - Yukon Territories, Registrar of Securities
Other - INVESTMENT INDUSTRY REGULATOR OF CANADA (IIROC)

	Yes	No
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*:
CIBC WORLD MARKETS INC.

2. Primary Business Name of *Related Person*:
CIBC WORLD MARKETS INC.

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

	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?

	Yes	No
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*
Canada - Alberta Securities Commission
Canada - British Columbia Securities Commission
Canada - Manitoba Securities Commission
Canada - New Brunswick Securities Commission
Canada - Newfoundland and Labrador, Financial Services Regulation Division
Canada - Northwest Territories, Office of the Registrar of Securities
Canada - Nova Scotia Securities Commission
Canada - Nunavut, Registrar of Securities
Canada - Ontario Securities Commission

Canada - Prince Edward Island, Securities Office
Canada - Saskatchewan Financial Services Commission
Canada - Yukon Territories, Registrar of Securities
Other - CANADA - CANADIAN INVESTMENT REGULATORY ORGANIZATION
Other - CANADA - QUEBEC, AUTORITE DES MARCHES FINANCIERS

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

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

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1. Legal Name of *Related Person*:
   CANADIAN IMPERIAL BANK OF COMMERCE

2. Primary Business Name of *Related Person*:
   CIBC

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) [x] 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) [x] 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.

Name of Country/English Name of *Foreign Financial Regulatory Authority*

Other - OFFICE OF THE SUPERINTENDENT OF FINANCIAL INSTITUTIONS, CANADA
United Kingdom - Financial Conduct Authority

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

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

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1. Legal Name of *Related Person*:
CIBC ASSET MANAGEMENT INC.

2. Primary Business Name of *Related Person*:
CIBC GLOBAL ASSET MANAGEMENT

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
801 - 9707
or
Other

4. *Related Person's*
(a) *CRD* Number (if any):
106508
(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.

Name of Country/English Name of *Foreign Financial Regulatory Authority*
Canada - Alberta Securities Commission
Canada - British Columbia Securities Commission
Canada - Manitoba Securities Commission

Canada - New Brunswick Securities Commission
Canada - Newfoundland and Labrador, Financial Services Regulation Division
Canada - Northwest Territories, Office of the Registrar of Securities
Canada - Nova Scotia Securities Commission
Canada - Nunavut, Registrar of Securities
Canada - Ontario Securities Commission
Canada - Prince Edward Island, Securities Office
Canada - Quebec, Financial Markets Authority
Canada - Saskatchewan Financial Services Commission
Canada - Yukon Territories, Registrar of Securities

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*:
CIBC BANK USA

2. Primary Business Name of *Related Person*:
CIBC BANK USA

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

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? ◉ ○

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1. Legal Name of *Related Person*:
CIBC WORLD MARKETS CORP.

2. Primary Business Name of *Related Person*:
CIBC WORLD MARKETS CORP.

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
8 - 18333
or
Other

4. *Related Person's*
(a) *CRD* Number (if any):
630
(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.

Name of Country/English Name of *Foreign Financial Regulatory Authority*
Canada - Ontario Securities Commission

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*:
CIBC NATIONAL TRUST COMPANY

2. Primary Business Name of *Related Person*:
CIBC NATIONAL TRUST COMPANY

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
-
or
Other
975751

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?
SECTION 202 (A)(11)(A) OF THE INVESTMENT ADVISERS ACT OF 1940

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*:
CIBC DELAWARE TRUST COMPANY

2. Primary Business Name of *Related Person*:
CIBC DELAWARE 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

	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

	Yes	No
11. Do you and the *related person* share any *supervised persons*?	●	○
12. Do you and the *related person* share the same physical location?	●	○

Item 7 *Private Fund* Reporting

	Yes	No
B. Are you an adviser to any *private fund*?	○	●

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 *clients*' transactions. This information identifies additional areas in which conflicts of interest may occur between you and your *clients*. 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 *related persons*, including foreign affiliates.

Proprietary Interest in *Client* Transactions

	Yes	No
A. Do you or any *related person*:		
(1) buy securities for yourself from advisory *clients*, or sell securities you own to advisory *clients* (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

	Yes	No
B. Do you or any *related person*:		
(1) as a broker-dealer or registered representative of a broker-dealer, execute securities trades for brokerage customers in which advisory *client* securities are sold to or bought from the brokerage customer (agency cross transactions)?	○	●
(2) recommend to advisory *clients*, or act as a purchaser representative for advisory *clients* with respect to, the purchase of securities for which you or any *related person* serves as underwriter or general or managing partner?	●	○
(3) recommend purchase or sale of securities to advisory *clients* for which you or any *related person* 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 *related person* have *discretionary authority* to determine the:		
(1) securities to be bought or sold for a *client's* account?	●	○
(2) amount of securities to be bought or sold for a *client's* account?	●	○
(3) broker or dealer to be used for a purchase or sale of securities for a *client's* account?	●	○
(4) commission rates to be paid to a broker or dealer for a *client's* securities transactions?	●	○
D. If you answer "yes" to C.(3) above, are any of the brokers or dealers *related persons*?	○	●
E. Do you or any *related person* recommend brokers or dealers to *clients*?	●	○
F. If you answer "yes" to E. above, are any of the brokers or dealers *related persons*?	○	●
G. (1) Do you or any *related person* receive research or other products or services other than execution from a broker-dealer or a third party ("soft dollar benefits") in connection with *client* securities transactions?	●	○
(2) If "yes" to G.(1) above, are all the "soft dollar benefits" you or any *related persons* receive eligible "research or brokerage services" under section 28(e) of the Securities Exchange Act of 1934?	●	○
H. (1) Do you or any *related person*, directly or indirectly, compensate any *person* that is not an *employee* for *client* referrals?	●	○
(2) Do you or any *related person*, directly or indirectly, provide any *employee* compensation that is specifically related to obtaining *clients* for the firm (cash or non-cash compensation in addition to the *employee's* regular salary)?	●	○

I. Do you or any *related person*, including any *employee*, directly or indirectly, receive compensation from any *person* (other than you or any *related person*) for *client* referrals? ◉ Yes ○ No

In your response to Item 8.I., do not include the regular salary you pay to an employee.

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.

	Yes	No
A. (1) Do you have *custody* of any advisory *clients'*:		
(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.

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

U.S. Dollar Amount	Total Number of *Clients*
(a) $ 20,302,000,000	(b) 5,700

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).

	Yes	No
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?	○	◉

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 *Clients*
(a) $	(b)

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).

	Yes	No
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)	○	◉

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:
06/2025

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?*
42

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 AND 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:	
ONE COMMERCE SQUARE, SUITE 700		2005 MARKET STREET	
City:	State:	Country:	ZIP+4/Postal Code:
PHILADELPHIA	Pennsylvania	United States	19103

	Yes	No
(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
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:	CANADIAN IMPERIAL BANK OF COMMERCE
(2) The public reporting company's CIK number (Central Index Key number that the SEC assigns to each reporting company):	16847

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
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 *advisory affiliate*:	Yes	No
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any *felony*?	○	◉
(2) been *charged* with any *felony*?	○	◉

If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit your response to Item 11.A.(2) to charges that are currently pending.

B. In the past ten years, have you or any *advisory affiliate*:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a *misdemeanor* involving: investments or an *investment-related* business, or any fraud, false statements, or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	○	◉
(2) been *charged* with a *misdemeanor* listed in Item 11.B.(1)?	○	◉

If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit your response to Item 11.B.(2) to charges that are currently pending.

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

C. Has the SEC or the Commodity Futures Trading Commission (CFTC) ever:	Yes	No
(1) *found* you or any *advisory affiliate* to have made a false statement or omission?	○	◉
(2) *found* you or any *advisory affiliate* to have been *involved* in a violation of SEC or CFTC regulations or statutes?	◉	○
(3) *found* you or any *advisory affiliate* to have been a cause of an *investment-related* business having its authorization to do business denied, suspended, revoked, or restricted?	○	◉
(4) entered an *order* against you or any *advisory affiliate* in connection with *investment-related* activity?	◉	○
(5) imposed a civil money penalty on you or any *advisory affiliate*, or *ordered* you or any *advisory affiliate* to cease and desist from any activity?	◉	○

D. Has any other federal regulatory agency, any state regulatory agency, or any *foreign financial regulatory authority*:		
(1) ever *found* you or any *advisory affiliate* to have made a false statement or omission, or been dishonest, unfair, or unethical?	○	◉
(2) ever *found* you or any *advisory affiliate* to have been *involved* in a violation of *investment-related* regulations or statutes?	○	◉
(3) ever *found* you or any *advisory affiliate* to have been a cause of an *investment-related* business having its authorization to do business denied, suspended, revoked, or restricted?	○	◉
(4) in the past ten years, entered an *order* against you or any *advisory affiliate* in connection with an *investment-related* activity?	○	◉

(5) ever denied, suspended, or revoked your or any *advisory affiliate's* registration or license, or otherwise prevented you or any *advisory affiliate*, by *order*, from associating with an *investment-related* business or restricted your or any *advisory affiliate's* activity?

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

(1) *found* you or any *advisory affiliate* to have made a false statement or omission?

(2) *found* you or any *advisory affiliate* to have been *involved* in a violation of its rules (other than a violation designated as a "*minor rule violation*" under a plan approved by the SEC)?

(3) *found* you or any *advisory affiliate* to have been the cause of an *investment-related* business having its authorization to do business denied, suspended, revoked, or restricted?

(4) disciplined you or any *advisory affiliate* by expelling or suspending you or the *advisory affiliate* from membership, barring or suspending you or the *advisory affiliate* from association with other members, or otherwise restricting your or the *advisory affiliate's* activities?

F. Has an authorization to act as an attorney, accountant, or federal contractor granted to you or any *advisory affiliate* ever been revoked or suspended?

G. Are you or any *advisory affiliate* now the subject of any regulatory *proceeding* that could result in a "yes" answer to any part of Item 11.C., 11.D., or 11.E.?

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

Yes No

H. (1) Has any domestic or foreign court:

(a) in the past ten years, *enjoined* you or any *advisory affiliate* in connection with any *investment-related* activity?

(b) ever *found* that you or any *advisory affiliate* were *involved* in a violation of *investment-related* statutes or regulations?

(c) ever dismissed, pursuant to a settlement agreement, an *investment-related* civil action brought against you or any *advisory affiliate* by a state or *foreign financial regulatory authority*?

(2) Are you or any *advisory affiliate* now the subject of any civil *proceeding* that could result in a "yes" answer to any part of Item 11.H.(1)?

Item 12 Small Businesses

The SEC is required by the Regulatory Flexibility Act to consider the effect of its regulations on small entities. In order to do this, we need to determine whether you meet the definition of "small business" or "small organization" under rule 0-7.

Answer this Item 12 only if you are registered or registering with the SEC **and** you indicated in response to Item 5.F.(2)(c) that you have regulatory assets under management of less than $25 million. You are not required to answer this Item 12 if you are filing for initial registration as a state adviser, amending a current state registration, or switching from SEC to state registration.

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) *control* 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) *control* another *person* (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) *controlled* by or under common *control* 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) *controlled* by or under common *control* with another *person* (other than a natural person) that had total assets of $5 million or more on the last day of its most recent fiscal year?

Schedule A

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.
MARKWALTER, JOHN, SHEEHAN	I	CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER	03/2004	NA	Y	N	1385997
CIBC PRIVATE WEALTH GROUP LLC	DE	SOLE SHAREHOLDER	03/2004	E	Y	N	
CAMPBELL, GREGORY, BRENT	I	GENERAL COUNSEL & ASST SECRETARY, DIRECTOR	08/2022	NA	Y	N	2777077
Carey, Paul	I	CHIEF FINANCIAL OFFICER	02/2019	NA	Y	N	7091756
CECIL, PHILIP, WAYNE	I	SECRETARY	02/2021	NA	Y	N	2470419
VASQUEZ, DIANA, KIFARKIS	I	DIRECTOR	11/2023	NA	Y	N	5431684
Setty, Kishore	I	PRESIDENT	11/2023	NA	Y	N	7384938
DELMAN, Brian	I	CHIEF COMPLIANCE OFFICER	11/2024	NA	Y	N	4315597
Pzegeo, Gary	I	CHIEF INVESTMENT OFFICER	02/2025	NA	Y	N	8066920
Chambers, Trevor, C	I	DIRECTOR	05/2025	NA	Y	N	4489307
FELDMAN, DANIEL, ERIC	I	DIRECTOR	05/2025	NA	Y	N	2799666

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.
CANADIAN IMPERIAL BANK OF COMMERCE	FE	CIBC BANCORP USA, INC.	100% SHAREHOLDER	08/2008	E	Y	Y	
CIBC BANCORP USA, INC.	DE	CIBC PRIVATE WEALTH GROUP LLC	100% SHAREHOLDER	12/2013	E	Y	N	

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)

No Information Filed

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*

CRD Number:	630	This *advisory affiliate* is (•) a Firm ( ) an Individual
Registered:	(•) Yes ( ) No	
Name:	CIBC WORLD MARKETS CORP. (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.

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*)
CHICAGO BOARD OF OPTIONS, INC.

2. Principal Sanction:
Censure
Other Sanctions:
MONETARY FINE $100,000

3. Date Initiated (MM/DD/YYYY):
05/06/2019 (•) Exact ( ) Explanation
If not exact, provide explanation:

4. Docket/Case Number:
20160502034

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

6. Principal Product Type:
Options
Other Product Types:

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):
THE CHICAGO BOARD OF OPTIONS, INC. ("CBOE") DETERMINED THAT ON OR ABOUT JUNE 1, 2016, CIBC WORLD MARKETS CORP. ("CIBC") BY AND THROUGH ITS ASSOCIATED PERSON, ACCEPTED A CUSTOMER HELD ORDER TO SELL SPX AND XSP AUGUST PUT OPTIONS AND IN TURN (1) ENGAGED IN ANTICIPATORY HEDGING TRANSACTIONS IN RELATED INSTRUMENTS; (2) FAILED TO MAKE, KEEP CURRENT AND PRESERVE ACCURATE BOOKS AND RECORDS ASSOCIATED WITH THE RECEIPT, ROUTING AND EXECUTION OF CIBC CUSTOMER ORDERS, AS WELL AS CIBC'S RELATED FIRM TRANSACTIONS; (3) FAILED TO ESTABLISH, IMPLEMENT AND ENFORCE WSPS THAT WERE REASONABLY DEISGNED TO PREVENT AND DETECT VIOLATIONS OF EXCHANGE RULES 4.1 AND 6.9; AND (4) FAILED TO SUPERVISE THE ACTIVITY OF ITS ASSOCIATED PERSON TO ASSURE COMPLIANCE WITH EXCHANGE RULES 4.1 AND 6.9.

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):

06/07/2019 ◉ 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	☐ Disgorgement/Restitution
☑ Censure	☐ Cease and Desist/Injunction
☐ Bar	☐ 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:
FINE OF $100,000

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 CBOE DETERMINED THAT ON OR ABOUT 6/1/16, CIBC WORLD MARKETS CORP. ("CIBC") (1) THROUGH AN ASSOCIATED PERSON ENGAGED IN AN ANTICIPATORY HEDGING TRANSACTION (2) FAILED TO KEEP CURRENT AND PRESERVE ACCURATE BOOKS AND RECORDS ASSOCIATED WITH THE RECEIPT, ROUTING, AND EXECUTION OF CUSTOMER ORDERS IN SPX AND XSP AS WELL AS FOR CIBC'S RELATED FIRM TRANSACTIONS (3) FAILED TO ESTABLISH, IMPLEMENT AND ENFORCE WSPS THAT WERE REASONABLY DESIGNED TO PREVENT VIOLATIONS OF EXCHANGE RULES 4.1 AND 6.9 AND (4) FAILED TO SUPERVISE THE ACTIVITY OF ITS ASSOCIATED PERSON TO ASSURE COMPLIANCE WITH EXCHANGE RULES 4.1, 4.2, 4.24, 6.9 AND 15.1; SECTION 17(A) OF THE EXCHANGE ACT AND RULE 17A-3 THEREUNDER.

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*

CRD Number: 630 — This *advisory affiliate* is ◉ a Firm ○ an Individual

Registered: ◉ Yes ○ No

Name: CIBC WORLD MARKETS CORP.

(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.

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*)
NASDAQ PHLX, LLC

2. Principal Sanction:
Censure
Other Sanctions:
FINE

3. Date Initiated (MM/DD/YYYY):
10/28/2019 ◉ Exact ○ Explanation
If not exact, provide explanation:

4. Docket/Case Number:
2017053128902

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

6. Principal Product Type:
Options
Other Product Types:

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):
FROM FEBRUARY 2017 THROUGH OCTOBER 2017, CIBC WORLD MARKETS CORP (CIBC) FAILED TO ACCURATELY RECORD THE ORDER RECEIPT AND ORDER TRANSMISSION TIMES OF MANUAL OPTIONS ORDERS IT HAD ROUTED TO THE PHLX AND VARIOUS OTHER NATIONAL SECURITIES EXCHANGES FOR EXECUTION IN VIOLATION OF RULE 17A-3(A)(6)(1) OF THE SECURITIES EXCHANGE ACT OF 1934 AND PHLX RULE 760. CIBC ALSO VIOLATED PHLX RULE 748 BY FAILING TO ESTABLISH, MAINTAIN AND ENFORCE WRITTEN SUPERVISORY PROCEDURES AND A SYSTEM OF SUPERVISION THAT WERE REASONABLY DESIGNED TO ASSURE COMPLIANCE WITH, AND TO DETECT AND PREVENT VIOLATION OF THE APPLICABLE FEDERAL SECURITIES LAWS AND PHLX RULES THAT: (I)REQUIRE ACCURATE DOCUMENTATION OF THE ORDER RECEIPT AND TRANSMISSION TIMES OF OPTIONS ORDERS; AND (II) PRHOIBIT FRONT-RUNNING AND ANTICIPATORY HEDGING.

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):
10/28/2019 ◉ Exact ○ Explanation

If not exact, provide explanation:

12. Resolution Detail:

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

- [x] Monetary/Fine Amount: $ 33,333.33
- [ ] Revocation/Expulsion/Denial
- [ ] Disgorgement/Restitution
- [x] Censure
- [ ] Cease and Desist/Injunction
- [ ] Bar
- [ ] 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:
FINE OF $33,333.33

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).

CIBC WAS SUBJECT TO CENSURE AND A MONETARY FINE OF $33,333.33

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)	[x] 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*

CRD Number:	630	This *advisory affiliate* is (•) a Firm ( ) an Individual
Registered:	(•) Yes ( ) No	
Name:	CIBC WORLD MARKETS CORP. (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.

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*)
NASDQ ISE, LLC (ISE)

2. Principal Sanction:
Censure
Other Sanctions:
FINE

3. Date Initiated (MM/DD/YYYY):
02/13/2017 ◉ Exact ○ Explanation
If not exact, provide explanation:

4. Docket/Case Number:
2017053128903

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

6. Principal Product Type:
Options
Other Product Types:

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):
FROM FEBRUARY 2017 THROUGH OCTOBER 2017, CIBC WORLD MARKETS CORP (CIBC) FAILED TO ACCURATELY RECORD THE ORDER RECEIPT AND ORDER TRANSMISSION TIMES OF MANUAL OPTIONS ORDERS IT HAD ROUTED TO THE ISE AND VARIOUS OTHER NATIONAL SECURITIES EXCHANGES FOR EXECUTION IN VIOLATION OF RULE 17A-3(A)(6)(1) OF THE SECURITIES EXCHANGE ACT OF 1934 AND ISE RULE 1400. CIBC ALSO VIOLATED ISE RULE 401 BY FAILING TO ESTABLISH, MAINTAIN AND ENFORCE WRITTEN SUPERVISORY PROCEDURES AND A SYSTEM OF SUPERVISION THAT WERE REASONABLY DESIGNED TO ASSURE COMPLIANCE WITH, AND TO DETECT AND PREVENT VIOLATION OF APPLICABLE FEDERAL SECURITIES LAWS AND ISE RULES THAT: (I) REQUIRE ACCURATE DOCUMENTATION OF THE ORDER RECEIPT AND TRANSMISSION TIMES OF OPTIONS ORDERS; AND (II) PROHIBIT FRONT-RUNNING AND ANTICIPATORY HEDGING.

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):
10/28/2019 ◉ 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: $ 33,333.33
☐ Revocation/Expulsion/Denial ☐ Disgorgement/Restitution
☑ Censure ☐ Cease and Desist/Injunction

☐ Bar ☐ 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:
$33,333.33

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).

CIBC WORLD MARKETS CORP (CIBC) WAS SUBJECT TO CENSURE AND A FINE OF $33,333.33.

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*

CRD Number:	630	This *advisory affiliate* is ◉ a Firm ○ an Individual
Registered:	◉ Yes ○ No	
Name:	CIBC WORLD MARKETS CORP. (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.

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*)
   NASDAQ ACRA, INC.

2. Principal Sanction:
   Censure
   Other Sanctions:
   MONETARY FINE OF $33,333.33

3. Date Initiated (MM/DD/YYYY):
   10/28/2019 (•) Exact ( ) Explanation
   If not exact, provide explanation:

4. Docket/Case Number:
   2017053128901

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

6. Principal Product Type:
   Options
   Other Product Types:

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):
   FROM FEBRUARY 2017 THROUGH OCTOBER 2017, CIBC WORLD MARKETS CORP (CIBC) FAILED TO ACCURATELY RECORD THE ORDER RECEIPT AND ORDER TRANSMISSION TIMES OF MANUAL OPTIONS ORDERS IT HAD ROUTED TO THE ISE AND VARIOUS OTHER NATIONS SECURITIES EXCHANGES FOR EXECUTION IN VIOLATION OF RULE 17A-3(A)(6)(I) OF THE SECURITIES EXCHANGE ACT OF 1934 AND RULE 1400. CIBC ALSO VIOLATED ISE RULE 401 BY FAILING TO ESTABLISH, MAINTAIN AND ENFORCE WRITTEN SUPERVISORY PROCEDURES AND A SYSTEM OF SUPERVISION THAT WERE REASONABLY DESIGNED TO ASSURE COMPLIANCE WITH AND TO DETECT AND PREVENT VIOLATIONS OF THE APPLICABLE FEDERAL SECURITIES LAWS AND NYSE RULE THAT REQUIRE: ACCURATE DOCUMENTATION OF THE ORDER RECEIPT AND TRANSMISSION TIMES OF OPTIONS ORDERS AND PROHIBIT FRONT-RUNNING AND ANTICIPATORY HEDGING.

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):
    10/28/2019 (•) Exact ( ) Explanation
    If not exact, provide explanation:

12. Resolution Detail:
    A. Were any of the following Sanctions *Ordered* (check all appropriate items)?
       - [x] Monetary/Fine Amount: $ 33,333.33
       - [ ] Revocation/Expulsion/Denial
       - [x] 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:
       FINED $33,333.33

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 FINDINGS, CIBC CONSENTED TO THE SANCTIONS AND THE ENTRY OF THE FINDINGS THAT THE FIRM FAILED TO ACCURATELY RECORD THE ORDER RECEIPT AND TRANSMISSION TIMES OF MANUAL OPTIONS ORDERS IT HAD ROUTED TO THE EXCHANGE FOR EXECUTION.

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*

CRD Number:	630	This *advisory affiliate* is ◉ a Firm ◯ an Individual
Registered:	◉ Yes ◯ No	
Name:	CIBC WORLD MARKETS CORP. (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.

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*)
CBOE EXCHANGE INC

2. Principal Sanction:
Censure
Other Sanctions:
MONETARY FINE $80,000

3. Date Initiated (MM/DD/YYYY):
05/04/2023 ☉ Exact ○ Explanation
If not exact, provide explanation:

4. Docket/Case Number:
STAR NO 20200660058/FILE NO URE-31-01

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

6. Principal Product Type:
Options
Other Product Types:

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):
CIBC WORLD MARKETS CORP VIOLATED CBOE RULES 4.2, 5.12, 8.1, 8.2 AND OCC BY LAWS ARTICLE VI SECTION I IN THAT THEY IMPROPERLY USED THE OCC ADJUSTMENT PROCESS. THE FIRM ALSO VIOLATED CBOE RULE 8.16 IN THAT THEY DID NOT ESTABLISH SUFFICIENT SUPERVISORY PROCEDURES REGARDING ITS USE OF THE OCC ADJUSTMENT PROCESS. THE FIRM HAD IN PLACE PROCEDURES REGARDING ITS ACCOMMODATION ACCOUNT, WHICH IT USED AS PART OF THE ADJUSTMENT PROCESS. HOWEVER, THOSE PROCEDURES WERE NOT CONSISTENT WITH INTERPRETATIONS AND POLICIES .01(A) TO OCC BYLAWS ARTICLE VI, SECTION I, SINCE THEY PERMITTED ADJUSTMENTS, AFTER SUPERVISORY REVIEW AND SIGN-OFF, FOR PURPOSES OTHER THAN TO CORRECT BONA FIDE ERRORS IN TRADES THAT WERE PREVIOUSLY SUMMITTED TO THE OCC.

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):
05/08/2023 ☉ 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: $ 80,000.00	
☐ Revocation/Expulsion/Denial	☐ Disgorgement/Restitution
☐ Censure	☐ Cease and Desist/Injunction
☐ Bar	☐ 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:
   CENSURE AND MONETARY FINE OF $80,000

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 WAS CENSURED AND FINED $80,000

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*)
UNITED STATES SECURITIES AND EXCHANGE COMMISSION

2. Principal Sanction:
Cease and Desist
Other Sanctions:

3. Date Initiated (MM/DD/YYYY):
09/24/2024 ◉ Exact ○ Explanation
If not exact, provide explanation:

4. Docket/Case Number:
FILE NO 3-22160

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):
ON SEPTEMBER 24, 2024, THE SECURITIES AND EXCHANGE COMMISSION (SEC) ANNOUNCED A JOINT SETTLEMENT WITH CIBC PRIVATE WEALTH ADVISORS, INC. AND CIBC WORLD MARKETS CORP. (COLLECTIVELY FOR PURPOSES OF THIS PARAGRAPH, CIBC) IN WHICH CIBC AGREED TO PAY A CIVIL MONEY PENALTY IN THE AMOUNT OF $12,000,000 FOR FAILURE TO MAINTAIN AND PRESERVE ELECTRONIC COMMUNICATIONS IN VIOLATION OF RECORDKEEPING PROVISIONS OF THE FEDERAL SECURITIES LAWS. IN DETERMINING TO ACCEPT CIBC'S SETTLEMENT OFFER, THE SEC CONSIDERED CIBC'S' COOPERATION AS WELL AS REMEDIAL STEPS THAT CIBC UNDERTOOK BOTH BEFORE AND AFTER BEING APPROACHED BY THE SEC STAFF. PRIOR TO THIS SETTLEMENT, CIBC ENHANCED ITS POLICIES AND PROCEDURES, INCREASED TRAINING AND COMPLIANCE REMINDERS CONCERNING THE USE OF APPROVED COMMUNICATIONS METHODS, ENHANCED ITS SURVEILLANCE PROCESSES, AND IMPLEMENTED SIGNIFICANT CHANGES TO THE TECHNOLOGY AVAILABLE TO PERSONNEL. AS PART OF THE SETTLEMENT, CIBC HAS UNDERTAKEN TO RETAIN AN INDEPENDENT COMPLIANCE CONSULTANT TO CONDUCT A COMPREHENSIVE REVIEW AND ASSESSMENT OF CIBC'S REMEDIATION ACTIVITIES TO COMPLY WITH SEC RECORDKEEPING REQUIREMENTS TO PRESERVE ELECTRONIC COMMUNICATIONS.

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:
Decision & Order of Offer of Settlement

11. Resolution Date (MM/DD/YYYY):
09/24/2024 ◉ Exact ○ Explanation
If not exact, provide explanation:

12. Resolution Detail:
   A. Were any of the following Sanctions *Ordered* (check all appropriate items)?
   - [x] Monetary/Fine Amount: $ 12,000,000.00
   - [ ] Revocation/Expulsion/Denial
   - [ ] Disgorgement/Restitution
   - [ ] Censure
   - [x] Cease and Desist/Injunction
   - [ ] Bar
   - [ ] Suspension

   B. Other Sanctions *Ordered:*
   THE SETTLEMENT IMPOSES A CEASE-AND-DESIST ORDER WHICH REQUIRES CIBC PRIVATE WEALTH ADVISORS, INC., IN ADDITION TO THE PAYMENT OF A MONETARY PENALTY TO COMPLY WITH UNDERTAKINGS INCLUDING RETENTION OF AN INDEPENDENT COMPLIANCE CONSULTANT
   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:
   A JOINT SETTLEMENT WITH CIBC PRIVATE WEALTH ADVISORS, INC. AND CIBC WORLD MARKETS CORP. (COLLECTIVELY FOR PURPOSES OF THIS PARAGRAPH, CIBC) IN WHICH CIBC AGREED TO PAY A CIVIL MONEY PENALTY IN THE AMOUNT OF $12,000,000 FOR FAILURE TO MAINTAIN AND PRESERVE ELECTRONIC COMMUNICATIONS IN VIOLATION OF RECORDKEEPING PROVISIONS OF THE FEDERAL SECURITIES LAWS.

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 SEPTEMBER 24, 2024, THE SECURITIES AND EXCHANGE COMMISSION (SEC) ANNOUNCED A JOINT SETTLEMENT WITH CIBC PRIVATE WEALTH ADVISORS, INC. AND CIBC WORLD MARKETS CORP. (COLLECTIVELY FOR PURPOSES OF THIS PARAGRAPH, CIBC) IN WHICH CIBC AGREED TO PAY A CIVIL MONEY PENALTY IN THE AMOUNT OF $12,000,000 FOR FAILURE TO MAINTAIN AND PRESERVE ELECTRONIC COMMUNICATIONS IN VIOLATION OF RECORDKEEPING PROVISIONS OF THE FEDERAL SECURITIES LAWS. IN DETERMINING TO ACCEPT CIBC'S SETTLEMENT OFFER, THE SEC CONSIDERED CIBC'S' COOPERATION AS WELL AS REMEDIAL STEPS THAT CIBC UNDERTOOK BOTH BEFORE AND AFTER BEING APPROACHED BY THE SEC STAFF. PRIOR TO THIS SETTLEMENT, CIBC ENHANCED ITS POLICIES AND PROCEDURES, INCREASED TRAINING AND COMPLIANCE REMINDERS CONCERNING THE USE OF APPROVED COMMUNICATIONS METHODS, ENHANCED ITS SURVEILLANCE PROCESSES, AND IMPLEMENTED SIGNIFICANT CHANGES TO THE TECHNOLOGY AVAILABLE TO PERSONNEL. AS PART OF THE SETTLEMENT, CIBC HAS UNDERTAKEN TO RETAIN AN INDEPENDENT COMPLIANCE CONSULTANT TO CONDUCT A COMPREHENSIVE REVIEW AND ASSESSMENT OF CIBC'S REMEDIATION ACTIVITIES TO COMPLY WITH SEC RECORDKEEPING REQUIREMENTS TO PRESERVE ELECTRONIC COMMUNICATIONS.

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ( ) INITIAL **OR** (x) 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)	[x] 11.C(2)	[ ] 11.C(3)	[x] 11.C(4)	[x] 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*

(x) 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:		This *advisory affiliate* is (x) a Firm ( ) an Individual
Registered:	( ) Yes (x) No	
Name:	CANADIAN IMPERIAL BANK OF COMMERCE (CIBC) (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.

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 (x) 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 (x) Other Federal ( ) State ( ) *SRO* ( ) Foreign

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

2. Principal Sanction:
Cease and Desist
Other Sanctions:
AS PART OF THE SETTLEMENT, CIBC HAS UNDERTAKEN TO CONDUCT A COMPREHENSIVE REVIEW AND ASSESSMENT OF CIBC'S REMEDIATION ACTIVITIES TO COMPLY WITH CFTC RECORDKEEPING REQUIREMENTS TO PRESERVE ELECTRONIC COMMUNICATIONS.

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

09/24/2024 ◉ Exact ○ Explanation

If not exact, provide explanation:

4. Docket/Case Number:

24-28

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

6. Principal Product Type:

Other

Other Product Types:

SWAPS

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

THE COMMODITY FUTURES TRADING COMMISSION ("COMMISSION") HAS REASON TO BELIEVE THAT FROM AT LEAST SEPTEMBER 2018 TO THE PRESENT ("RELEVANT PERIOD"), CANADIAN IMPERIAL BANK OF COMMERCE ("CIBC") VIOLATED, AS SET FORTH BELOW, SECTIONS 4S(F)(1)(C), 4S(G)(1) AND (3), AND 4S(H)(1)(B) OF THE COMMODITY EXCHANGE ACT ("ACT"), 7 U.S.C. §§ 6S(F)(1)(C), 6S(G)(1), (3), 6S(H)(1)(B), AND COMMISSION REGULATIONS ("REGULATIONS") 1.31, 23.201(A),23.202(A)(1) AND (B)(1), AND 23.602(A), 17 C.F.R. §§ 1.31, 23.201(A), 23.202(A)(1), (B) (1), AND 23.602(A) (2023).

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):

09/24/2024 ◉ 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: $ 30,000,000.00
- ☐ Revocation/Expulsion/Denial
- ☐ Disgorgement/Restitution
- ☐ Censure
- ☐ Cease and Desist/Injunction
- ☐ Bar
- ☐ 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:

FINE OF $30 MILLION

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).

DURING THE RELEVANT PERIOD, AS A RESULT OF THE WIDESPREAD EMPLOYEE USE OF UNAPPROVED COMMUNICATION METHODS, CIBC FAILED TO MAINTAIN COMMISSION-REQUIRED TRANSACTION RECORDS AND PRE-EXECUTION COMMUNICATIONS. BY THIS CONDUCT, CIBC VIOLATED SECTIONS 4S(F)(1)(C) AND 4S(G)(1) AND (3) OF THE ACT AND REGULATIONS 23.201(A) AND 23.202(A)(1) AND (B)(1). BY FAILING TO KEEP ALL COMMISSION-REQUIRED RECORDS IN SUCH A MANNER AS TO MAKE THEM "READILY ACCESSIBLE," CIBC VIOLATED REGULATION 1.31. CIBC FAILED TO SUPERVISE ITS SWAP DEALER BUSINESS ACTIVITIES DILIGENTLY DURING THE RELEVANT PERIOD. CIBC FAILED TO MAINTAIN AN ADEQUATE SUPERVISORY SYSTEM TO ENSURE THAT EMPLOYEES DID NOT UTILIZE UNAPPROVED METHODS TO ENGAGE IN COMMUNICATIONS RELATING TO FIRM BUSINESS, INCLUDING THE SWAP DEALER BUSINESS. CIBC'S FAILURE TO SUPERVISE IS DEMONSTRATED BY ITS FAILURE TO DETECT, PREVENT, AND REMEDIATE REPEATED VIOLATIONS OF THE COMMISSION'S RECORDKEEPING REQUIREMENTS AND FIRM POLICIES AND PROCEDURES. SUPERVISORY PERSONNEL FAILED TO ENSURE THAT EMPLOYEES COMPLIED WITH CIBC'S COMMISSION RECORDKEEPING OBLIGATIONS AND FIRM COMMUNICATIONS POLICIES AND IN SOME INSTANCES, THEMSELVES VIOLATED THE POLICIES. THESE SUPERVISION FAILURES ALSO RESULTED IN THE FAILURE TO KEEP AND MAINTAIN COMMISSION-REQUIRED RECORDS AND THE FAILURE TO MAINTAIN THE RECORDS IN SUCH A MANNER AS TO MAKE THEM READILY AVAILABLE. BY THIS CONDUCT, CIBC FAILED TO SUPERVISE DILIGENTLY ITS OFFICERS, EMPLOYEES, AND AGENTS, IN VIOLATION OF SECTION 4S(H)(1)(B) OF THE ACT AND REGULATION 23.602(A).

CIVIL JUDICIAL 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 Item 11.H. of Part 1A or Item 2.F. of Part 1B of Form ADV.

Civil Judicial

Check Part 1A item(s) being responded to:

☐ 11.H(1)(a) ☐ 11.H(1)(b) ☑ 11.H(1)(c) ☑ 11.H(2)

Check Part 1B item(s) being responded to:

☐ 2.F(1) ☐ 2.F(2) ☐ 2.F(3) ☐ 2.F(4) ☐ 2.F(5)

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

One event may result in more than one affirmative answer to Item 11.H. of Part 1A or Item 2.F. of Part 1B. Use only one DRP to report details related to the same event. Unrelated civil judicial actions must be reported on separate DRPs.

PART I

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

○ You (the advisory firm)

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

○ 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:	4592303	This *advisory affiliate* is ○ a Firm ◉ an Individual
Registered:	◉ Yes ○ No	
Name:	EKMEKJIAN, VICKEN (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.

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.H. (1)(a), 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. Court Action initiated by: (Name of regulator, *foreign financial regulatory authority, SRO,* commodities exchange, agency, firm, private plaintiff, etc.)
RACHEL RENDEL AS GENERAL PARTNER OF THE RENDEL FAMILY LTD. PARTNERSHIP I

2. Principal Relief Sought:
Money Damages (Private/Civil Complaint)
Other Relief Sought:

3. Filing Date of Court Action (MM/DD/YYYY):

09/22/2021 ◉ Exact ○ Explanation
If not exact, provide explanation:

4. Principal Product Type:
Equity Listed (Common & Preferred Stock)
Other Product Types:

5. Formal Action was brought in (include name of Federal, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case Number):
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO CASE #:CGC-21-595440

6. *Advisory Affiliate* Employing Firm when activity occurred which led to the civil judicial action (if applicable):
CIBC PRIVATE WEALTH ADVISORS, INC.

7. Describe the allegations related to this civil action (your response must fit within the space provided):
THE COMPLAINT ALLEGES THAT CIBC PRIVATE WEALTH ADVISORS, INC. AND ITS ADVISORY AFFILIATE (THE "DEFENDANT") BREACHED THEIR FIDUCIARY DUTY AND FAILED TO EXERCISE REASONABLE CARE AND TO ACT WITH REASONABLE DILIGENCE IN THE COURSE OF PROVIDING DISCRETIONARY INVESTMENT ADVISORY SERVICES TO THE PLAINTIFF. THE COMPLAINT CLAIMS THAT DEFENDANT FAILED TO DISCLOSE MATERIAL INFORMATION ABOUT THE COURSE OF ACTION RECOMMENDED BY THE DEFENDANT, FAILED TO EXPLAIN THE NATURE, RISKS, AND IMPLICATIONS OF THE INVESTMENT DECISIONS RECOMMENDED BY THE DEFENDANT, AND MADE INVESTMENT DECISIONS IN MARCH 2020 THAT WERE CONTRARY TO THE BEST INTEREST, OBJECTIVES, AND RECOMMENDED ASSET ALLOCATION FOR THE PLAINTIFF'S ACCOUNT.

8. Current Status? ○ Pending ○ On Appeal ◉ Final

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

10. If pending, date notice/process was served (MM/DD/YYYY):
○ Exact ◉ Explanation
If not exact, provide explanation:
PLAINTIFF HAS DISMISSED THE ACTION

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

11. How was matter resolved:
Dismissed

12. Resolution Date (MM/DD/YYYY):
07/20/2023 ◉ Exact ○ Explanation
If not exact, provide explanation:

13. Resolution Detail:
   A. Were any of the following Sanctions Ordered or Relief Granted(check appropriate items)?
      - [x] Monetary/Fine Amount: $ 250,000.00
      - [ ] Revocation/Expulsion/Denial
      - [ ] Disgorgement/Restitution
      - [ ] Censure
      - [ ] Cease and Desist/Injunction
      - [ ] Bar
      - [ ] Suspension
   B. Other Sanctions:
      ON MAY 31, 2023, THE PLAINTIFF VOLUNTARILY DISMISSED VICKEN EKMEKJIAN FROM THIS MATTER.
   C. 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:
      TO AVOID THE TIME, COSTS, AND UNCERTAINTIES OF A LITIGATION, WITHOUT ADMITTING ANY WRONGDOING ON JULY 6, 2023, THE PLAINTIFF AND CIBC PRIVATE WEALTH ADVISORS SETTLED THIS MATTER FOR $250,000. VICKEN EKMEKJIAN WAS NOT ASKED TO PARTICIPATE IN OR CONTRIBUTE TOWARDS THE SETTLEMENT. ON JULY 20, 2023, THE PLAINTIFF DISMISSED THE MATTER.

14. Provide a brief summary of circumstances related to the action(s), allegation(s), disposition(s) and/or finding(s) disclosed above (your response must fit within the space provided).
THE COMPLAINT ALLEGES THAT CIBC PRIVATE WEALTH ADVISORS, INC. AND ITS ADVISORY AFFILIATE (THE "DEFENDANT") BREACHED THEIR FIDUCIARY DUTY AND FAILED TO EXERCISE REASONABLE CARE AND TO ACT WITH REASONABLE DILIGENCE IN THE COURSE OF PROVIDING DISCRETIONARY INVESTMENT ADVISORY SERVICES TO THE PLAINTIFF. THE COMPLAINT CLAIMS THAT DEFENDANT FAILED TO DISCLOSE MATERIAL INFORMATION ABOUT THE COURSE OF ACTION RECOMMENDED BY THE DEFENDANT, FAILED TO EXPLAIN THE NATURE, RISKS, AND IMPLICATIONS OF THE INVESTMENT DECISIONS RECOMMENDED BY THE DEFENDANT, AND MADE INVESTMENT DECISIONS IN MARCH 2020 THAT WERE CONTRARY TO THE BEST INTEREST, OBJECTIVES, AND RECOMMENDED ASSET ALLOCATION FOR THE PLAINTIFF'S ACCOUNT. ON MAY 31, 2023, THE PLAINTIFF VOLUNTARILY DISMISSED

VICKEN EKMEKJIAN FROM THIS MATTER. TO AVOID THE TIME, COSTS, AND UNCERTAINTIES OF A LITIGATION, WITHOUT ADMITTING ANY WRONGDOING ON JULY 6, 2023, THE PLAINTIFF AND CIBC PRIVATE WEALTH ADVISORS SETTLED THIS MATTER FOR $250,000. VICKEN EKMEKJIAN WAS NOT ASKED TO PARTICIPATE IN OR CONTRIBUTE TOWARDS THE SETTLEMENT. ON JULY 20, 2023, THE PLAINTIFF DISMISSED THE MATTER.

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.

	Yes	No
Are you exempt from delivering a brochure to all of your clients under these rules?	○	●

If no, complete the ADV Part 2 filing below.

Amend, retire or file new brochures:

Brochure ID	Brochure Name	Brochure Type(s)
429128	CIBC PRIVATE WEALTH ADVISORS INC BROCHURE	Individuals, High net worth individuals, Pension plans/profit sharing plans, Pension consulting, Foundations/charities, Government/municipal, Other institutional, Private funds or pools, Wrap program, Financial Planning Services, Selection of Other Advisers/Solicitors
432118	CIBC PRIVATE WEALTH ADVISORS INC BROCHURE	Individuals, High net worth individuals, Pension plans/profit sharing plans, Pension consulting, Foundations/charities, Government/municipal, Other institutional, Private funds or pools, Wrap program, Financial Planning Services, Selection of Other Advisers/Solicitors

Part 3

CRS	Type(s)	Affiliate Info	Retire
☐	Investment Advisor		

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: BRIAN E. DELMAN	Date: MM/DD/YYYY 06/22/2026
Printed Name:	Title:

BRIAN E. DELMAN	CHIEF COMPLIANCE OFFICER

Adviser *CRD* Number:
109644

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:
109644