FORM ADV

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

Primary Business Name: BARINGS AUSTRALIA PTY LTD	**CRD Number: 169697**
Annual Amendment - All Sections	**Rev. 10/2021**
3/30/2026 11:37:14 AM	

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

Item 1 Identifying Information

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

A. Your full legal name (if you are a sole proprietor, your last, first, and middle names):
BARINGS AUSTRALIA PTY LTD

B. (1) Name under which you primarily conduct your advisory business, if different from Item 1.A.
BARINGS AUSTRALIA PTY LTD

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:
(2) If you report to the SEC as an *exempt reporting adviser*, your SEC file number: **802-80559**
(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: **169697**

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:	
LEVEL 19, SUITE 19.02		60 CASTLEREAGH STREET	
City:	State:	Country:	ZIP+4/Postal Code:
SYDNEY		Australia	02000

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:
9:00 AM TO 5:00 PM

(3) Telephone number at this location:
612 9000 2117

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

(5) What is the total number of offices, other than your *principal office and place of business*, at which you conduct investment advisory business as of the end of your most recently completed fiscal year?
0

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:

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:
549300MKZ00NWL5DZR13

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

SECTION 1.B. Other Business Names

No Information Filed

SECTION 1.F. Other Offices

No Information Filed

SECTION 1.I. Website Addresses

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

Address of Website/Account on Publicly Available Social Media Platform:	HTTPS://WWW.LINKEDIN.COM/SHOWCASE/BARINGS-GLOBAL-PRIVATE-FINANCE
Address of Website/Account on Publicly Available Social Media Platform:	https://www.youtube.com/@barings
Address of Website/Account on Publicly Available Social Media Platform:	HTTPS://X.COM/BARINGS
Address of Website/Account on Publicly Available Social Media Platform:	HTTPS://WWW.BARINGS.COM
Address of Website/Account on Publicly Available Social Media Platform:	HTTPS://WWW.LINKEDIN.COM/COMPANY/BARINGS
Address of Website/Account on Publicly Available Social Media Platform:	https://podcast.barings.com/public/75/Streaming-Income---A-Podcast-from-Barings-6f727a82
Address of Website/Account on Publicly Available Social Media Platform:	https://open.spotify.com/show/7wv1GJCQHcggXDdMHbhRIY
Address of Website/Account on Publicly Available Social Media Platform:	https://podcasts.apple.com/us/podcast/streaming-income-a-podcast-from-barings/id1449496233
Address of Website/Account on Publicly Available Social Media Platform:	https://gcapinvest.com/
Address of Website/Account on Publicly Available Social Media Platform:	https://www.youtube.com/@gryphoncapitalinvestment7587
Address of Website/Account on Publicly Available Social Media Platform:	HTTPS://WWW.LINKEDIN.COM/SHOWCASE/BARINGS-REAL-ESTATE
Address of Website/Account on Publicly Available Social Media Platform:	https://www.youtube.com/@baringsrealestateaustralia

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:
BARINGS LLC

Number and Street 1:		Number and Street 2:	
340 MADISON AVENUE		18TH FLOOR	
City:	**State:**	**Country:**	**ZIP+4/Postal Code:**
NEW YORK	New York	United States	10173

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

Telephone Number:	Facsimile number, if any:
917-542-8300	212-682-9439

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING THOSE RELATING TO THE FIRM'S INVESTMENT ADVISORY BUSINESS CONDUCTED BY ITS FIXED INCOME, PUBLIC EQUITY, ALTERNATIVE INVESTMENTS, PRIVATE FINANCE AND REAL ESTATE GROUPS AND THOSE RELATING TO SYNDICATED BANK LOAN ACCOUNTS MANAGED BY THE FIRM).

Name of entity where books and records are kept:
BROADRIDGE INVESTOR COMMUNICATIONS SOLUTIONS, INC.

Number and Street 1:		Number and Street 2:	
PO BOX 416423			
City:	**State:**	**Country:**	**ZIP+4/Postal Code:**
BOSTON	Massachusetts	United States	02241

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

Telephone Number:	Facsimile number, if any:
631-254-7400	

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.
BROADRIDGE INVESTOR COMMUNICATIONS SOLUTIONS, INC. STORE FIRM'S PROXY CARDS, RESEARCH RECOMMENDATIONS AND PROXY VOTING RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940.

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

Number and Street 1:		Number and Street 2:	
20 OLD BAILEY			
City:	**State:**	**Country:**	**ZIP+4/Postal Code:**
LONDON		United Kingdom	EC4M7BF

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

Telephone Number:	Facsimile number, if any:

4402076286000

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 AND RELEVANT UK FINANCIAL CONDUCT AUTHORITY (FCA) RECORD KEEPING REQUIREMENTS ARE ARCHIVED AT IRON MOUNTAIN.

Name of entity where books and records are kept:
BARINGS AUSTRALIA PTY LTD

Number and Street 1:		Number and Street 2:	
60 CASTLEREAGH STREET		LEVEL 19	
City:	State:	Country:	ZIP+4/Postal Code:
SYDNEY		Australia	02000

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

Telephone Number:	Facsimile number, if any:
61 2 9000 2117	

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940.

Name of entity where books and records are kept:
REDBOX

Number and Street 1:		Number and Street 2:	
450 LEXINGTON AVE			
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:
866-474-1429	

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.
THIS LOCATION IS USED AS A DEPOSITORY TO STORE THE FIRM'S RECORDED CALLS FOR TRADERS.

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

Number and Street 1:		Number and Street 2:	
2331 ROSECRANS AVENUE		SUITE 4225	
City:	State:	Country:	ZIP+4/Postal Code:

EL SEGUNDO	California	United States	90245

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

Telephone Number:
(310) 234-2525

Facsimile number, if any:
(310) 234-2552

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING THOSE RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC)).

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

Number and Street 1:
300 SOUTH TRYON STREET

Number and Street 2:
SUITE 2500

City:	State:	Country:	ZIP+4/Postal Code:
CHARLOTTE	North Carolina	United States	28202

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

Telephone Number:
704-805-7200

Facsimile number, if any:
704-805-7302

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 AND RELEVANT AUSTRALIAN SECURITIES AND INVESTMENTS COMMISSION RECORDKEEPING REQUIREMENTS IN RELATION TO ACTIVITIES CARRIED OUT BY THE FIRM, INCLUDING THOSE RELATING TO THE FIRM'S INVESTMENT ADVISORY BUSINESS.

Name of entity where books and records are kept:
REDBOX

Number and Street 1:
UNIT E3

Number and Street 2:
BROOKLANDS CLOSE

City:	State:	Country:	ZIP+4/Postal Code:
SUNBURY-ON-THAMES,		United Kingdom	

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

Telephone Number:
4401159377100

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.
THIS LOCATION IS USED AS A DEPOSITORY TO STORE THE FIRM'S RECORDED CALLS FOR TRADERS.

Name of entity where books and records are kept:
NAVEX GLOBAL (CYXTERA)

Number and Street 1:
14901 FAA BLVD

Number and Street 2:

City:
FORT WORTH

State:
Texas

Country:
United States

ZIP+4/Postal Code:
76155

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

Telephone Number:
8662970224

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.
BACKUP DATA CENTER

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

Number and Street 1:
1295 STATE STREET

Number and Street 2:

City:
SPRINGFIELD

State:
Massachusetts

Country:
United States

ZIP+4/Postal Code:
01111

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

Telephone Number:
(413) 744-1000

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC).

Name of entity where books and records are kept:
ISS (SWITCH LTD.) 1

Number and Street 1:
5225 W CAPOVILLA AVENUE

Number and Street 2:

City:
LAS VEGAS

State:
Nevada

Country:
United States

ZIP+4/Postal Code:
89118

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

Telephone Number:
6466806350

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.
BACKUP DATA CENTER

Name of entity where books and records are kept:
ISS (SWITCH LTD.) 2

Number and Street 1:		Number and Street 2:	
7315 S DECATUR BLVD			
City:	**State:**	**Country:**	**ZIP+4/Postal Code:**
LAS VEGAS	Nevada	United States	89118

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

Telephone Number:	Facsimile number, if any:
6466806350	

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.
ISS HOSTS ITS WEB APPLICATION AND SERVICES USING A PAIR OF DATACENTERS IN THE UNITED STATES (US) WHICH PROVIDE PRIMARY AND RECOVERY SERVICES, BOTH SITES ARE IN LAS VEGAS, NEVADA

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

Number and Street 1:		Number and Street 2:	
892 ROSS DR			
City:	**State:**	**Country:**	**ZIP+4/Postal Code:**
SUNNYVALE	California	United States	94089

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

Telephone Number:	Facsimile number, if any:
4085174710	

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.
THIS LOCATION IS USED FOR A DEPOSITORY FOR EMAIL ARCHIVING

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

Number and Street 1:		Number and Street 2:	
3 CRAFTSMAN ROAD			
City:	**State:**	**Country:**	**ZIP+4/Postal Code:**
EAST WINDSOR	Connecticut	United States	06088

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

Telephone Number:	Facsimile number, if any:

888-800-1552

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.
THIS LOCATION IS USED TO STORE PAPER RECORDS. THIS LOCATION IS ALSO USED AS AN OFF-SITE REPOSITORY FOR ELECTRONIC BACK-UPS OF DATA FOR DISASTER RECOVERY PURPOSES.

Name of entity where books and records are kept:
BARINGS

Number and Street 1:		Number and Street 2:	
3RD FLOOR, BUILDING 3 NO 1 BALLSBRIDGE		126 PEMBROKE ROAD	
City:	**State:**	**Country:**	**ZIP+4/Postal Code:**
DUBLIN 4		Ireland	D04-EP27

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

Telephone Number:	Facsimile number, if any:
35314869700	

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 AND RELEVANT UK FINANCIAL CONDUCT AUTHORITY (FCA) RECORD KEEPING REQUIREMENTS ARE ARCHIVED AT IRON MOUNTAIN.

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

Number and Street 1:		Number and Street 2:	
100 BROOK DRIVE		GREEN PARK, BERSHIRE	
City:	**State:**	**Country:**	**ZIP+4/Postal Code:**
READING		United Kingdom	RG2 6UJ

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

Telephone Number:	Facsimile number, if any:
4401184025900	

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.
THIS LOCATION IS USED AS A DEPOSITORY FOR EMAIL ARCHIVING AND ELECTRONIC MESSAGING

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

Number and Street 1:	Number and Street 2:
5500 MEADOWS ROAD	SUITE 500

City: LAKE OSWEGO
State: Oregon
Country: United States
ZIP+4/Postal Code: 28277

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

Telephone Number: 866-297-0224
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.
CORPORATE OFFICE/BACKUP DATA CENTER FOR ETHICSPOINT

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

Number and Street 1: 26 S MIDDLESEX AVE
Number and Street 2:

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

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

Telephone Number: 1-800-934-3453
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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC).

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

Number and Street 1: 1420 EXCHANGE STREET
Number and Street 2:

City: CHARLOTTE
State: North Carolina
Country: United States
ZIP+4/Postal Code: 28208

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

Telephone Number: 1-800-934-3453
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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC).

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

Number and Street 1:
2920-E HUTCHINSON MCDONALD RD.

Number and Street 2:

City:
CHARLOTTE

State:
North Carolina

Country:
United States

ZIP+4/Postal Code:
28269

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC).

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

Number and Street 1:
600 BURNING TREE ROAD

Number and Street 2:

City:
FULLERTON

State:
California

Country:
United States

ZIP+4/Postal Code:
92833-1450

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC).

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

Number and Street 1:
5086 4TH ST

Number and Street 2:

City:
IRWINDALE

State:
California

Country:
United States

ZIP+4/Postal Code:
91706

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC).

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

Number and Street 1:
2009 COUNTRY CLUB DRIVE

Number and Street 2:

City: CARROLLTON
State: Texas
Country: United States
ZIP+4/Postal Code: 75006

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC).

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

Number and Street 1:
35/F GLOUCESTER TOWER, 15 QUEEN'S ROAD

Number and Street 2:

City: HONG KONG
State:
Country: China
ZIP+4/Postal Code:

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

Telephone Number:
852-2841-1411

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 AND RELEVANT UK FINANCIAL CONDUCT AUTHORITY (FCA) RECORD KEEPING REQUIREMENTS ARE ARCHIVED AT IRON MOUNTAIN.

Name of entity where books and records are kept:
RESTORE PLC

Number and Street 1:
UNIT 5

Number and Street 2:
REDHILL DISTRIBUTION CENTRE

City: REDHILL
State:
Country: United Kingdom
ZIP+4/Postal Code: RH1 5DY

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

Telephone Number:
4401708 527 60

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.
RESTORE PLC IS A THIRD PARTY UNAFFILIATED RECORD KEEPER USED TO RETAIN CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 THAT ARE NO LONGER REQUIRED TO BE KEPT ON-SITE. SUCH BOOKS AND RECORDS ARE ARCHIVED AT RESTORE PLC.

Name of entity where books and records are kept:
ISS

Number and Street 1:
702 KING FARM BOULEVARD

Number and Street 2:
SUITE 300

City:
ROCKVILLE

State:
Maryland

Country:
United States

ZIP+4/Postal Code:
20850

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

Telephone Number:
646-680-6350

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.
EXTERNAL VENDOR USED TO PROCESS FIRM'S PROXY VOTING

Name of entity where books and records are kept:
BROADRIDGE FINANCIAL SOLUTIONS

Number and Street 1:
193 MARSH WALL

Number and Street 2:

City:
LONDON

State:

Country:
United Kingdom

ZIP+4/Postal Code:
E14 9SG

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

Telephone Number:
207551383

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 AND RELEVANT UK FINANCIAL CONDUCT AUTHORITY (FCA) RECORD KEEPING REQUIREMENTS ARE ARCHIVED AT IRON MOUNTAIN.

Name of entity where books and records are kept:
FRANKFURT A. M.

Number and Street 1:
UNTERLINDAU 29

Number and Street 2:
FLOOR 2

City:
FRANKFURT

State:

Country:
Germany

ZIP+4/Postal Code:
60323

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

Telephone Number:
490696681220

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.
CERTAIN BOOKS AND RECORDS RELATING TO APPLICANT'S INVESTMENT ADVISORY BUSINESS AND REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 ARE KEPT.

Name of entity where books and records are kept:
PARIS

Number and Street 1:
10 RUE DES PYRAMIDES

Number and Street 2:

City:
PARIS

State:

Country:
France

ZIP+4/Postal Code:
75001

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

Telephone Number:
330153936000

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.
CERTAIN BOOKS AND RECORDS RELATING TO APPLICANT'S INVESTMENT ADVISORY BUSINESS AND REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 ARE KEPT

Name of entity where books and records are kept:
BOSTON

Number and Street 1:
10 FAN PIER BLVD

Number and Street 2:
9TH FLOOR

City:
BOSTON

State:
Massachusetts

Country:
United States

ZIP+4/Postal Code:
02210

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

Telephone Number:
(617) 761-3800

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.

CERTAIN BOOKS AND RECORDS RELATING TO APPLICANT'S INVESTMENT ADVISORY BUSINESS AND REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 ARE KEPT AT THE OFFICE OF BARINGS LLC.

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

Number and Street 1:
1100 KENNEDY ROAD

Number and Street 2:

City: WINDSOR | State: Connecticut | Country: United States | ZIP+4/Postal Code: 06095

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

Telephone Number:
860-298-3415

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 AND RELEVANT AUSTRALIAN SECURITIES AND INVESTMENTS COMMISSION RECORDKEEPING REQUIREMENTS IN RELATION TO ACTIVITIES CARRIED OUT BY THE FIRM, INLCUDING THOSE RELATED TO THE FIRM'S INVESTMENT ADVISORY BUSINESS.

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

Number and Street 1:
811 STATE ROUTE #33

Number and Street 2:

City: FREEHOLD | State: New Jersey | Country: United States | ZIP+4/Postal Code: 07728-8431

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC).

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

Number and Street 1:
20 EASTERN PARK RD

Number and Street 2:

City: EAST HARTFORD | State: Connecticut | Country: United States | ZIP+4/Postal Code: 06108

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC).

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

Number and Street 1:		Number and Street 2:	
2604 W 13TH STREET			
City:	State:	Country:	ZIP+4/Postal Code:
CHICAGO	Illinois	United States	60608

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

Telephone Number:	Facsimile number, if any:
1-800-934-3453	

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC).

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

Number and Street 1:		Number and Street 2:	
2211 W PERSHING RD			
City:	State:	Country:	ZIP+4/Postal Code:
CHICAGO	Illinois	United States	60608

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

Telephone Number:	Facsimile number, if any:
1-800-934-3453	

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC).

Name of entity where books and records are kept:
BLACKROCK

Number and Street 1:	Number and Street 2:
P.O. BOX 978884	

City: DALLAS | State: Texas | Country: United States | ZIP+4/Postal Code: 75397-8884

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

Telephone Number: 1-212-810-5800

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940.

Name of entity where books and records are kept:
IRON MOUNTAIN (CONTACT OFFICE SUPPORTING REGIONAL LOCATIONS)

Number and Street 1: 12958 MIDWAY PLACE

Number and Street 2:

City: CERRITOS | State: California | Country: United States | ZIP+4/Postal Code: 90703

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC)).

Name of entity where books and records are kept:
IRON MOUNTAIN (CONTACT OFFICE SUPPORTING REGIONAL LOCATIONS)

Number and Street 1: 331 S. SWIFT ROAD

Number and Street 2:

City: ADDISON | State: Illinois | Country: United States | ZIP+4/Postal Code: 60101-1448

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC)).

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

Number and Street 1:
1915 S GRAND AVE

Number and Street 2:

City:
SANTA ANA

State:
California

Country:
United States

ZIP+4/Postal Code:
92705

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC).

Name of entity where books and records are kept:
ALLGRESS

Number and Street 1:
111 LINDBERGH AVE

Number and Street 2:
SUITE F

City:
LIVERMORE

State:
California

Country:
United States

ZIP+4/Postal Code:
94551

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

Telephone Number:
925-579-0002

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.
DESCRIPTION - CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940.

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

Number and Street 1:
2641 SEMINOLE AVE

Number and Street 2:

City:
SOUTH GATE

State:
California

Country:
United States

ZIP+4/Postal Code:
90280

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC).

Name of entity where books and records are kept:
STARCOMPLIANCE

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

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

Telephone Number:	Facsimile number, if any:
301-340-3900	

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.
USES THIS LOCATION TO ELECTRONICALLY STORE ALL THE FIRM'S CODE OF ETHICS RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

Name of entity where books and records are kept:
FIS DATA SYSTEM INC. / PTA

Number and Street 1:		Number and Street 2:	
601 RIVERSIDE AVE			
City:	**State:**	**Country:**	**ZIP+4/Postal Code:**
JACKSONVILLE	Florida	United States	32204

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

Telephone Number:	Facsimile number, if any:
781-238-0900	

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.
FIS/PTA USES THIS LOCATION TO ELECTRONICALLY STORE ALL THE FIRM'S CODE OF ETHICS RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

Name of entity where books and records are kept:
STOCKHOLM

Number and Street 1:		Number and Street 2:	
BIBLIOTEKSGATAN 3, FLOOR 4		SUITE 0244M	
City:	**State:**	**Country:**	**ZIP+4/Postal Code:**
STOCKHOLM		Sweden	111 46

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

Telephone Number:
460851819150

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.
CERTAIN BOOKS AND RECORDS RELATING TO APPLICANT'S INVESTMENT ADVISORY BUSINESS AND REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 ARE KEPT.

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:
978-671-6400

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 AND RELEVANT AUSTRALIAN SECURITIES AND INVESTMENTS COMMISSION RECORDKEEPING REQUIREMENTS IN RELATION TO ACTIVITIES CARRIED OUT BY THE FIRM, INLCUDING THOSE RELATED TO THE FIRM'S INVESTMENT ADVISORY BUSINESS.

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

Number and Street 1:
111 SOUTH WACKER DRIVE

Number and Street 2:
SUITE 3100

City:
CHICAGO

State:
Illinois

Country:
United States

ZIP+4/Postal Code:
60606

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

Telephone Number:
312-465-1500

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING THOSE RELATING TO THE FIRM'S INVESTMENT ADVISORY BUSINESS CONDUCTED BY ITS MIDDLE MARKET LENDING GROUP).

Name of entity where books and records are kept:
BARINGS FOXBOROUGH

Number and Street 1:
2 HAMPSHIRE STREET

Number and Street 2:
SUITE 101

City:
FOXBOROUGH

State:
Massachusetts

Country:
United States

ZIP+4/Postal Code:
02025

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

Telephone Number:
(617) 235-1570

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.
CERTAIN BOOKS AND RECORDS RELATING TO APPLICANT'S INVESTMENT ADVISORY BUSINESS AND REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 ARE KEPT AT THE OFFICE OF BARINGS LLC.

Name of entity where books and records are kept:
BARINGS MELBOURNE

Number and Street 1:
80 COLLINS STREET

Number and Street 2:
SUITE 4, LEVEL 42, NORTH TOWER

City:
MELBOURNE

State:

Country:
Australia

ZIP+4/Postal Code:
3000

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

Telephone Number:
61 2 9000 2117

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.
CERTAIN BOOKS AND RECORDS RELATING TO APPLICANT'S INVESTMENT ADVISORY BUSINESS AND REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 ARE KEPT AT THE OFFICE OF BARINGS LLC.

Name of entity where books and records are kept:
BARINGS SHANGHAI

Number and Street 1:
8 CENTURY AVE

Number and Street 2:
UNIT 1511-12, LEVEL 15. TOWER 2

City:
SHANGHAI

State:

Country:
China

ZIP+4/Postal Code:
PUDONG DIST

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

Telephone Number:
86 21 3107 189

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.

CERTAIN BOOKS AND RECORDS RELATING TO APPLICANT'S INVESTMENT ADVISORY BUSINESS AND REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 ARE KEPT AT THE OFFICE OF BARINGS LLC.

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

Number and Street 1:
2680 SEQUOIA DR

Number and Street 2:

City: SOUTH GATE | State: California | Country: United States | ZIP+4/Postal Code: 90280

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC).

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

Number and Street 1:
6711 VALLEY VIEW STREET

Number and Street 2:

City: LA PALMA | State: California | Country: United States | ZIP+4/Postal Code: 90623

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC).

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

Number and Street 1:
8700 MERCURY LANE

Number and Street 2:

City: PICO RIVERA | State: California | Country: United States | ZIP+4/Postal Code: 90660

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC).

Name of entity where books and records are kept:
BARINGS TAIPEI

Number and Street 1:		Number and Street 2:	
A, NO. 7, SECTION 5, XINYI ROAD		101 BUILDING, 55TH FLOOR	
City:	State:	Country:	ZIP+4/Postal Code:
TAIPEI		Taiwan, Republic of China	11012

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

Telephone Number:	Facsimile number, if any:
886 2 6638 818	

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.
CERTAIN BOOKS AND RECORDS RELATING TO APPLICANT'S INVESTMENT ADVISORY BUSINESS AND REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 ARE KEPT AT THE OFFICE OF BARINGS LLC.

Name of entity where books and records are kept:
BARINGS DUBAI

Number and Street 1:		Number and Street 2:	
DUBAI INTERNATIONAL FINANCIAL CENTRE, GATE DISTRIC		GATE BUILDING, FLOOR 15, EAST WING, OFFICE # GD-GB	
City:	State:	Country:	ZIP+4/Postal Code:
DUBAI		United Arab Emirates	

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

Telephone Number:	Facsimile number, if any:
971 56 665 072	

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.
CERTAIN BOOKS AND RECORDS RELATING TO APPLICANT'S INVESTMENT ADVISORY BUSINESS AND REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 ARE KEPT AT THE OFFICE OF BARINGS LLC.

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:

NORTH BILLERICA	Massachusetts	United States	01862

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC).

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

Number and Street 1:
1515 WASHINGTON STREET

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
BRAINTREE	Massachusetts	United States	02184

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 (INCLUDING RECORDS RELATING TO THE FIRM'S REAL ESTATE GROUP AND ITS FORMER SUBSIDIARY, BARINGS REAL ESTATE ADVISERS LLC (F/K/A CORNERSTONE REAL ESTATE ADVISERS LLC).

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

Number and Street 1:
RUE DU MARCHÉ 28

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
GENEVA		Switzerland	1204

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

Telephone Number:
410225911100

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.
CERTAIN BOOKS AND RECORDS RELATING TO APPLICANT'S INVESTMENT ADVISORY BUSINESS AND REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 ARE KEPT AT THE OFFICE OF BARINGS.

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

Number and Street 1:
PASEO DE LA CASTELLANA 95

Number and Street 2:
9TH FLOOR - C

City:
MADRID

State:

Country:
Spain

ZIP+4/Postal Code:
28046

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

Telephone Number:
34 91 737 0407

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.
CERTAIN BOOKS AND RECORDS RELATING TO APPLICANT'S INVESTMENT ADVISORY BUSINESS AND REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 ARE KEPT AT THE OFFICE OF BARINGS.

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

Number and Street 1:
VIA FATEBENEFRATELLI 10

Number and Street 2:

City:
MILAN

State:

Country:
Italy

ZIP+4/Postal Code:
20121

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

Telephone Number:
39 0249 760 21

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.
CERTAIN BOOKS AND RECORDS RELATING TO APPLICANT'S INVESTMENT ADVISORY BUSINESS AND REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 ARE KEPT AT THE OFFICE OF BARINGS.

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

Number and Street 1:
FRAUENSTRAßE 30

Number and Street 2:

City:
MUNICH

State:

Country:
Germany

ZIP+4/Postal Code:
80469

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

Telephone Number:
490892105620

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
7TH FLOOR, 29 EULJI-RO,

Number and Street 2:

City:
SEOUL

State:

Country:
Korea, South

ZIP+4/Postal Code:
04523

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

Telephone Number:
82237880500

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
77 BLOOR STREET WEST

Number and Street 2:
SUITE 657

City:
TORONTO

State:

Country:
Canada

ZIP+4/Postal Code:
M5S 1M2

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

Telephone Number:
416 645 7045

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
BARINGS SWITZERLAND SÀRL

Number and Street 2:
BAHNHOFPLATZ 1

City:
ZURICH

State:

Country:
Switzerland

ZIP+4/Postal Code:
8001

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

Telephone Number:
410432156770

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
AL MARYAH ISLAND, ABU DHABI GLOBAL MARKET SQUARE

Number and Street 2:
AL SILA TOWER, 24TH FLOOR, P.O. BOX 128666

City:
ABU DHABI

State:

Country:
United Arab Emirates

ZIP+4/Postal Code:

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

Telephone Number:
97126948600

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

Name of entity where books and records are kept:
ARTEMIS, A BARINGS COMPANY

Number and Street 1:
2000 AVENUE OF THE STARS

Number and Street 2:
SUITE 630N

City:
LOS ANGELES

State:
California

Country:
United States

ZIP+4/Postal Code:
90067

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

Telephone Number:
323 843 8353

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

Name of entity where books and records are kept:
ARTEMIS, A BARINGS COMPANY

Number and Street 1:
888 SEVENTH AVENUE

Number and Street 2:
30TH FLOOR

City:
NEW YORK

State:
New York

Country:
United States

ZIP+4/Postal Code:
10019

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

Telephone Number:
202 370 7450

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

Name of entity where books and records are kept:
ARTEMIS, A BARINGS COMPANY

Number and Street 1:
5404 WISCONSIN AVENUE

Number and Street 2:
SUITE 1150 10TH FLOOR

City:
CHEVY CHASE

State:
Maryland

Country:
United States

ZIP+4/Postal Code:
20815

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

Telephone Number:
202 370 7450

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

Name of entity where books and records are kept:
ARTEMIS, A BARINGS COMPANY

Number and Street 1:
THE HARDIN BUILDING, 1380 WEST PACES FERRY RD

Number and Street 2:
3RD FLOOR SUITE 3100

City:
ATLANTA

State:
Georgia

Country:
United States

ZIP+4/Postal Code:
30327

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

Telephone Number:
202 370 7450

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
13379 JURUPA AVE

Number and Street 2:

City:
FONTANA

State:
California

Country:
United States

ZIP+4/Postal Code:
92337-7800

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
16028 MARQUARDT AVE

Number and Street 2:
OPM #001825

City:
CERRITOS

State:
California

Country:
United States

ZIP+4/Postal Code:
90703-2347

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
6935 FLANDERS DR

Number and Street 2:

City:
SAN DIEGO

State:
California

Country:
United States

ZIP+4/Postal Code:
92121-2975

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
8661 KERNS ST

Number and Street 2:

City:
SAN DIEGO

State:
California

Country:
United States

ZIP+4/Postal Code:
92154-6286

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
1070 KENNEDY RD

Number and Street 2:

City:
WINDSOR

State:
Connecticut

Country:
United States

ZIP+4/Postal Code:
06095-1303

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
200 COMMERCIAL ST

Number and Street 2:

City:
WATERTOWN

State:
Connecticut

Country:
United States

ZIP+4/Postal Code:
06795-3309

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
13700 NW 2ND ST

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
SUNRISE	Florida	United States	33325-6201

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
2625 W ROOSEVELT RD

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
CHICAGO	Illinois	United States	60608-1015

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
2425 S HALSTED ST

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
CHICAGO	Illinois	United States	60608-5091

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
4175 CHANDLER DR CHICAGO DISTRICT

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
HANOVER PARK	Illinois	United States	60133-6769

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
1301 S ROCKWELL ST

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
CHICAGO	Illinois	United States	60608-1659

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
7605 DORSEY RUN RD

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
JESS	Maryland	United States	20794-9364

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
5104 CHIN PAGE RD

Number and Street 2:

City: DURHAM

State: North Carolina

Country: United States

ZIP+4/Postal Code: 27703-8064

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
2012 TW ALEXANDER DR

Number and Street 2:

City: DURHAM

State: North Carolina

Country: United States

ZIP+4/Postal Code: 27703

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
6100-P HARRIS TECHNOLOGY BLVD

Number and Street 2:

City: CHARLOTTE
State: North Carolina
Country: United States
ZIP+4/Postal Code: 28269

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

Telephone Number: 1-800-934-3453
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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1: 6100 HARRIS TECH BLVD
Number and Street 2: SUITE A
City: CHARLOTTE
State: North Carolina
Country: United States
ZIP+4/Postal Code: 28269

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

Telephone Number: 1-800-934-3453
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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1: 218 W YARD RD
Number and Street 2:
City: FEURA BUSH
State: New York
Country: United States
ZIP+4/Postal Code: 12067-9704

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

Telephone Number: 1-800-934-3453
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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
37 HURDS CORNERS RD

Number and Street 2:

City:
PAWLING

State:
New York

Country:
United States

ZIP+4/Postal Code:
12564-2400

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
ROUTE 9W SOUTH 10-15

Number and Street 2:

City:
PORT EWEN

State:
New York

Country:
United States

ZIP+4/Postal Code:
12466

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
ROUTE 9W SOUTH 16

Number and Street 2:

City:
PORT EWEN

State:
New York

Country:
United States

ZIP+4/Postal Code:
12466

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
15333 HEMPSTEAD RD

Number and Street 2:

City: HOUSTON | State: Texas | Country: United States | ZIP+4/Postal Code: 77040-3011

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
2630 CENTER STREET

Number and Street 2:

City: HOUSTON | State: Texas | Country: United States | ZIP+4/Postal Code: 77007-6010

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:
1110 S 3800 W

Number and Street 2:
STE 300

City: SALT LAKE CITY | State: Utah | Country: United States | ZIP+4/Postal Code: 84104-5509

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

Telephone Number:
1-800-934-3453

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

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

Number and Street 1:		Number and Street 2:	
1665 S 5350 W			
City:	**State:**	**Country:**	**ZIP+4/Postal Code:**
SALT LAKE CITY	Utah	United States	84104-4721

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

Telephone Number:	Facsimile number, if any:
1-800-934-3453	

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940

Name of entity where books and records are kept:
BLOOMBERG

Number and Street 1:		Number and Street 2:	
731 LEXINGTON AVENUE			
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:
212-318-2000	

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.
CERTAIN BOOKS AND RECORDS REQUIRED BY SECTION 204 OF THE INVESTMENT ADVISERS ACT OF 1940 AND RELEVANT UK FINANCIAL CONDUCT AUTHORITY (FCA)RECORD KEEPING REQUIREMENTS ARE ARCHIVED AT BLOOMBERG.

SECTION 1.M. Registration with Foreign Financial Regulatory Authorities

List the name and country, in English, of each *foreign financial regulatory authority* with which you are registered. You must complete a separate Schedule D Section 1.M. for each *foreign financial regulatory authority* with whom you are registered.

Name of Country/*Foreign Financial Regulatory Authority*:
Australia - Australian Securities and Investments Commission

Other:

Item 2 SEC Registration / Reporting

SEC Reporting by *Exempt Reporting Advisers*

B. Complete this Item 2.B. only if you are reporting to the SEC as an *exempt reporting adviser*. Check all that apply. You:

- ☐ (1) qualify for the exemption from registration as an adviser solely to one or more venture capital funds, as defined in rule 203(l)-1;
- ☑ (2) qualify for the exemption from registration because you act solely as an adviser to *private funds* and have assets under management, as defined in rule 203(m)-1, in the United States of less than $150 million;
- ☐ (3) act solely as an adviser to *private funds* but you are no longer eligible to check box 2.B.(2) because you have assets under management, as defined in rule 203(m)-1, in the United States of $150 million or more.

If you check box (2) or (3), complete Section 2.B. of Schedule D.

SECTION 2.B. *Private Fund* Assets

If you check Item 2.B.(2) or (3), what is the amount of the *private fund* assets that you manage? $ 0

NOTE: "*Private fund* assets" has the same meaning here as it has under rule 203(m)-1. If you are an investment adviser with its *principal office and place of business* outside the United States only include *private fund* assets that you manage at a place of business in the United States.

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
	Australia

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 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*:
   ARTEMIS REAL ESTATE PARTNERS FUND II GP, LLC

2. Primary Business Name of *Related Person*:
   ARTEMIS REAL ESTATE PARTNERS FUND II GP, LLC

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*?	○	◉

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

1. Legal Name of *Related Person*:
   MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

2. Primary Business Name of *Related Person*:
   MASSMUTUAL ASCEND LIFE INSURANCE 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

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*:
   BARINGS (U.K.) LIMITED

2. Primary Business Name of *Related Person*:
BARINGS (U.K.) LIMITED

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
802 - 75339
or
Other

4. *Related Person's*
(a) *CRD* Number (if any):
158277
(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?
EXEMPT REPORTING ADVISER - SECTION 203(M) OF THE INVESTMENT ADVISERS ACT

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*
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?	○	◉

1. Legal Name of *Related Person*:
BARING ASSET MANAGEMENT (ASIA) LIMITED

2. Primary Business Name of *Related Person*:
BARING ASSET MANAGEMENT (ASIA) LIMITED

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
801 - 56176
or
Other

4. *Related Person's*
(a) *CRD* Number (if any):
108513
(b) CIK Number(s) (if any):

CIK Number
1624302

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?
FOREIGN PRIVATE ADVISER EXEMPTION - SECTION 203(B)(3) OF THE INVESTMENT ADVISERS ACT

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*
Hong Kong - Securities and Futures Commission
South Korea - Financial Supervisory Commission / Financial Supervisory Service

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*:
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

2. Primary Business Name of *Related Person*:
MASSACHUSETTS MUTUAL LIFE INSURANCE 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):

CIK Number
225602
1306394

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*
Other - HONG KONG - INSURANCE AUTHORITY

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*:
BARING FUND MANAGERS LIMITED

2. Primary Business Name of *Related Person*:
BARING FUND MANAGERS LIMITED

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

or

Other

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

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

No Information Filed

5. *Related Person* is: (check all that apply)
   (a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer
   (b) ☐ other investment adviser (including financial planners)
   (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*
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?	○	◉

1. Legal Name of *Related Person*:
   BARING INTERNATIONAL FUND MANAGERS (IRELAND) LIMITED

2. Primary Business Name of *Related Person*:
   BARING INTERNATIONAL FUND MANAGERS (IRELAND) LIMITED

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
   802 - 114742
   or
   Other

4. *Related Person's*
   (a) *CRD* Number (if any):
   300157

(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?
EXEMPT REPORTING ADVISER - SECTION 203(M) OF THE INVESTMENT ADVISERS ACT

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 - Quebec, Financial Markets Authority
Ireland - Central Bank of Ireland

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*:
BARINGS SINGAPORE PTE. LTD.

2. Primary Business Name of *Related Person*:
BARINGS SINGAPORE PTE. LTD.

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*
Singapore - Monetary Authority of Singapore

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*:
BARING ASSET MANAGEMENT KOREA LIMITED

2. Primary Business Name of *Related Person*:
BARING ASSET MANAGEMENT KOREA LIMITED

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

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

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

No Information Filed

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

(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer
(b) ☑ other investment adviser (including financial planners)
(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?
FOREIGN PRIVATE ADVISER EXEMPTION - SECTION 203(B)(3) OF THE INVESTMENT ADVISERS ACT

10. (a) Is the *related person* registered with a *foreign financial regulatory authority* ?	◉	○
11. Do you and the *related person* share any *supervised persons*?	○	◉
12. Do you and the *related person* share the same physical location?	○	◉

(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*
South Korea - Financial Supervisory Commission / Financial Supervisory Service

---

1. Legal Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS FUND III GP, LLC

2. Primary Business Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS FUND III GP, LLC

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?	○	◉

1. Legal Name of *Related Person*:
CRPTF - ARTEMIS TRANSITION ASSETS GP HOLDINGS, LLC

2. Primary Business Name of *Related Person*:
CRPTF - ARTEMIS TRANSITION ASSETS GP HOLDINGS, LLC

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?	○	◉

---

1. Legal Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS INCOME AND GROWTH FUND GP, LLC

2. Primary Business Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS INCOME AND GROWTH FUND GP, LLC

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*?	○	◉

		Yes	No
7.	Are you and the *related person* under common *control*?	◉	○
8.	(a) Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*?	○	◉
	(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the *related person* and thus are not required to obtain a surprise examination for your *clients'* funds or securities that are maintained at the *related person*?	○	○

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

Number and Street 1: Number and Street 2:

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

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

		Yes	No
9.	(a) If the *related person* is an investment adviser, is it exempt from registration?	○	○
	(b) If the answer is yes, under what exemption?		
10.	(a) Is the *related person* registered with a *foreign financial regulatory authority* ?	○	◉

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

No Information Filed

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

1. Legal Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS INCOME & GROWTH FUND II SEPARATE ACCOUNT GP, LLC

2. Primary Business Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS INCOME & GROWTH FUND II SEPARATE ACCOUNT GP, LLC

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?	○	◉

---

1. Legal Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS DEBT FUND GP, LLC

2. Primary Business Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS DEBT FUND GP, LLC

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?	○	◉

---

1. Legal Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS CREDIT OPPORTUNITIES FUND GP, LLC

2. Primary Business Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS CREDIT OPPORTUNITIES FUND GP, LLC

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? ○ ◉

---

1. Legal Name of *Related Person*:
   CRE LEGAL ADVISORS, LLC

2. Primary Business Name of *Related Person*:
   CRE LEGAL ADVISORS, LLC

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?	○	◉

1. Legal Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS HEALTHCARE FUND II GP, LLC

2. Primary Business Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS HEALTHCARE FUND II GP, LLC

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?	○	◉

---

1. Legal Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS FUND IV GP, LLC

2. Primary Business Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS FUND IV GP, LLC

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?	○	◉

1. Legal Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS HEALTHCARE FUND I GP, LLC

2. Primary Business Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS HEALTHCARE FUND I GP, LLC

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?	○	◉

1. Legal Name of *Related Person*:
   ARTEMIS REAL ESTATE PARTNERS INCOME AND GROWTH FUND II GP, LLC

2. Primary Business Name of *Related Person*:
   ARTEMIS REAL ESTATE PARTNERS INCOME AND GROWTH FUND II GP, LLC

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?	○	◉

---

1. Legal Name of *Related Person*:
BARINGS AUSTRALIA PROPERTY PTY LTD

2. Primary Business Name of *Related Person*:
BARINGS AUSTRALIA PROPERTY PTY LTD

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?	◉	○

1. Legal Name of *Related Person*:
BARING INTERNATIONAL INVESTMENT LTD

2. Primary Business Name of *Related Person*:
BARING INTERNATIONAL INVESTMENT LTD

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
801 - 15160
or
Other

4. *Related Person's*
(a) *CRD* Number (if any):
105724
(b) CIK Number(s) (if any):

CIK Number
1568131

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 - Manitoba Securities Commission
Canada - Quebec, Financial Markets Authority
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?	○	◉

1. Legal Name of *Related Person*:
BARINGS INVESTMENT MANAGEMENT (SHANGHAI) LIMITED

2. Primary Business Name of *Related Person*:
BARINGS INVESTMENT MANAGEMENT (SHANGHAI) LIMITED

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

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

(b) CIK Number(s) (if any):
No Information Filed

5. *Related Person* is: (check all that apply)
(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer
(b) ☑ other investment adviser (including financial planners)
(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*
China, People's Republic of - China Securities Regulatory Commission
Other - CHINA - ASSET MANAGEMENT ASSOCIATION OF CHINA

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*:
BARINGS JAPAN LIMITED

2. Primary Business Name of *Related Person*:
BARINGS JAPAN LIMITED

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

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

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

No Information Filed

5. *Related Person* is: (check all that apply)
(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer
(b) ☑ other investment adviser (including financial planners)
(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?

FOREIGN PRIVATE ADVISER EXEMPTION - SECTION 203(B)(3) OF THE INVESTMENT ADVISERS ACT

		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*
Japan - Financial Services Agency

		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*:
BARINGS SWITZERLAND SÀRL

2. Primary Business Name of *Related Person*:
BARINGS SWITZERLAND SÀRL

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*?	◉	○

			Yes	No
7.		Are you and the *related person* under common *control*?	◉	○
8.	(a)	Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*?	○	◉
	(b)	If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the *related person* and thus are not required to obtain a surprise examination for your *clients'* funds or securities that are maintained at the *related person*?	○	○

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

Number and Street 1: Number and Street 2:

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

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

			Yes	No
9.	(a)	If the *related person* is an investment adviser, is it exempt from registration?	○	◉
	(b)	If the answer is yes, under what exemption?		
10.	(a)	Is the *related person* registered with a *foreign financial regulatory authority* ?	○	◉
	(b)	If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.		

No Information Filed

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

---

1. Legal Name of *Related Person*:
   JEFFERIES FINANCE LLC

2. Primary Business Name of *Related Person*:
   JEFFERIES FINANCE LLC

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
   801 - 74480
   or
   Other

4. *Related Person's*
   (a) *CRD* Number (if any):
   162264
   (b) CIK Number(s) (if any):

CIK Number
1898590

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

			Yes	No
6.		Do you *control* or are you *controlled* by the *related person*?	○	◉
7.		Are you and the *related person* under common *control*?	◉	○
8.	(a)	Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*?	○	◉
	(b)	If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you	○	○

are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the *related person* and thus are not required to obtain a surprise examination for your *clients'* funds or securities that are maintained at the *related person*?

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

Number and Street 1: Number and Street 2:
City: State: Country: ZIP+4/Postal Code:
If this address is a private residence, check this box: ☐

		Yes	No
9. (a)	If the *related person* is an investment adviser, is it exempt from registration?	○	◉
(b)	If the answer is yes, under what exemption?		
10. (a)	Is the *related person* registered with a *foreign financial regulatory authority* ?	○	◉
(b)	If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.		

No Information Filed

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

---

1. Legal Name of *Related Person*:
BARINGS SECURITIES LLC

2. Primary Business Name of *Related Person*:
BARINGS SECURITIES LLC

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
8 - 47589
or
Other

4. *Related Person's*
(a) *CRD* Number (if any):
36929
(b) CIK Number(s) (if any):

CIK Number
930012

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 - Nova Scotia Securities Commission
Canada - Ontario Securities Commission
Canada - Prince Edward Island, Securities Office
Canada - Quebec, Financial Markets Authority
Canada - Saskatchewan Financial Services Commission
Other - CANADA - NEW BRUNSWICK FINANCIAL AND CONSUMER SERVICES 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*:
GREAT FALLS ADVISORS, LLC

2. Primary Business Name of *Related Person*:
GREAT FALLS ADVISORS, LLC

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?	○	◉

---

1. Legal Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS HEALTHCARE FUND II SIDECAR-C GP, LLC

2. Primary Business Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS HEALTHCARE FUND II SIDECAR-C GP, LLC

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?	○	◉

1. Legal Name of *Related Person*:
   BARING SICE (TAIWAN) LIMITED

2. Primary Business Name of *Related Person*:
   BARING SICE (TAIWAN) LIMITED

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

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

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

No Information Filed

5. *Related Person* is: (check all that apply)
   (a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer
   (b) ☑ other investment adviser (including financial planners)
   (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?		

FOREIGN PRIVATE ADVISER EXEMPTION - SECTION 203(B)(3) OF THE INVESTMENT ADVISERS ACT

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 - TAIWAN - SECURITIES INVESTMENT TRUST AND CONSULTING ASSOCIATION
Taiwan - Financial Supervisory 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*:
COUNTERPOINTE INVESTMENT MANAGEMENT LLC

2. Primary Business Name of *Related Person*:
COUNTERPOINTE INVESTMENT MANAGEMENT LLC

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
801 - 132763
or
Other

4. *Related Person's*
(a) *CRD* Number (if any):
333864
(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? ○ Yes ◉ No

---

1. Legal Name of *Related Person*:
   ARTEMIS REAL ESTATE PARTNERS HEALTHCARE FUND III GP, LLC

2. Primary Business Name of *Related Person*:
   ARTEMIS REAL ESTATE PARTNERS HEALTHCARE FUND III GP, LLC

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?	○	◉

---

1. Legal Name of *Related Person*:

ARTEMIS REAL ESTATE PARTNERS HEALTHCARE FUND III SIDECAR-C GP, LLC

2. Primary Business Name of *Related Person*:
ARTEMIS REAL ESTATE PARTNERS HEALTHCARE FUND III SIDECAR-C GP, LLC

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?	○	◉

1. Legal Name of *Related Person*:
ARTEMIS CLP PORTFOLIO CO-INVEST GP, LLC

2. Primary Business Name of *Related Person*:
ARTEMIS CLP PORTFOLIO CO-INVEST GP, LLC

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?	○	◉

1. Legal Name of *Related Person*:
   ARTEMIS HEALTHCARE FUND III SENIORS HOUSING SIDECAR-R GP, LLC

2. Primary Business Name of *Related Person*:
   ARTEMIS HEALTHCARE FUND III SENIORS HOUSING SIDECAR-R GP, LLC

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?	○	◉

1. Legal Name of *Related Person*:
ARTEMIS SENIORS SMA-R, GP, LLC

2. Primary Business Name of *Related Person*:
ARTEMIS SENIORS SMA-R, GP, LLC

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?	○	◉

---

1. Legal Name of *Related Person*:
BARINGS OVERSEAS INVESTMENT FUND MANAGEMENT (SHANGHAI) LIMITED

2. Primary Business Name of *Related Person*:
BARINGS OVERSEAS INVESTMENT FUND MANAGEMENT (SHANGHAI) LIMITED

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

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

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

No Information Filed

5. *Related Person* is: (check all that apply)
(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer
(b) ☑ other investment adviser (including financial planners)
(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*
China, People's Republic of - China Securities Regulatory Commission
Other - CHINA - ASSET MANAGEMENT ASSOCIATION OF CHINA

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*:
BARINGS REAL ESTATE ADVISERS INC.

2. Primary Business Name of *Related Person*:
BARINGS REAL ESTATE ADVISERS 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.

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*:
BARINGS AUSTRALIA ASSET MANAGEMENT PTY LTD

2. Primary Business Name of *Related Person*:
BARINGS AUSTRALIA ASSET MANAGEMENT PTY LTD

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?	◉	○

1. Legal Name of *Related Person*:
MASSMUTUAL PRIVATE WEALTH & TRUST, FSB

2. Primary Business Name of *Related Person*:
MASSMUTUAL PRIVATE WEALTH & TRUST, FSB

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):

CIK Number
1103653

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*? ○ Yes ◉ No

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

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

Number and Street 1: Number and Street 2:

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

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

		Yes	No
9. (a)	If the *related person* is an investment adviser, is it exempt from registration?	○	○
(b)	If the answer is yes, under what exemption?		
10. (a)	Is the *related person* registered with a *foreign financial regulatory authority* ?	○	◉

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

No Information Filed

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

---

1. Legal Name of *Related Person*:
C.M. LIFE INSURANCE COMPANY

2. Primary Business Name of *Related Person*:
C.M. LIFE INSURANCE 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		
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*:
BARINGS LLC

2. Primary Business Name of *Related Person*:
BARINGS LLC

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
801 - 241
or
Other

4. *Related Person's*
(a) *CRD* Number (if any):
106006
(b) CIK Number(s) (if any):

CIK Number
9015

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*
Australia - Australian Securities and Investments Commission
Canada - Alberta Securities Commission
Canada - British Columbia Securities Commission
Canada - Manitoba Securities Commission
Canada - Nova Scotia Securities Commission
Canada - Ontario Securities Commission
Canada - Quebec, Financial Markets Authority
Ireland - Central Bank of Ireland
Netherlands - The Netherlands Authority for the Financial Markets
Other - CANADA - NEW BRUNSWICK FINANCIAL AND CONSUMER SERVICES COMMISSION
Other - IRELAND - IRISH FINANCIAL SERVICES REGULATORY AUTHORITY
South Korea - Financial Supervisory Commission / Financial Supervisory Service

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*:
MML BAY STATE LIFE INSURANCE COMPANY

2. Primary Business Name of *Related Person*:
MML BAY STATE LIFE INSURANCE 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):

CIK Number
924777

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*? ○ Yes ○ No

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

Number and Street 1: Number and Street 2:

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

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

		Yes	No
9. (a)	If the *related person* is an investment adviser, is it exempt from registration?	○	○
(b)	If the answer is yes, under what exemption?		
10. (a)	Is the *related person* registered with a *foreign financial regulatory authority* ?	○	◉

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

No Information Filed

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

1. Legal Name of *Related Person*:
BARING ASSET MANAGEMENT LIMITED

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

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
802 - 114253
or
Other

4. *Related Person's*

(a) *CRD* Number (if any):
299118

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

CIK Number
1606779

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?
EXEMPT REPORTING ADVISER - SECTION 203(M) OF THE INVESTMENT ADVISERS ACT

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*
China, People's Republic of - China Securities Regulatory Commission
Dubai - Dubai Financial Services Authority
Other - ABU DHABI - FINANCIAL SERVICES REGULATORY AUTHORITY (FSRA)
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?	○	◉

1. Legal Name of *Related Person*:
GRYPHON CAPITAL INVESTMENTS PTY LTD

2. Primary Business Name of *Related Person*:
GRYPHON CAPITAL INVESTMENTS PTY LTD

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*
Australia - Australian Securities and Investments Commission

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

1. Name of the *private fund*:
   BARINGS CAPITAL GLOBAL CREDIT FUND (LUX) SCSP, SICAV-SIF

2. *Private fund* identification number:
   (include the "805-" prefix also)
   805-3891127030

3. Name and SEC File number of adviser that provides information about this *private fund* in Section 7.B.(1) of Schedule D of its Form ADV filing
   Name:
   BARING INTERNATIONAL FUND MANAGERS (IRELAND) LIMITED
   SEC File Number:
   802 - 114742

		Yes	No
4.	Are your *clients* solicited to invest in this *private fund*?	◉	○

In answering this question, disregard feeder funds' investment in a master fund. For purposes of this question, in a master-feeder arrangement, one or more funds ("feeder funds") invest all or substantially all of their assets in a single fund ("master fund"). A fund would also be a "feeder fund" investing in a "master fund" for purposes of this question if it issued multiple classes (or series) of shares or interests, and each class (or series) invests substantially all of its assets in a single master fund.

1. Name of the *private fund*:
   BARINGS GLOBAL INVESTMENT FUND

2. *Private fund* identification number:
(include the "805-" prefix also)
805-1303641090

3. Name and SEC File number of adviser that provides information about this *private fund* in Section 7.B.(1) of Schedule D of its Form ADV filing
Name:
BARING INTERNATIONAL FUND MANAGERS (IRELAND) LIMITED
SEC File Number:
802 - 114742

	Yes	No
4. Are your *clients* solicited to invest in this *private fund*?	◉	○

In answering this question, disregard feeder funds' investment in a master fund. For purposes of this question, in a master-feeder arrangement, one or more funds ("feeder funds") invest all or substantially all of their assets in a single fund ("master fund"). A fund would also be a "feeder fund" investing in a "master fund" for purposes of this question if it issued multiple classes (or series) of shares or interests, and each class (or series) invests substantially all of its assets in a single master fund.

1. Name of the *private fund*:
BARINGS GLOBAL PRIVATE LOAN FUND 4 SCSP

2. *Private fund* identification number:
(include the "805-" prefix also)
805-5288868123

3. Name and SEC File number of adviser that provides information about this *private fund* in Section 7.B.(1) of Schedule D of its Form ADV filing
Name:
BARING INTERNATIONAL FUND MANAGERS (IRELAND) LIMITED
SEC File Number:
802 - 114742

	Yes	No
4. Are your *clients* solicited to invest in this *private fund*?	◉	○

In answering this question, disregard feeder funds' investment in a master fund. For purposes of this question, in a master-feeder arrangement, one or more funds ("feeder funds") invest all or substantially all of their assets in a single fund ("master fund"). A fund would also be a "feeder fund" investing in a "master fund" for purposes of this question if it issued multiple classes (or series) of shares or interests, and each class (or series) invests substantially all of its assets in a single master fund.

1. Name of the *private fund*:
BARINGS GLOBAL PRIVATE LOAN FUND 4(S) SCSP

2. *Private fund* identification number:
(include the "805-" prefix also)
805-6549237149

3. Name and SEC File number of adviser that provides information about this *private fund* in Section 7.B.(1) of Schedule D of its Form ADV filing
Name:
BARING INTERNATIONAL FUND MANAGERS (IRELAND) LIMITED
SEC File Number:
802 - 114742

	Yes	No
4. Are your *clients* solicited to invest in this *private fund*?	◉	○

In answering this question, disregard feeder funds' investment in a master fund. For purposes of this question, in a master-feeder arrangement, one or more funds ("feeder funds") invest all or substantially all of their assets in a single fund ("master fund"). A fund would also be a "feeder fund" investing in a "master fund" for purposes of this question if it issued multiple classes (or series) of shares or interests, and each class (or series) invests substantially all of its assets in a single master fund.

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

No Information Filed

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:

		Yes	No
C.	Has the SEC or the Commodity Futures Trading Commission (CFTC) 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 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)?	○	◉

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.
BARINGS AUSTRALIA HOLDING COMPANY PTY LTD	FE	SOLE OWNER	10/2009	E	Y	N	
HOUGH, AMANDA, JANE	I	SECRETARY	10/2015	NA	Y	N	6629977
HOOLEY, JUSTIN, RYAN	I	DIRECTOR	09/2022	NA	Y	N	7716607
GAFFNEY, MICHAEL, EVIN	I	DIRECTOR	01/2024	NA	Y	N	2939235
SARANTIS, PENNY, MAREE	I	SECRETARY	12/2024	NA	Y	N	8066448
Wright, Alastair, John Dilworth	I	DIRECTOR	01/2026	NA	N	N	8245724
BURGESS, OLIVIA, HARRISON	I	COMPLIANCE OFFICER	08/2025	NA	N	N	8245725

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.
BARINGS LLC	DE	BARING ASSET MANAGEMENT (ASIA) HOLDINGS LIMITED	SOLE OWNER	10/2009	E	Y	N	106006
MM ASSET MANAGEMENT HOLDING LLC	DE	BARINGS LLC	SOLE MEMBER	02/2012	E	Y	N	
MASSMUTUAL HOLDING LLC	DE	MM ASSET MANAGEMENT HOLDING LLC	SOLE MEMBER	01/2012	E	Y	N	
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY	DE	MASSMUTUAL HOLDING LLC	SOLE MEMBER	07/2004	E	Y	N	
BARING ASSET MANAGEMENT (ASIA) HOLDINGS LIMITED	FE	BARINGS AUSTRALIA HOLDING COMPANY PTY LTD	SOLE MEMBER	12/2017	E	Y	N	
BARINGS AUSTRALIA HOLDING COMPANY PTY LTD	FE	BARING ASSET MANAGEMENT (ASIA) HOLDINGS LIMITED	SOLE MEMBER OF BARINGS AUSTRALIA HOLDING COMPANY PTY LTD	06/2014	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.

Part 1 A, Schedule A/C Direct Owners and Executive Officers - Jon Millin does not have a middle name to report. SECTION 2B - BARINGS AUSTRALIA PTY LTD PRINCIPAL OFFICE AND PLACE OF BUSINESS ARE OUTSIDE OF THE UNITED STATES AND IT DOES NOT MANAGE ANY PRIVATE FUND ASSETS AT A PLACE OF BUSINESS IN THE UNITED STATES.

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:

This *advisory affiliate* is ◉ a Firm ○ an Individual

Registered: ○ Yes ◉ No

Name: MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
(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*)
   STATE OF CONNECTICUT INSURANCE DEPARTMENT

2. Principal Sanction:
   Civil and Administrative Penalt(ies) /Fine(s)
   Other Sanctions:

3. Date Initiated (MM/DD/YYYY):
   10/03/2017 ◉ Exact ○ Explanation
   If not exact, provide explanation:

4. Docket/Case Number:
   MC 18-87

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

6. Principal Product Type:
   Insurance
   Other Product Types:

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):
   THE STATE OF CONNECTICUT INSURANCE DEPARTMENT CONDUCTED A MARKET CONDUCT EXAMINATION FOR THE PERIOD JANUARY 1, 2014 THROUGH DECEMBER 31, 2016 OF MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY ("MASSMUTUAL"). MASSMUTUAL IS THE PARENT OF MML INVESTMENT ADVISERS, LLC. AT THE CONCLUSION OF THE EXAMINATION, THE STATE OF CONNECTICUT INSURANCE DEPARTMENT ALLEGED THAT MASSMUTUAL VIOLATED SUBSECTIONS 38A-15 AND 38A-702M OF THE CONNECTICUT GENERAL STATUTES.

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:
    Stipulation and Consent

11. Resolution Date (MM/DD/YYYY):
    04/26/2019 ◉ 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: $ 61,000.00
       ☐ Revocation/Expulsion/Denial
       ☐ Censure
       ☐ Bar
       ☐ Disgorgement/Restitution
       ☐ Cease and Desist/Injunction
       ☐ Suspension
    B. Other Sanctions *Ordered:*

       Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:
       MASSMUTUAL AGREED TO PROVIDE THE STATE OF CONNECTICUT INSURANCE DEPARTMENT WITH A SUMMARY OF ACTIONS TAKEN TO COMPLY WITH THE RECOMMENDATIONS IN THE MARKET CONDUCT REPORT WITHIN 90 DAYS AND MASSMUTUAL AGREED TO PAY A FINE IN THE AMOUNT OF $61,000

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).
    DURING THE PERIOD UNDER EXAMINATION (JANUARY 1, 2014-DECEMBER 31, 2016), THE STATE OF CONNECTICUT INSURANCE DEPARTMENT ALLEGED THAT

MASSMUTUAL, IN CERTAIN INSTANCES, FAILED TO FOLLOW ESTABLISHED PRACTICES AND PROCEDURES TO ENSURE COMPLIANCE WITH STATUTORY REQUIREMENTS RESULTING IN: 35 PRODUCERS ACTING AS AGENTS WITHOUT BEING APPOINTED; 1 INSTANCE WHERE IT FAILED TO RETURN PREMIUM IN A TIMELY MANNER; 5 INSTANCES WHERE IT FAILED TO PROVIDE DOCUMENTATION FOR REGULATORY REVIEW; AND 1 INSTANCE WHERE IT FAILED TO RESPOND TIMELY TO A WRITTEN REQUEST FOR INFORMATION.

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:

This *advisory affiliate* is ◉ a Firm ○ an Individual

Registered: ○ Yes ◉ No

Name: MASSACHUSETTS MUTUAL LIFE INSURACE COMPANY
(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*)
MARYLAND INSURANCE ADMINISTRATION

2. Principal Sanction:
Civil and Administrative Penalt(ies) /Fine(s)
Other Sanctions:

3. Date Initiated (MM/DD/YYYY):
04/12/2022 (•) Exact ( ) Explanation
If not exact, provide explanation:

4. Docket/Case Number:
MIA-2023-04-018

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

6. Principal Product Type:
Insurance
Other Product Types:

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):
IN 2003 THE INSURED PURCHASED A FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY WITH A FACE AMOUNT $500,000. IT WAS ALLEGED THAT MASSMUTUAL RAISED THE PREMIUMS AND CHANGED AND CANCELLED THE POLICY WITHOUT NOTIFYING THE INSURED. THE INSURED FURTHER ALLEDGED THAT THE AGENT DID NOT EXPLAIN THAT THE PREMIUM WOULD BE ADJUSTED ANNUALLY AND THAT THE AGENT MISREPRESENTED THE PRODUCT.

8. Current Status? ( ) Pending ( ) On Appeal (•) Final

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

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

10. How was matter resolved:
Order

11. Resolution Date (MM/DD/YYYY):
04/26/2023 (•) 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: $ 1,000.00
- [ ] Revocation/Expulsion/Denial
- [ ] Censure
- [ ] Bar
- [ ] Disgorgement/Restitution
- [ ] Cease and Desist/Injunction
- [ ] Suspension

B. Other Sanctions *Ordered:*

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:
THE MARYLAND INSURANCE COMMISSION ENTERED AN ORDER AGAINST MASSMUTUAL, AND WITHIN 30 DATS OF THE DATE OF ORDER, MASSMUTUAL WILL PAY AN ADMINISTRATIVE PENALTY OF $1,000.

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 STATE OF MARYLAND DETERMINED THAT MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY ("MASSMUTUAL") VIOLATED THE CODE OF MARYLAND REGULATIONS ("COMAR") 31.09.15.11 AND THEREFORE SUBSECTION 4-113 OF THE INSURANCE ARTICLE BY FAILING TO SEND ANNUAL REPORTS TO AN INSURED IN 2020 AND 2021. THE ADMINISTRATION DID NOT FIND A VIOLATION BY MASSMUTUAL IN ITS OTHER ACTIONS COMPLAINED BY COMPLAINANT. THE MARYLAND INSURANCE COMMISSION ENTERED AN ORDER AGAINST MASSMUTUAL, AND WITHIN 30 DAYS OF THE DATE OF THE ORDER, MASSMUTUAL WILL PAY AN ADMINISTRATIVE PENALTY OF $1,000.

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*

CRD Number:

This *advisory affiliate* is ◉ a Firm ○ an Individual

Registered: ○ Yes ◉ No

Name: MASSACHUSETTS MUTUAL LIFE INSURACE COMPANY
(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*)
STATE OF WASHINGTON OFFICE OF THE INSURANCE COMMISSIONER

2. Principal Sanction:
Civil and Administrative Penalt(ies) /Fine(s)
Other Sanctions:

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

05/26/2022 ○ Exact ◉ Explanation
If not exact, provide explanation:
DATE OF 2021 ANNUAL CERTIFICATION PROVIDED TO THE OFFICE OF THE INSURANCE COMMISSIONER ON 5/26/2022, WITH AN EXPLANATION.

4. Docket/Case Number:
23-0147

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

6. Principal Product Type:
   Insurance
   Other Product Types:
   LONG TERM CARE

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):
   MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY MUST CERTIFY ANNUALLY TO THE OFFICE OF THE INSURANCE COMMISSIONER ("OIC") THE INSURANCE PRODUCERS THAT ARE SELLING, SOLICITING OR NEGOTIATING THE COMPANY'S LONG TERM CARE ("LTC") INSURANCE PRODUCTS HAVE COMPLETED LTC REQUIREMENTS. THE CERTIFICATION IS REQUIRED TO BE SUBMITTED ANNUALLY TO THE OIC OR BEFORE MARCH 31ST. MASSACHUSETTS MUTUALS LIFE INSURANCE COMPANY WAS GRANTED AN EXTENSION TO FILE ITS 2021 ANNUAL CERTIFICATION REPORT BY MAY 31, 2022. THE STATE OF WASHINGTON OIC ALLEGED THAT MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY FAILED TO VERIFY THAT TWO INSURANCE PRODUCERS HAD RECEIVED THE REQUIRED LTC TRAINING BEFORE THEY WERE PERMITTED TO SELL, SOLICIT, OR OTHERWISE NEGOTIATE THE SALE OF THE COMPANY'S LTC INSURANCE PRODUCTS. BY FAILING TO VERIFY THE TRAINING, IT WAS ALLEGED THAT THE COMPANY VIOLATED RCW 48.83.130(4), JUSTIFYING THE IMPOSITION OF A FINE UNDER RCW 48.83.160.

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):
    09/08/2023 ◉ 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: $ 10,000.00
    ☐ Revocation/Expulsion/Denial
    ☐ Disgorgement/Restitution
    ☐ Censure
    ☐ Cease and Desist/Injunction
    ☐ Bar
    ☐ Suspension

    B. Other Sanctions *Ordered:*
    THE COMPANY (MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY) ACKNOWLEDGED ITS DUTY TO COMPLY FULLY WITH THE APPLICABLE LAWS OF THE STATE OF WASHINGTON AND CONSENTED TO THE ENTRY OF THE ORDER, WAIVED ANY AND ALL HEARING OR OTHER PROCEDURAL RIGHTS, AND FURTHER ADMINISTRATIVE OR JUDICIAL CHALLENGES TO THE ORDER. BY AGREEMENT OF THE COMPANY AND THE INSURANCE COMMISSIONER, A FINE OF $10,000 IS REQUIRED TO BE PAID WITHIN 30 DAYS. THE COMPANY UNDERSTOOD AND AGREED THAT ANY FURTHER FAILURE TO COMPLY WITH THE STATUTES AND/OR REGULATIONS THAT ARE THE SUBJECT OF THE ORDER WOULD CONSTITUTE GROUNDS FOR FURTHER PENALTIES WHICH MAY BE IMPOSED IN DIRECT RESPONSE TO FURTHER VIOLATIONS.
    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:
    BY FAILING TO VERIFY THAT TWO INSURANCE PRODUCERS HAD RECEIVED THE REQUIRED LTC TRAINING BEFORE PERMITTING TO SELL, SOLICIT, OR OTHERWISE NEGOTIATE THE SALE OF THE COMPANY'S LTC INSURANCE PRODUCTS, THE COMPANY VIOLATED RCW 48.23.130(4), JUSTIFYING THE IMPOSITION OF A FINE OF $10,000 AGAINST MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY UNDER RCW 48.83.160. THE COMPANY HAS PAID THE FINE.

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).
    MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY MUST CERTIFY ANNUALLY TO THE OFFICE OF THE INSURANCE COMMISSIONER ("OIC") THE INSURANCE PRODUCERS THAT ARE SELLING, SOLICITING OR NEGOTIATING THE COMPANY'S LONG TERM CARE ("LTC") INSURANCE PRODUCTS HAVE COMPLETED LTC REQUIREMENTS. THE CERTIFICATION IS REQUIRED TO BE SUBMITTED ANNUALLY TO THE OIC OR BEFORE MARCH 31ST. MASSACHUSETTS MUTUALS LIFE INSURANCE COMPANY WAS GRANTED AN EXTENSION TO FILE ITS 2021 ANNUAL CERTIFICATION REPORT BY MAY 31, 2022. MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY SUBMITTED THE CERTIFICATION ON MAY 26, 2022, WHICH REVEALED THAT IT SELF-DISCLOSED THAT TWO PRODUCERS SOLD THREE LTC POLICIES TO WASHINGTON CONSUMERS ON BEHALF OF THE COMPANY AND THE PRODUCERS WERE NOT IN COMPLIANCE WITH THE LTC EDUCATION REQUIREMENTS AT THE TIME OF THE SALES. RCW 48.83.130(4) REQUIRES ISSUERS TO OBTAIN VERIFICATION THAT A PRODUCER RECEIVES TRAINING BEFORE ETHE PRODUCERS IS PERMITTED TO SELL, SOLICIT OR NEGOTIATE THE ISSUER'S LTC INSURANCE PRODUCTS. WAC 284-17-262(1) PROVIDES THAT EACH ISSUER THAT HAS LTC POLICES APPROVED FOR SALE IN WA MUST CERTIFY ANNUAL THAT ALL OF ITS PRODUCERS HAVE (A) COMPLETED THE 8 HR. ONE TIME LTC EDUCATION TRAINING COURSE REQUIRED BY RCW 48.83.130(1)(A)(I) PRIOR TO SELLING, SOLICITING, OR NEGOTIATING THE COMPANY'S LTC COVERAGE IN WA; AND (B) IF DUE, COMPLETED THE REQUIRED 4 HOUR LTC CE REQUIREMENT IMPOSED BY RCS 48.83.130(2)(B). BY FAILING TO VERIFY THAT TWO PRODUCERS HAD RECEIVED THE REQUIRED LONG-TERM CARE TRAINING PRIOR TO SELLING, SOLICITING OR NEGOTIATING THE SALE OF THE COMPANY'S INSURANCE PRODUCTS, IT WAS ALLEGED THAT THE COMPANY HAS VIOLATED RCW 48.83.130(4)

JUSTIFYING A FINE UNDER RCW 48.83.160. THE INSURANCE COMMISSIONER CONSENTED TO SETTLE THE MATTER IN CONSIDERATION OF THE COMPANY'S PAYMENT OF A FINE AND UPON SUCH TERMS AND CONDITIONS, INCLUDING (1) THE COMPANY ACKNOWLEDGES THE DUTY TO COMPLY FULLY WITH THE APPLICABLE LAWS OF THE STATE OF WASHINGTON; AND (2) THE COMPANY CONSENTED TO THE ENTRY OF THE ORDER. BY AGREEMENT, THE INSURANCE COMMISSIONER IMPOSED A FINE IN THE AMOUNT OF $10,000 TO BE PAID WITHIN 30 DAYS.

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:

This *advisory affiliate* is ◉ a Firm ○ an Individual

Registered: ○ Yes ◉ No

Name: MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
(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*)
STATE OF DELAWARE INSURANCE COMMISSIONER

2. Principal Sanction:
Civil and Administrative Penalt(ies) /Fine(s)
Other Sanctions:

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

03/31/2024 ○ Exact ◉ Explanation
If not exact, provide explanation:
FINAL EXAMINATION REPORT

4. Docket/Case Number:
DOCKET NO. 5635

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

6. Principal Product Type:
Insurance
Other Product Types:

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

IT WAS ALLEGED THAT MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY'S PRACTICES AND PROCEDURES DID NOT COMPLY WITH STATUTORY AND REGULATORY PROVISIONS: 18 DEL ADMIN. C.§1203-4.0 LIFE INSURANCE SOLICITATION DEFINITIONS; 18 DEL. ADMIN C. §1204-5.2 DUTIES OF AGENTS AND BROKERS; 18 DEL. C. §1204.7.1 DUTIES OF INSURERS THAT USE AGENTS OR BROKERS; 18 DEL. ADMIN. C. §1204-7.4 STANDARDS FOR BASIC ILLUSTRATIONS.

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:

Stipulation and Consent

11. Resolution Date (MM/DD/YYYY):

05/08/2025 ◉ 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: $ 133,500.00
☐ Revocation/Expulsion/Denial
☐ Censure
☐ Bar
☐ Disgorgement/Restitution
☐ Cease and Desist/Injunction
☐ Suspension

B. Other Sanctions *Ordered:*
RESPONDENT SHALL IMMEDIATELY IMPLEMENT CORRECTIVE ACTIONS FOR ANY AND ALL EXCEPTIONS AND RECOMMENDATIONS INCLUDED IN THE FINAL EXAMINATION REPORT AND SHALL REPORT THE COMPLETION OF THE CORRECTIVE ACTIONS TO THE DEPARTMENT WITHIN 30 DAYS OF THE DATE OF THE CONSENT ORDER.
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:
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY PAID AN ADMINISTRATIVE PENALTY OF $133,500.00 ON MAY 6, 2025. NO PORTION OF THE ADMINISTRATIVE PENALTY WAS WAIVED.

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 DEPARTMENT, THROUGH ITS EXAMINERS, CONDUCTED A TARGET MARKET CONDUCT EXAMINATION OF MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY'S AFFAIRS AND PRACTICES AS OF MARCH 31, 2024. THE DEPARTMENT PROVIDED MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY WITH A VERIFIED WRITTEN REPORT OF THE EXAMINATION AND MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY REVIEWED AND PROVIDED THE DEPARTMENT WITH COMMENTS ON THE EXAMINATION REPORT. THE DEPARTMENT THROUGH ITS EXAMINERS PREPARED A FINAL REPORT OF THE EXAMINATION DATED AS OF MARCH 31, 2024 (THE FINAL EXAMINATION REPORT). THE FINAL EXAMINATION REPORT CONCLUDED THAT MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY'S PRACTICES AND PROCEDURES DID NOT COMPLY WITH STATUTORY AND REGULATORY PROVISIONS. MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY ACCEPTED THE FINAL EXAMINATION REPORT AND WAIVED ANY RIGHT TO A HEARING AND AGREED THAT THE DEPARTMENT MAY FILE THE FINAL EXAMINATION REPORT WITHOUT ANY FURTHER MODIFICATIONS. MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY PAID AN ADMINISTRATIVE PENALTY FOR THE VIOLATIONS IN THE AMOUNT OF $133,500.00 ON MAY 6, 2025. THE DEPARTMENT WILL POST A COPY OF THE FINAL EXAMINATION REPORT AND THE STIPULATION AND CONSENT ON THE DEPARTMENT'S PUBLIC WEBSITE. WITHIN 1 YEAR

OF THE DATE OF THE FINAL EXAMINATION REPORT, THE DEPARTMENT MAY RE-EXAMINE THE EXCEPTIONS AND RECOMMENDATIONS IN THE FINAL EXAMINATION REPORT AND DETERMINE WHETHER THE CORRECTIVE ACTIONS WERE APPROPRIATE, PROPERLY IMPLEMENTED AND EFFECTIVE.

CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (ADV)

No Information Filed

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: Date: MM/DD/YYYY

Printed Name: Title:

Adviser *CRD* Number:
169697

***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: MELISSA LAGRANT	Date: MM/DD/YYYY 03/27/2026
Printed Name: MELISSA LAGRANT	Title: CHIEF COMPLIANCE OFFICER AND MANAGING DIRECTOR
Adviser *CRD* Number: 169697	