

FORM ADV

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

Primary Business Name: BENJAMIN F. EDWARDS & COMPANY, INCORPORATED	CRD Number: 146936
Other-Than-Annual Amendment - All Sections	Rev. 10/2017
8/26/2019 3:51:46 PM	

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):
BENJAMIN F. EDWARDS & COMPANY, INCORPORATED

B. (1) Name under which you primarily conduct your advisory business, if different from Item 1.A.
BENJAMIN F. EDWARDS & COMPANY, INCORPORATED

List on Section 1.B. of Schedule D any additional names under which you conduct your advisory business.

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

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

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

D. (1) If you are registered with the SEC as an investment adviser, your SEC file number: **801-71421**
(2) If you report to the SEC as an *exempt reporting adviser*, your SEC file number:
(3) If you have one or more Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:

CIK Number
1445065

E. (1) If you have a number ("CRD Number") assigned by the *FINRA*'s *CRD* system or by the IARD system, your *CRD* number: **146936**

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:		
ONE NORTH BRENTWOOD BOULEVARD	SUITE 850		
City:	State:	Country:	ZIP+4/Postal Code:
ST. LOUIS	Missouri	United States	63105

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

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

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

☒ Monday - Friday ☐ Other:

Normal business hours at this location:
8:00 - 5:00

(3) Telephone number at this location:
314-726-1600

(4) Facsimile number at this location, if any:
314-726-1601

(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?
71

G.

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

Number and Street 1:

City:

State:

Number and Street 2:

Country:

ZIP+4/Postal Code:

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

H.

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

Number and Street 1:

City:

State:

Number and Street 2:

Country:

ZIP+4/Postal Code:

I.

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

Yes

No

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

J.

Chief Compliance Officer

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

Name:

Telephone number:

Number and Street 1:

City:

Other titles, if any:

Facsimile number, if any:

Number and Street 2:

Country:

ZIP+4/Postal Code:

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

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

Name:

IRS Employer Identification Number:

K.

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

Name:

Telephone number:

Number and Street 1:

City:

Titles:

Facsimile number, if any:

Number and Street 2:

Country:

ZIP+4/Postal Code:

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

L.

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

Yes

No

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

M.

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

Yes

No

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

N.

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

Yes

No

O.

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

Yes

No

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

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

☐ \$10 billion to less than \$50 billion

☐ \$50 billion or more

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

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

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

SECTION 1.B. Other Business Names

No Information Filed

SECTION 1.F. Other Offices

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

Number and Street 1: 25 NORTH THIRD ST.	Number and Street 2: SUITE 150		
City: GENEVA	State: Illinois	Country: United States	ZIP+4/Postal Code: 60134

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

Telephone Number: 630-313-2460	Facsimile Number, if any: 630-313-2464
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
674891

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

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

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

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

Number and Street 1: 6555 US HIGHWAY 98-WEST	Number and Street 2: SUITE B		
City: HATTIESBURG	State: Mississippi	Country: United States	ZIP+4/Postal Code: 39402

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

Telephone Number: 061-271-7110	Facsimile Number, if any:
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
622838

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

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

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Number and Street 1:		Number and Street 2:	
401 COWAN RD		SUITE D	
City:	State:	Country:	ZIP+4/Postal Code:
GULFPORT	Mississippi	United States	39507

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

Telephone Number:	Facsimile Number, if any:
228-284-3131	228-896-6661

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
629823

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

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

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

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Number and Street 1:		Number and Street 2:	
2884 N. MONROE STREET			
City:	State:	Country:	ZIP+4/Postal Code:
DECATUR	Illinois	United States	62526

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

Telephone Number:	Facsimile Number, if any:
217-876-0649	217-876-0931

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

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

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

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

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

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Number and Street 1: 111 S. CALVERT ST. SUITE 1720		Number and Street 2:	
City: BALTIMORE	State: Maryland	Country: United States	ZIP+4/Postal Code: 21202

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

Telephone Number: 410-347-5559	Facsimile Number, if any: 410-347-5659
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
549672

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

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

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

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

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

Number and Street 1: 930 S. HARBOR CITY BLVD		Number and Street 2: SUITE 400	
City: MELBOURNE	State: Florida	Country: United States	ZIP+4/Postal Code: 32901

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

Telephone Number: 321-729-6615	Facsimile Number, if any: 321-729-6619
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
529760

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

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

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

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

Number and Street 1: 11621 CATALPA LANE	Number and Street 2:		
City: WOODSTOCK	State: Illinois	Country: United States	ZIP+4/Postal Code: 60098

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

Telephone Number: 815-337-4485	Facsimile Number, if any: 815-337-5865
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
527028

How many *employees* perform investment advisory functions from this office location?
10

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

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

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

Number and Street 1: 925 WESTCHESTER AVE.	Number and Street 2: SUITE LL01		
City: WHITE PLAINS	State: New York	Country: United States	ZIP+4/Postal Code: 10604

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

Telephone Number:
914-997-9755

Facsimile Number, if any:
914-997-9756

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
419748

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

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

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

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

Number and Street 1:
400 SOUTH COUNTY ROAD

City:
WHEATON

State:
Illinois

Country:
United States

Number and Street 2:
SUITE 140

ZIP+4/Postal Code:
60187

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

Telephone Number:
630-871-2673

Facsimile Number, if any:
630-692-8076

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

How many *employees* perform investment advisory functions from this office location?
17

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

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

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

Number and Street 1:
67 PARK PLACE EAST

City:
MORRISTOWN

State:
New Jersey

Country:
United States

Number and Street 2:
SUITE 800

ZIP+4/Postal Code:
07960

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

Telephone Number: 973-254-5880	Facsimile Number, if any: 973-254-5899
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:

How many *employees* perform investment advisory functions from this office location?
12

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

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

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

☒ (3) Insurance broker or agent

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

☐ (5) Registered municipal advisor

☐ (6) Accountant or accounting firm

☐ (7) Lawyer or law firm

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Number and Street 1: 1605 MARTHA BERRY BOULEVARD NW	Number and Street 2:		
City: ROME	State: Georgia	Country: United States	ZIP+4/Postal Code: 30165

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

Telephone Number: 706-292-3600	Facsimile Number, if any: 706-292-3601
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:

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

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

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

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

☒ (3) Insurance broker or agent

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

☐ (5) Registered municipal advisor

☐ (6) Accountant or accounting firm

☐ (7) Lawyer or law firm

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Number and Street 1: ONE NORTH BRENTWOOD BLVD	Number and Street 2: SUITE 510		
City: CLAYTON	State: Missouri	Country: United States	ZIP+4/Postal Code: 63105

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

Telephone Number:
314-854-9900

Facsimile Number, if any:
314-727-1388

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

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

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

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

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Number and Street 1:
475 REGENCY PARK DRIVE

City:
O'FALLON

State:
Illinois

Country:
United States

Number and Street 2:
SUITE 125

ZIP+4/Postal Code:
62269

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

Telephone Number:
618-624-1500

Facsimile Number, if any:
618-624-1501

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

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

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

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

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Number and Street 1:
5250 W. 116TH PLACE

City:
LEAWOOD

State:
Kansas

Country:
United States

Number and Street 2:
SUITE 320

ZIP+4/Postal Code:
66211

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

Telephone Number:
913-253-1400

Facsimile Number, if any:
913-253-1499

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
513410

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

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

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

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

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

Number and Street 1:
ONE RESERVE ROAD

City:
DANBURY

State:
Connecticut

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
06810

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

Telephone Number:
203-790-8700

Facsimile Number, if any:
203-748-3900

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
457926

How many *employees* perform investment advisory functions from this office location?
10

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

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

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

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

Number and Street 1:
1590 W. CAUSEWAY APPROACH

Number and Street 2:
SUITE 1

City: MANDEVILLE	State: Louisiana	Country: United States	ZIP+4/Postal Code: 70471
If this address is a private residence, check this box: <input type="checkbox"/>			
Telephone Number: 985-674-7000	Facsimile Number, if any: 985-674-7099		
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here: 532693			
How many <i>employees</i> perform investment advisory functions from this office location? 12			
Are other business activities conducted at this office location? (check all that apply)			
<input checked="" type="checkbox"/> (1) Broker-dealer (registered or unregistered)			
<input type="checkbox"/> (2) Bank (including a separately identifiable department or division of a bank)			
<input checked="" type="checkbox"/> (3) Insurance broker or agent			
<input type="checkbox"/> (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)			
<input type="checkbox"/> (5) Registered municipal advisor			
<input type="checkbox"/> (6) Accountant or accounting firm			
<input type="checkbox"/> (7) Lawyer or law firm			
Describe any other <i>investment-related</i> business activities conducted from this office location:			

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

Number and Street 1: 2056 WESTINGS AVE.	Number and Street 2: SUITE 360		
City: NAPERVILLE	State: Illinois	Country: United States	ZIP+4/Postal Code: 60563

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

Telephone Number: 331-814-2595	Facsimile Number, if any: 331-814-2596
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
640423

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

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

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

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

☒ (3) Insurance broker or agent

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

☐ (5) Registered municipal advisor

☐ (6) Accountant or accounting firm

☐ (7) Lawyer or law firm

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

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

Number and Street 1:
125 HALF MILE ROAD, SUITE 104

City:
RED BANK

State:
New Jersey

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
07701

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

Telephone Number:
732-383-2050

Facsimile Number, if any:
732-383-2100

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
480002

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

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

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

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

Number and Street 1:
36468 EMERALD COAST PARKWAY

City:
DESTIN

State:
Florida

Country:
United States

Number and Street 2:
SUITE 5101

ZIP+4/Postal Code:
32541

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

Telephone Number:
8508372451

Facsimile Number, if any:
8508372471

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
535347

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

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

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

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for

each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1: 7322 CENTER STREET		Number and Street 2:	
City: MENTOR	State: Ohio	Country: United States	ZIP+4/Postal Code: 44060

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

Telephone Number: 440-205-0829	Facsimile Number, if any: 440-205-0968
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
462213

How many *employees* perform investment advisory functions from this office location?
10

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

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

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

Number and Street 1: 3400 HEDLEY ROAD		Number and Street 2:	
City: SPRINGFIELD	State: Illinois	Country: United States	ZIP+4/Postal Code: 62711

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

Telephone Number: 217-726-5862	Facsimile Number, if any: 217-726-5883
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
435683

How many *employees* perform investment advisory functions from this office location?
10

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

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

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

Number and Street 1: 811 TILTON ROAD		Number and Street 2:	
City: NORTHFIELD	State: New Jersey	Country: United States	ZIP+4/Postal Code: 08225

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

Telephone Number: 609-484-2659	Facsimile Number, if any: 609-484-2650
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
513822

How many *employees* perform investment advisory functions from this office location?
10

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

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

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

Number and Street 1: 4833 MUNSON AVE NW		Number and Street 2:	
City: CANTON	State: Ohio	Country: United States	ZIP+4/Postal Code: 44718

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

Telephone Number: 3304948640	Facsimile Number, if any: 3304948654
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
538588

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

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

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

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

Number and Street 1: 5832 NORTH KNOXVILLE AVENUE		Number and Street 2: SUITE B	
City: PEORIA	State: Illinois	Country: United States	ZIP+4/Postal Code: 61614

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

Telephone Number: 309-693-5760	Facsimile Number, if any: 309-693-5731
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
424949

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

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

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

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

Number and Street 1: 1101 BROAD STREET		Number and Street 2: SUITE 105	
City: CHATTANOOGA	State: Tennessee	Country: United States	ZIP+4/Postal Code: 37402

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

Telephone Number: 423-668-5411	Facsimile Number, if any: 423-668-5412
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
479036

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

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

☐ (7) Lawyer or law firm

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

SECTION 1.I. Website Addresses

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

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

Address of Website/Account on Publicly Available Social Media Platform: HTTPS://WWW.YOUTUBE.COM/USER/BENJAMINFEDWARDS

Address of Website/Account on Publicly Available Social Media Platform: HTTPS://TWITTER.COM/GROWWITHBFEC

Address of Website/Account on Publicly Available Social Media Platform: HTTPS://WWW.LINKEDIN.COM/COMPANY/BENJAMIN-F.-EDWARDS-&-CO.

Address of Website/Account on Publicly Available Social Media Platform: HTTP://WWW.FACEBOOK.COM/PAGES/BENJAMIN-F-EDWARDS-CO/384532651606841#!/PAGES/BENJAMIN-F-EDWARDS-CO/384532651606841

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

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:
BENJAMIN F. EDWARDS & CO., INC.

Number and Street 1: 850 SHADES CREEK PARKWAY	Number and Street 2: SUITE 310		
City: BIRMINGHAM	State: Alabama	Country: United States	ZIP+4/Postal Code: 35209

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

Telephone Number: 205-877-9900	Facsimile number, if any: 205-877-9999
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This is (check one):

☒ one of your branch offices or affiliates.

☐ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO., INC.

Number and Street 1: 2000 98 PALMS BOULEVARD	Number and Street 2: SUITE 200		
City:	State:	Country:	ZIP+4/Postal Code:

DESTIN	Florida	United States	32541
If this address is a private residence, check this box: <input type="checkbox"/>			
Telephone Number: 850-837-2451		Facsimile number, if any: 850-837-2471	
This is (check one): <input checked="" type="radio"/> one of your branch offices or affiliates. <input type="radio"/> a third-party unaffiliated recordkeeper. <input type="radio"/> other.			
Briefly describe the books and records kept at this location. RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).			

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO., LLC

Number and Street 1:
715 WEST SHERMAN AVENUE

City:
HARRISON

State:
Arkansas

Country:
United States

Number and Street 2:
SUITE B

ZIP+4/Postal Code:
72601

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

Telephone Number:
870-704-4060

Facsimile number, if any:
870-704-4027

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1:
330 N. DIVISION

City:
SUGAR GROVE

State:
Illinois

Country:
United States

Number and Street 2:
UNIT H

ZIP+4/Postal Code:
60554

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

Telephone Number:
630-409-0410

Facsimile number, if any:
630-409-0409

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1:
3510 NORTH CAUSEWAY BLVD SUITE 520

City:
METAIRIE

State:
Louisiana

Country:
United States

Number and Street 2:
SUITE 520

ZIP+4/Postal Code:
70002

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

Telephone Number:
504-208-4779

Facsimile number, if any:
504-208-4778

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1:
5370 KIETZKE LN.

City:
RENO

State:
Nevada

Country:
United States

Number and Street 2:
SUITE 104

ZIP+4/Postal Code:
89511

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

Telephone Number:
775-300-7560

Facsimile number, if any:
775-300-7551

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4),(5),(7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1:
2056 WESTINGS AVE.

City:
NAPERVILLE

State:
Illinois

Country:
United States

Number and Street 2:
SUITE 360

ZIP+4/Postal Code:
60563

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

Telephone Number:
331-814-2595

Facsimile number, if any:
331-814-2596

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F EDWARDS & COMPANY, INC.

Number and Street 1:
125 HALF MILE ROAD

City:
RED BANK

State:
New Jersey

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
07701

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

Telephone Number:
732-383-2050

Facsimile number, if any:
732-383-2100

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4),(5),(7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO., LLC

Number and Street 1:
600 COLLEGE AVE.

City:
CLEMSON

State:
South Carolina

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
29631

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

Telephone Number:
864-653-7702

Facsimile number, if any:
864-653-7720

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO., INC.

Number and Street 1:
1151 OFFICE WOODS DRIVE

City:
PENSACOLA

State:
Florida

Country:
United States

Number and Street 2:
SUITE B

ZIP+4/Postal Code:
32504

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

Telephone Number:
850-477-3336

Facsimile number, if any:
850-447-3339

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

☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO.

Number and Street 1:
247 NEWPORT RD UNIT F

Number and Street 2:

City:
NEW LONDON

State:
New Hampshire

Country:
United States

ZIP+4/Postal Code:
03257

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

Telephone Number:
603-526-6914

Facsimile number, if any:
603-526-6919

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO.

Number and Street 1:
116 EAST 4TH STREET

Number and Street 2:

City:
WATERLOO

State:
Iowa

Country:
United States

ZIP+4/Postal Code:
50703

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

Telephone Number:
319-233-3297

Facsimile number, if any:
319-233-3265

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO., INC.

Number and Street 1:
4940 CASCADE ROAD SE

Number and Street 2:
SUITE 210

City:
GRAND RAPIDS

State:
Michigan

Country:
United States

ZIP+4/Postal Code:
49546

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

Telephone Number:
616-974-3000

Facsimile number, if any:
616-974-9027

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENAJMIN F. EDWARDS & CO.

Number and Street 1: 401 COWAN ROAD	Number and Street 2: SUITE D		
City: GULFPORT	State: Mississippi	Country: United States	ZIP+4/Postal Code: 39507

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

Telephone Number: 228-284-3131	Facsimile number, if any: 228-896-6661
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- This is (check one):
- ☒ one of your branch offices or affiliates.
 - ☐ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

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

Number and Street 1: 1800 AMERICAN BLVD.	Number and Street 2: SUITE 300		
City: PENNINGTON	State: New Jersey	Country: United States	ZIP+4/Postal Code: 08534

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

Telephone Number: 201-395-1456	Facsimile number, if any: 201-413-9141
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- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(3), (7),(18)(1)(A).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO., INC.

Number and Street 1: 5001 SPRING VALLEY ROAD	Number and Street 2: SUITE 400 EAST OFFICE 26		
City: DALLAS	State: Texas	Country: United States	ZIP+4/Postal Code: 75244

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

Telephone Number:
855-645-9996

Facsimile number, if any:

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & COMPANY, INC.

Number and Street 1:
925 WESTCHESTER AVE

City:
WHITE PLAINS

State:
New York

Number and Street 2:
SUITE LL01

Country:
United States

ZIP+4/Postal Code:
10604

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

Telephone Number:
914-467-5033

Facsimile number, if any:
914-997-9755

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

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

Number and Street 1:
11741 MISSOURI BOTTOM RD.

City:
HAZELWOOD

State:
Missouri

Number and Street 2:

Country:
United States

ZIP+4/Postal Code:
63042

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

Telephone Number:
314-731-1174

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.
OFFSITE STORAGE OF CERTAIN BOOKS AND RECORDS.

Name of entity where books and records are kept:
BENJAMIN F EDWARDS & CO.

Number and Street 1:
5250 W 116TH PLACE

City:
LEAWOOD

State:
Kansas

Number and Street 2:
SUITE 320

Country:
United States

ZIP+4/Postal Code:
66211

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

Telephone Number:
913-253-1400

Facsimile number, if any:
913-253-1499

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & COMPANY, INC.

Number and Street 1:
8500 WEST BOWLES AVENUE

City:
LITTLETON

State:
Colorado

Number and Street 2:
SUITE 315

Country:
United States

ZIP+4/Postal Code:
80123

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

Telephone Number:
720-283-3274

Facsimile number, if any:
720-283-4002

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1:
1305 LAMAR AVE

City:
PARIS

State:
Texas

Number and Street 2:
SUITE C

Country:
United States

ZIP+4/Postal Code:
75460

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

Telephone Number:
903-783-1307

Facsimile number, if any:
903-783-1875

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & COMPANY, INC.

Number and Street 1:
5832 NORTH KNOXVILLE AVENUE

City:
PEORIA

State:
Illinois

Number and Street 2:
SUITE B

Country:
United States

ZIP+4/Postal Code:
61614

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

Telephone Number:
309-693-5760

Facsimile number, if any:
309-693-5761

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F EDWARDS & CO., INC.

Number and Street 1:
7322 CENTER STREET

City:
MENTOR

State:
Ohio

Number and Street 2:

Country:
United States

ZIP+4/Postal Code:
44060

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

Telephone Number:
440-205-0829

Facsimile number, if any:
440-205-0968

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1:
3511 CANYON DE FLORES

City:
SIERRA VISTA

State:
Arizona

Number and Street 2:
SUITE A

Country:
United States

ZIP+4/Postal Code:
85650

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

Telephone Number:
520-226-9107

Facsimile number, if any:
520-226-9108

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & COMPANY, INC.

Number and Street 1: 3400 HEDLEY ROAD		Number and Street 2:	
City: SPRINGFIELD	State: Illinois	Country: United States	ZIP+4/Postal Code: 62711

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

Telephone Number: 217-726-5862	Facsimile number, if any: 217-726-5883
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This is (check one):

☒ one of your branch offices or affiliates.

☐ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1: 7607 FERN AVENUE		Number and Street 2: SUITE 102	
City: SHREVEPORT	State: Louisiana	Country: United States	ZIP+4/Postal Code: 71105

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

Telephone Number: 318-383-6805	Facsimile number, if any: 318-383-6814
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This is (check one):

☒ one of your branch offices or affiliates.

☐ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1: 217 WEST MAIN STREET		Number and Street 2:	
City: SALEM	State: Illinois	Country: United States	ZIP+4/Postal Code: 62881

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

Telephone Number: 618-548-9099	Facsimile number, if any: 618-548-9077
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- This is (check one):
- ☒ one of your branch offices or affiliates.
 - ☐ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1: 2102 BIRDCREEK DRIVE		Number and Street 2: SUITE A	
City: TEMPLE	State: Texas	Country: United States	ZIP+4/Postal Code: 76502

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

Telephone Number: 254-236-6490	Facsimile number, if any: 254-236-6491
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- This is (check one):
- ☒ one of your branch offices or affiliates.
 - ☐ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1: 751 E PORTER AVE.		Number and Street 2: SUITE 6	
City: CHESTERTON	State: Indiana	Country: United States	ZIP+4/Postal Code: 46304

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

Telephone Number: 219-250-3240	Facsimile number, if any: 219-250-3252
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- This is (check one):
- ☒ one of your branch offices or affiliates.
 - ☐ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1: 850 PARK SHORE DR.		Number and Street 2: SUITE 204	
City: NAPLES	State: Florida	Country: United States	ZIP+4/Postal Code: 34103

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

Telephone Number: 239-354-7432	Facsimile number, if any: 239-354-7433
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This is (check one):

☒ one of your branch offices or affiliates.

☐ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.

RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & COMPANY, INC.

Number and Street 1: 440 SCIENCE DRIVE	Number and Street 2:
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City: MADISON	State: Wisconsin	Country: United States	ZIP+4/Postal Code: 53711
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If this address is a private residence, check this box: ☐

Telephone Number: 608-233-1000	Facsimile number, if any: 608-233-1085
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This is (check one):

☒ one of your branch offices or affiliates.

☐ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.

RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO.

Number and Street 1: 111 S. CALVERT ST.	Number and Street 2: SUITE 1720
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City: BALTIMORE	State: Maryland	Country: United States	ZIP+4/Postal Code: 21202
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If this address is a private residence, check this box: ☐

Telephone Number: 410-347-5559	Facsimile number, if any: 410-347-5659
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This is (check one):

☒ one of your branch offices or affiliates.

☐ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.

RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & COMPANY

Number and Street 1: 2585 HUNTCLIFF LANE	Number and Street 2:
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City:

PANAMA CITY

State:

Florida

Country:

United States

ZIP+4/Postal Code:

32405

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

Telephone Number:

960-769-7053

Facsimile number, if any:

850-769-7057

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:

BENJAMIN F. EDWARDS & CO.

Number and Street 1:

145 VILLAGE SQUARE

Number and Street 2:

City:

PAINTED POST

State:

New York

Country:

United States

ZIP+4/Postal Code:

14870

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

Telephone Number:

607-962-2045

Facsimile number, if any:

607-962-6035

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:

BENJAMIN F. EDWARDS & COMPANY, INC.

Number and Street 1:

11621 CATALPA LANE

Number and Street 2:

City:

WOODSTOCK

State:

Illinois

Country:

United States

ZIP+4/Postal Code:

60098

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

Telephone Number:

815-337-4485

Facsimile number, if any:

815-337-5865

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F EDWARDS & COMPANY, INC.

Number and Street 1:
235 EAST MAIN STREET

City:
GALESBURG

State:
Illinois

Number and Street 2:
SUITE 3

Country:
United States

ZIP+4/Postal Code:
61401

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

Telephone Number:
309-341-0682

Facsimile number, if any:
309-341-0684

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO.

Number and Street 1:
ONE COUNTRY CLUB VIEW

City:
EDWARDSVILLE

State:
Illinois

Number and Street 2:
SUITE 201

Country:
United States

ZIP+4/Postal Code:
62025

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

Telephone Number:
618-659-6741

Facsimile number, if any:
618-659-9752

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F EDWARDS & CO.

Number and Street 1:
5285 SW MEADOWS ROAD

City:
LAKE OSWEGO

State:
Oregon

Number and Street 2:
SUITE 243

Country:
United States

ZIP+4/Postal Code:
97035

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

Telephone Number:
503-638-0335

Facsimile number, if any:
503-638-0732

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F EDWARDS & COMPANY, INC.

Number and Street 1: 1701 4TH STREET		Number and Street 2: SUITE 101	
City: PERU	State: Illinois	Country: United States	ZIP+4/Postal Code: 61354

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

Telephone Number: 815-220-0588	Facsimile number, if any: 815-220-0579
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This is (check one):

☒ one of your branch offices or affiliates.

☐ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4),(5),(7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO., INC.

Number and Street 1: 2475 NORTHWINDS PARKWAY		Number and Street 2: SUITE 175	
City: ALPHARETTA	State: Georgia	Country: United States	ZIP+4/Postal Code: 30009

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

Telephone Number: 770-619-3004	Facsimile number, if any: 770-619-3979
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This is (check one):

☒ one of your branch offices or affiliates.

☐ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4),(5),(7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO., INC.

Number and Street 1: 2884 N. MONROE STREET		Number and Street 2:	
City: DECATUR	State: Illinois	Country: United States	ZIP+4/Postal Code: 62526

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

Telephone Number: 217-876-0649	Facsimile number, if any: 217-876-0931
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This is (check one):

☒ one of your branch offices or affiliates.

- ☐ a third-party unaffiliated recordkeeper.
- ☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4),(5),(7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F EDWARDS & CO., INC.

Number and Street 1: 460 DILLARD ROAD		Number and Street 2:	
City: HIGHLANDS	State: North Carolina	Country: United States	ZIP+4/Postal Code: 28741

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

Telephone Number: 828-526-3535	Facsimile number, if any: 828-526-3088
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- This is (check one):
- ☒ one of your branch offices or affiliates.
 - ☐ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & COMPANY, INC.

Number and Street 1: 1411 EAST PRIMROSE		Number and Street 2: SUITE A	
City: SPRINGFIELD	State: Missouri	Country: United States	ZIP+4/Postal Code: 65804

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

Telephone Number: 417-712-3922	Facsimile number, if any: 417-823-8912
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- This is (check one):
- ☒ one of your branch offices or affiliates.
 - ☐ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F EDWARDS & CO INC.

Number and Street 1: 67 PARK PLACE EAST		Number and Street 2: SUITE 800	
City: MORRISTOWN	State: New Jersey	Country: United States	ZIP+4/Postal Code: 07960

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

Telephone Number:
973-254-5880

Facsimile number, if any:
973-254-5899

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO., INC.

Number and Street 1:
77 SOUTH PALM AVENUE

City:
SARASOTA

State:
Florida

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
34236

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

Telephone Number:
941-954-8651

Facsimile number, if any:
941-954-8654

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO., INC.

Number and Street 1:
102 NW 3RD STREET

City:
ABILENE

State:
Kansas

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
67410

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

Telephone Number:
785-263-3794

Facsimile number, if any:
785-263-3794

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO., INC.

Number and Street 1:
4833 MUNSON STREET NW

City:

State:

Country:

Number and Street 2:

ZIP+4/Postal Code:

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

Telephone Number:
330-494-8640

Facsimile number, if any:
330-494-8654

This is (check one):

☒ one of your branch offices or affiliates.

☐ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.

RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:

BENJAMIN F. EDWARDS & COMPANY, INC.

Number and Street 1:
8794 BOYNTON BEACH BLVD

City:
BOYNTON BEACH

State:
Florida

Number and Street 2:
SUITE 220

Country:
United States

ZIP+4/Postal Code:
33472

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

Telephone Number:
561-733-9900

Facsimile number, if any:
561-733-9991

This is (check one):

☒ one of your branch offices or affiliates.

☐ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.

RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:

BENJAMIN F EDWARDS & COMPANY, INC.

Number and Street 1:
10333 EAST 21ST STREET N

City:
WICHITA

State:
Kansas

Number and Street 2:
SUITE 104

Country:
United States

ZIP+4/Postal Code:
67206

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

Telephone Number:
316-315-0091

Facsimile number, if any:
316-315-0097

This is (check one):

☒ one of your branch offices or affiliates.

☐ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.

RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4),(5),(7), AND (11).

Name of entity where books and records are kept:

BENJAMIN F. EDWARDS

Number and Street 1: 3511 CANYON DE FLORES		Number and Street 2: SUITE 202	
City: WATKINSVILLE	State: Georgia	Country: United States	ZIP+4/Postal Code: 30677
If this address is a private residence, check this box: <input type="checkbox"/>			
Telephone Number: 706-705-0350		Facsimile number, if any: 706-705-0341	
This is (check one): <input checked="" type="radio"/> one of your branch offices or affiliates. <input type="radio"/> a third-party unaffiliated recordkeeper. <input type="radio"/> other.			
Briefly describe the books and records kept at this location. RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).			

Name of entity where books and records are kept: BENJAMIN F EDWARDS & COMPANY, INC.			
Number and Street 1: 1 NORTH BRENTWOOD BOULEVARD		Number and Street 2: SUTIE 100	
City: CLAYTON	State: Missouri	Country: United States	ZIP+4/Postal Code: 63105
If this address is a private residence, check this box: <input type="checkbox"/>			
Telephone Number: 314-854-9900		Facsimile number, if any: 314-727-1388	
This is (check one): <input checked="" type="radio"/> one of your branch offices or affiliates. <input type="radio"/> a third-party unaffiliated recordkeeper. <input type="radio"/> other.			
Briefly describe the books and records kept at this location. RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).			

Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 910 W TRIMBLE AVE		Number and Street 2: SUITE 2	
City: BERRYVILLE	State: Arkansas	Country: United States	ZIP+4/Postal Code: 72616
If this address is a private residence, check this box: <input type="checkbox"/>			
Telephone Number: 870-505-6793		Facsimile number, if any: 870-505-6794	
This is (check one): <input checked="" type="radio"/> one of your branch offices or affiliates. <input type="radio"/> a third-party unaffiliated recordkeeper. <input type="radio"/> other.			
Briefly describe the books and records kept at this location. RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).			

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & COMPANY, INC.

Number and Street 1:
10260 SW GREENBURG ROAD

City:
PORTLAND

State:
Oregon

Number and Street 2:
SUITE 535

Country:
United States

ZIP+4/Postal Code:
97223

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

Telephone Number:
971-319-6172

Facsimile number, if any:
971-319-6405

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F EDWARDS & COMPANY

Number and Street 1:
ONE EAST CAMPUS BLVD.

City:
COLUMBUS

State:
Ohio

Number and Street 2:
SUITE 260

Country:
United States

ZIP+4/Postal Code:
43235

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

Telephone Number:
614-825-9575

Facsimile number, if any:
614-825-9579

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F EDWARDS & COMPANY

Number and Street 1:
475 REGENCY PARK DRIVE

City:
O'FALLON

State:
Illinois

Number and Street 2:
SUITE 125

Country:
United States

ZIP+4/Postal Code:
62269

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

Telephone Number:
618-624-1500

Facsimile number, if any:
618-624-1501

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

☒ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO.

Number and Street 1:
1605 MARTHA BERRY BOULEVARD NW

Number and Street 2:

City:
ROME

State:
Georgia

Country:
United States

ZIP+4/Postal Code:
30165

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

Telephone Number:
706-292-3600

Facsimile number, if any:
706-292-3601

This is (check one):

☒ one of your branch offices or affiliates.

☐ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO.

Number and Street 1:
224 E. LARKIN ST.

Number and Street 2:

City:
MIDLAND

State:
Michigan

Country:
United States

ZIP+4/Postal Code:
48640

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

Telephone Number:
989-835-3000

Facsimile number, if any:
989-835-7462

This is (check one):

☒ one of your branch offices or affiliates.

☐ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1:
201 W.MAIN STREET

Number and Street 2:

City:
EL DORADO

State:
Arkansas

Country:
United States

ZIP+4/Postal Code:
71730

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

Telephone Number:
870-639-6909

Facsimile number, if any:
870-639-6910

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1: 1805 BOYSON RD.,	Number and Street 2:		
City: HIAWATHA	State: Iowa	Country: United States	ZIP+4/Postal Code: 52233

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

Telephone Number: 319-249-6110	Facsimile number, if any: 319-249-6111
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- This is (check one):
- ☒ one of your branch offices or affiliates.
 - ☐ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO.

Number and Street 1: 6300 SOUTH SYRACUSE WAY	Number and Street 2: SUITE 210		
City: GREENWOOD VILLAGE	State: Colorado	Country: United States	ZIP+4/Postal Code: 80111

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

Telephone Number: 303-770-6621	Facsimile number, if any: 303-770-0935
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- This is (check one):
- ☒ one of your branch offices or affiliates.
 - ☐ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

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

Number and Street 1: 233 S. WACKER DRIVE	Number and Street 2: 84TH FLOOR		
City: CHICAGO	State: Illinois	Country: United States	ZIP+4/Postal Code: 60606

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

Telephone Number:
866-484-6630

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.
ARCHIVAL OF ELECTRONIC COMMUNICATIONS.

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1:
6555 US HIGHWAY 98-WEST

City:
HATTIESBURG

State:
Mississippi

Country:
United States

Number and Street 2:
SUITE 5B

ZIP+4/Postal Code:
39402

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

Telephone Number:
601-271-7110

Facsimile number, if any:
601-271-7176

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & COMPANY, INC.

Number and Street 1:
930 S. HARBOR CITY BLVD

City:
MELBOURNE

State:
Florida

Country:
United States

Number and Street 2:
SUITE 400

ZIP+4/Postal Code:
32901

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

Telephone Number:
321-729-6615

Facsimile number, if any:
321-729-6619

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1: 317 SOUTHWEST DR.		Number and Street 2: STE B	
City: JONESBORO	State: Arkansas	Country: United States	ZIP+4/Postal Code: 72401
If this address is a private residence, check this box: <input type="checkbox"/>			
Telephone Number: 870-520-7000		Facsimile number, if any: 870-520-7001	
This is (check one): <input checked="" type="radio"/> one of your branch offices or affiliates. <input type="radio"/> a third-party unaffiliated recordkeeper. <input type="radio"/> other.			
Briefly describe the books and records kept at this location. RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).			

Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 70COMMERCIAL ST.		Number and Street 2: SUITE 101	
City: CONCORD	State: New Hampshire	Country: United States	ZIP+4/Postal Code: 03301
If this address is a private residence, check this box: <input type="checkbox"/>			
Telephone Number: 603-369-4960		Facsimile number, if any: 603-369-4959	
This is (check one): <input checked="" type="radio"/> one of your branch offices or affiliates. <input type="radio"/> a third-party unaffiliated recordkeeper. <input type="radio"/> other.			
Briefly describe the books and records kept at this location. RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).			

Name of entity where books and records are kept: BENJAMIN F EDWARDS & COMPANY, INC.			
Number and Street 1: 345 FRAZIER AVENUE		Number and Street 2: SUITE 205	
City: CHATTANOOGA	State: Tennessee	Country: United States	ZIP+4/Postal Code: 37405
If this address is a private residence, check this box: <input type="checkbox"/>			
Telephone Number: 423-668-5411		Facsimile number, if any: 423-668-5412	
This is (check one): <input checked="" type="radio"/> one of your branch offices or affiliates. <input type="radio"/> a third-party unaffiliated recordkeeper. <input type="radio"/> other.			
Briefly describe the books and records kept at this location. RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4),(5),(7), AND (11).			

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1:
2745 S. ALMA SCHOOL RD.

Number and Street 2:
SUITE 4

City:
CHANDLER

State:
Arizona

Country:
United States

ZIP+4/Postal Code:
85286

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

Telephone Number:
480-566-6422

Facsimile number, if any:
480-566-6423

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1:
1468 KIMBROUGH RD

Number and Street 2:
SUITE 101

City:
GERMANTOWN

State:
Tennessee

Country:
United States

ZIP+4/Postal Code:
38138

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

Telephone Number:
901-236-0910

Facsimile number, if any:
901-236-0909

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1:
708B WINDOVER RD

Number and Street 2:

City:
JONESBORO

State:
Arkansas

Country:
United States

ZIP+4/Postal Code:
72401

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

Telephone Number:
870-520-7020

Facsimile number, if any:
870-520-7021

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

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1: 25 NORTH THIRDS STREET		Number and Street 2: SUITE 150	
City: GENEVA	State: Illinois	Country: United States	ZIP+4/Postal Code: 60134

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

Telephone Number: 833-313-2460	Facsimile number, if any: 833-313-2464
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This is (check one):

☒ one of your branch offices or affiliates.

☐ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS

Number and Street 1: 2309 VILLAGE GREEN PLACE		Number and Street 2: SUITE A	
City: CHAMPAIGN	State: Illinois	Country: United States	ZIP+4/Postal Code: 61822

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

Telephone Number: 217-318-0134	Facsimile number, if any: 217-318-0135
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This is (check one):

☒ one of your branch offices or affiliates.

☐ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & COMPANY, INC.

Number and Street 1: 400 SOUTH COUNTY ROAD		Number and Street 2: SUITE 140	
City: WHEATON	State: Illinois	Country: United States	ZIP+4/Postal Code: 60187

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

Telephone Number: 630-871-2673	Facsimile number, if any: 630-692-8076
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- This is (check one):
- ☒ one of your branch offices or affiliates.
 - ☐ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO., INC.

Number and Street 1: 2901 OVERLAND TRAIL		Number and Street 2: SUITE 125	
City: SHERMAN	State: Texas	Country: United States	ZIP+4/Postal Code: 75092

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

Telephone Number: 903-893-8338	Facsimile number, if any: 903-893-8392
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- This is (check one):
- ☒ one of your branch offices or affiliates.
 - ☐ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & CO., INC.

Number and Street 1: 2321 WHITNEY AVE		Number and Street 2: SUITE 502	
City: HAMDEN	State: Connecticut	Country: United States	ZIP+4/Postal Code: 06518

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

Telephone Number: 203-287-9266	Facsimile number, if any: 203-287-9293
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- This is (check one):
- ☒ one of your branch offices or affiliates.
 - ☐ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4),(5),(7), AND (11).

Name of entity where books and records are kept:
BENJAMIN F. EDWARDS & COMPANY, INC.

Number and Street 1: 811 TILTON ROAD		Number and Street 2:	
City: NORTHFIELD	State: New Jersey	Country: United States	ZIP+4/Postal Code: 08225

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

Telephone Number: 609-484-2659	Facsimile number, if any: 609-484-2650
This is (check one): <input checked="" type="radio"/> one of your branch offices or affiliates. <input type="radio"/> a third-party unaffiliated recordkeeper. <input type="radio"/> other.	
Briefly describe the books and records kept at this location. RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).	

Name of entity where books and records are kept: BENJAMIN F. EDWARDS & CO.			
Number and Street 1: 1590 W. CAUSEWAY APPROACH		Number and Street 2: SUITE 1	
City: MANDEVILLE	State: Louisiana	Country: United States	ZIP+4/Postal Code: 70471
If this address is a private residence, check this box: <input type="checkbox"/>			
Telephone Number: 985-674-7000		Facsimile number, if any: 985-674-7099	
This is (check one): <input checked="" type="radio"/> one of your branch offices or affiliates. <input type="radio"/> a third-party unaffiliated recordkeeper. <input type="radio"/> other.			
Briefly describe the books and records kept at this location. RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).			

Name of entity where books and records are kept: BENJAMIN F EDWARDS & CO., INC.			
Number and Street 1: ONE RESERVE ROAD		Number and Street 2:	
City: DANBURY	State: Connecticut	Country: United States	ZIP+4/Postal Code: 06810
If this address is a private residence, check this box: <input type="checkbox"/>			
Telephone Number: 203-790-8700		Facsimile number, if any: 203-748-3900	
This is (check one): <input checked="" type="radio"/> one of your branch offices or affiliates. <input type="radio"/> a third-party unaffiliated recordkeeper. <input type="radio"/> other.			
Briefly describe the books and records kept at this location. RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).			

Name of entity where books and records are kept: BENJAMIN F. EDWARDS & COMPANY, INC.	
Number and Street 1: 921 EAST NORTH AVENUE	Number and Street 2:

City: FLORA	State: Illinois	Country: United States	ZIP+4/Postal Code: 62839
If this address is a private residence, check this box: <input type="checkbox"/>			
Telephone Number: 618-508-8050		Facsimile number, if any: 618-508-8049	
This is (check one): <input checked="" type="radio"/> one of your branch offices or affiliates. <input type="radio"/> a third-party unaffiliated recordkeeper. <input type="radio"/> other.			
Briefly describe the books and records kept at this location. RECORDS RETAINED AT BRANCH OFFICES INCLUDE ITEMS REQUIRED BY IA RULE 204-2(A)(4), (5), (7), AND (11).			

SECTION 1.M. Registration with Foreign Financial Regulatory Authorities

No Information Filed

Item 2 SEC Registration/Reporting

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

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

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

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

Click **HERE** for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.
- ☐ (3) Reserved
- ☐ (4) have your *principal office and place of business* **outside the United States**;
- ☐ (5) are an **investment adviser (or subadviser) to an investment company** registered under the Investment Company Act of 1940;
- ☐ (6) are an **investment adviser to a company which has elected to be a business development company** pursuant to section 54 of the Investment Company Act of 1940 and has not withdrawn the election, and you have at least \$25 million of regulatory assets under management;
- ☐ (7) are a **pension consultant** with respect to assets of plans having an aggregate value of at least \$200,000,000 that qualifies for the exemption in rule 203A-2(a);
- ☐ (8) are a **related adviser** under rule 203A-2(b) that *controls*, is *controlled* by, or is under common *control* with, an investment adviser that is registered with the SEC, and your *principal office and place of business* is the same as the registered adviser;

If you check this box, complete Section 2.A.(8) of Schedule D.
- ☐ (9) are an **adviser** relying on rule 203A-2(c) because you **expect to be eligible for SEC registration within 120 days**;

If you check this box, complete Section 2.A.(9) of Schedule D.
- ☐ (10) are a **multi-state adviser** that is required to register in 15 or more states and is relying on rule 203A-2(d);

If you check this box, complete Section 2.A.(10) of Schedule D.
- ☐ (11) are an **Internet adviser** relying on rule 203A-2(e);
- ☐ (12) have **received an SEC order** exempting you from the prohibition against registration with the SEC;

If you check this box, complete Section 2.A.(12) of Schedule D.
- ☐ (13) are **no longer eligible** to remain registered with the SEC.

State Securities Authority Notice Filings and State Reporting by Exempt Reporting Advisers

- C. Under state laws, SEC-registered advisers may be required to provide to *state securities authorities* a copy of the Form ADV and any amendments they file with the SEC. These are called *notice filings*. In addition,

exempt reporting advisers may be required to provide *state securities authorities* with a copy of reports and any amendments they file with the SEC. If this is an initial application or report, check the box(es) next to the state(s) that you would like to receive notice of this and all subsequent filings or reports you submit to the SEC. If this is an amendment to direct your *notice filings* or reports to additional state(s), check the box(es) next to the state(s) that you would like to receive notice of this and all subsequent filings or reports you submit to the SEC. If this is an amendment to your registration to stop your *notice filings* or reports from going to state(s) that currently receive them, uncheck the box(es) next to those state(s).

Jurisdictions

<input checked="" type="checkbox"/> AL	<input checked="" type="checkbox"/> IL	<input checked="" type="checkbox"/> NE	<input checked="" type="checkbox"/> SC
<input checked="" type="checkbox"/> AK	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> NV	<input checked="" type="checkbox"/> SD
<input checked="" type="checkbox"/> AZ	<input checked="" type="checkbox"/> IA	<input checked="" type="checkbox"/> NH	<input checked="" type="checkbox"/> TN
<input checked="" type="checkbox"/> AR	<input checked="" type="checkbox"/> KS	<input checked="" type="checkbox"/> NJ	<input checked="" type="checkbox"/> TX
<input checked="" type="checkbox"/> CA	<input checked="" type="checkbox"/> KY	<input checked="" type="checkbox"/> NM	<input checked="" type="checkbox"/> UT
<input checked="" type="checkbox"/> CO	<input checked="" type="checkbox"/> LA	<input checked="" type="checkbox"/> NY	<input checked="" type="checkbox"/> VT
<input checked="" type="checkbox"/> CT	<input checked="" type="checkbox"/> ME	<input checked="" type="checkbox"/> NC	<input checked="" type="checkbox"/> VI
<input checked="" type="checkbox"/> DE	<input checked="" type="checkbox"/> MD	<input checked="" type="checkbox"/> ND	<input checked="" type="checkbox"/> VA
<input checked="" type="checkbox"/> DC	<input checked="" type="checkbox"/> MA	<input checked="" type="checkbox"/> OH	<input checked="" type="checkbox"/> WA
<input checked="" type="checkbox"/> FL	<input checked="" type="checkbox"/> MI	<input checked="" type="checkbox"/> OK	<input checked="" type="checkbox"/> WV
<input checked="" type="checkbox"/> GA	<input checked="" type="checkbox"/> MN	<input checked="" type="checkbox"/> OR	<input checked="" type="checkbox"/> WI
<input type="checkbox"/> GU	<input checked="" type="checkbox"/> MS	<input checked="" type="checkbox"/> PA	<input checked="" type="checkbox"/> WY
<input checked="" type="checkbox"/> HI	<input checked="" type="checkbox"/> MO	<input checked="" type="checkbox"/> PR	
<input checked="" type="checkbox"/> ID	<input checked="" type="checkbox"/> MT	<input checked="" type="checkbox"/> RI	

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

SECTION 2.A.(8) Related Adviser

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

Name of Registered Investment Adviser

CRD Number of Registered Investment Adviser

SEC Number of Registered Investment Adviser
-

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

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

☐ I am not registered or required to be registered with the SEC or a *state securities authority* and I have a reasonable expectation that I will be eligible to register with the SEC within 120 days after the date my registration with the SEC becomes effective.

☐ I undertake to withdraw from SEC registration if, on the 120th day after my registration with the SEC becomes effective, I would be prohibited by Section 203A(a) of the Advisers Act from registering with the SEC.

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

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

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

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

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

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

SECTION 2.A.(12) SEC Exemptive Order

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

Date of *order*:

Item 3 Form of Organization

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

- A. How are you organized?
- ☒ Corporation
- ☐ Sole Proprietorship
- ☐ Limited Liability Partnership (LLP)
- ☐ Partnership
- ☐ Limited Liability Company (LLC)
- ☐ Limited Partnership (LP)
- ☐ Other (specify):

If you are changing your response to this Item, see Part 1A Instruction 4.

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

- C. Under the laws of what state or country are you organized?
- StateCountry
- MissouriUnited States

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

If you are changing your response to this Item, see Part 1A Instruction 4.

Item 4 Successions

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

If "yes", complete Item 4.B. and Section 4 of Schedule D.

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

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

SECTION 4 Successions

No Information Filed

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

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

Employees

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

- A. Approximately how many *employees* do you have? Include full- and part-time *employees* but do not include any clerical workers.
- 432

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

- (2)

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

423
- (3)

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

351
- (4)

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

0
- (5)

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

304
- (6)

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

0

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

Clients

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

- C.

(1)

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

19

(2)

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

0%

D. *For purposes of this Item 5.D., the category "individuals" includes trusts, estates, and 401(k) plans and IRAs of individuals and their family members, but does not include businesses organized as sole proprietorships. The category "business development companies" consists of companies that have made an election pursuant to section 54 of the Investment Company Act of 1940. Unless you provide advisory services pursuant to an investment advisory contract to an investment company registered under the Investment Company Act of 1940, do not answer (d)(1) or (d)(3) below.*

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

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

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

Type of <i>Client</i>	(1) Number of <i>Client(s)</i>	(2) Fewer than 5 <i>Clients</i>	(3) Amount of Regulatory Assets under Management
(a) Individuals (other than <i>high net worth individuals</i>)	16650	<input type="checkbox"/>	\$ 3,908,359,357
(b) <i>High net worth individuals</i>	1172	<input type="checkbox"/>	\$ 2,388,213,155
(c) Banking or thrift institutions	0	<input type="checkbox"/>	\$ 0
(d) Investment companies	0		\$ 0
(e) Business development companies	0		\$ 0
(f) Pooled investment vehicles (other than investment companies and business development companies)	0		\$ 0
(g) Pension and profit sharing plans (but not the plan participants or government pension plans)	67	<input type="checkbox"/>	\$ 54,101,964
(h) Charitable organizations	62	<input type="checkbox"/>	\$ 81,208,226
(i) State or municipal <i>government entities</i> (including government pension plans)	0	<input checked="" type="checkbox"/>	\$ 15,101,696
(j) Other investment advisers	0	<input type="checkbox"/>	\$ 0
(k) Insurance companies	0	<input type="checkbox"/>	\$ 0
(l) Sovereign wealth funds and foreign official institutions	0	<input type="checkbox"/>	\$ 0
(m) Corporations or other businesses not listed above	147	<input type="checkbox"/>	\$ 203,816,430
(n) Other: INVESTMENT CLUB	0	<input checked="" type="checkbox"/>	\$ 352,404

Compensation Arrangements

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

- ☒ (1) A percentage of assets under your management
- ☒ (2) Hourly charges
- ☐ (3) Subscription fees (for a newsletter or periodical)
- ☒ (4) Fixed fees (other than subscription fees)
- ☐ (5) Commissions
- ☐ (6) *Performance-based fees*
- ☐ (7) Other (specify):

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

Regulatory Assets Under Management

Yes

No

F.

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

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

Discretionary:

(a)

\$ 2,636,909,054

(d)

13,699

Non-Discretionary:

(b)

\$ 4,014,244,178

(e)

14,381

Total:

(c)

\$ 6,651,153,232

(f)

28,080

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

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

\$ 0

Item 5 Information About Your Advisory Business - Advisory Activities

Advisory Activities

G.

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

(1) Financial planning services

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

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

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

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

(6) Pension consulting services

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

(8) Publication of periodicals or newsletters

(9) Security ratings or pricing services

(10) Market timing services

(11) Educational seminars/workshops

(12) Other(specify):

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

H.

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

0

1 - 10

11 - 25

26 - 50

51 - 100

101 - 250

251 - 500

More than 500

If more than 500, how many?

(round to the nearest 500)

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

I.

(1) Do you participate in a *wrap fee program*?

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

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

\$ 2,481,470,793

(b) portfolio manager for a *wrap fee program*?

\$ 0

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

\$ 4,169,682,439

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

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

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

J.	(1) In response to Item 4.B. of Part 2A of Form ADV, do you indicate that you provide investment advice only with respect to limited types of investments?	<input type="radio"/>	<input checked="" type="radio"/>
	(2) Do you report <i>client</i> assets in Item 4.E. of Part 2A that are computed using a different method than the method used to compute your regulatory assets under management?	<input type="radio"/>	<input checked="" type="radio"/>
K.	Separately Managed Account <i>Clients</i>		
	(1) Do you have regulatory assets under management attributable to <i>clients</i> other than those listed in Item 5.D.(3)(d)-(f) (separately managed account <i>clients</i>)?	<input checked="" type="radio"/>	<input type="radio"/>
	<i>If yes, complete Section 5.K.(1) of Schedule D.</i>		
	(2) Do you engage in borrowing transactions on behalf of any of the separately managed account <i>clients</i> that you advise?	<input checked="" type="radio"/>	<input type="radio"/>
	<i>If yes, complete Section 5.K.(2) of Schedule D.</i>		
	(3) Do you engage in derivative transactions on behalf of any of the separately managed account <i>clients</i> that you advise?	<input checked="" type="radio"/>	<input type="radio"/>
	<i>If yes, complete Section 5.K.(2) of Schedule D.</i>		
	(4) After subtracting the amounts in Item 5.D.(3)(d)-(f) above from your total regulatory assets under management, does any custodian hold ten percent or more of this remaining amount of regulatory assets under management?	<input checked="" type="radio"/>	<input type="radio"/>
	<i>If yes, complete Section 5.K.(3) of Schedule D for each custodian.</i>		

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

No Information Filed

SECTION 5.I.(2) Wrap Fee Programs

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

Name of *Wrap Fee Program*
BENJAMIN F. EDWARDS ACTIVE PASSIVE PORTFOLIOS

Name of *Sponsor*
BENJAMIN F. EDWARDS & COMPANY, INCORPORATED

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 71421

Sponsor's CRD Number (if any):
146936

Name of *Wrap Fee Program*
BENJAMIN F. EDWARDS CLIENT PORTFOLIOS

Name of *Sponsor*
BENJAMIN F. EDWARDS & COMPANY, INCORPORATED

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 71421

Sponsor's CRD Number (if any):
146936

Name of *Wrap Fee Program*
BENJAMIN F. EDWARDS CUSTOM MUTUAL FUND PORTFOLIOS

Name of *Sponsor*

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 71421

Sponsor's CRD Number (if any):
146936

Name of Wrap Fee Program
BENJAMIN F. EDWARDS EXCHANGE TRADED FUND PORTOLIOS

Name of Sponsor
BENJAMIN F. EDWARDS & COMPANY, INCORPORATED

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 71421

Sponsor's CRD Number (if any):
146936

Name of Wrap Fee Program
BENJAMIN F. EDWARDS MUTUAL FUND MODEL STRATEGIES

Name of Sponsor
BENJAMIN F. EDWARDS & COMPANY, INCORPORATED

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 71421

Sponsor's CRD Number (if any):
146936

Name of Wrap Fee Program
BENJAMIN F. EDWARDS MUTUAL FUND PORTFOLIOS

Name of Sponsor
BENJAMIN F. EDWARDS & COMPANY, INCORPORATED

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 71421

Sponsor's CRD Number (if any):
146936

Name of Wrap Fee Program
BENJAMIN F. EDWARDS PRIVATE PORTFOLIOS

Name of Sponsor
BENJAMIN F. EDWARDS & COMPANY, INCORPORATED

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 71421

Sponsor's CRD Number (if any):
146936

Name of *Wrap Fee Program*
UNIFIED MANAGED ACCOUNT

Name of *Sponsor*
BENJAMIN F. EDWARDS & COMPANY, INCORPORATED

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 71421

Sponsor's CRD Number (if any):
146936

SECTION 5.K.(1) Separately Managed Accounts

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

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

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

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

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

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

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

Generally describe any assets included in "Other"

(b)	Asset Type	End of year
	(i) Exchange-Traded Equity Securities	35 %
	(ii) Non Exchange-Traded Equity Securities	1 %
	(iii) U.S. Government/Agency Bonds	1 %
	(iv) U.S. State and Local Bonds	6 %
	(v) <i>Soverelgn Bonds</i>	0 %
	(vi) Investment Grade Corporate Bonds	1 %
	(vii) Non-Investment Grade Corporate Bonds	1 %
	(viii) Derivatives	1 %
	(ix) Securities Issued by Registered Investment Companies or Business Development Companies	51 %
	(x) Securities Issued by Pooled Investment Vehicles (other than Registered Investment Companies or Business Development Companies)	0 %
	(xi) Cash and Cash Equivalents	6 %
	(xii) Other	1 %

Generally describe any assets included in "Other"
LIMITED PARTNERSHIPS AND PRIVATE BOOK-ENTRY REITS.

SECTION 5.K.(2) Separately Managed Accounts - Use of Borrowingsand Derivatives

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

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

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

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

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

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

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

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

(i) Mid-Year

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

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

(ii) End of Year

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

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

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

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

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

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

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

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

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

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

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

(a)

Legal name of custodian:
PERSHING LLC

(b)

Primary business name of custodian:
PERSHING LLC

(c)

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

City:
JERSEY CITY

State:
New Jersey

Country:
United States

(d)

Is the custodian a *related person* of your firm?

Yes

No

(e)

If the custodian is a broker-dealer, provide its SEC registration number (if any)
8 - 17574

(f)

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

(g)

What amount of your regulatory assets under management attributable to separately managed accounts is held at the custodian?
\$ 6,651,153,232

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.
BROKERAGE, INSURANCE SERVICES, AND MERGERS AND ACQUISITIONS.

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*:

BENJAMIN F. EDWARDS & COMPANY, INCORPORATED
2. Primary Business Name of *Related Person*:

BENJAMIN F. EDWARDS & COMPANY, INCORPORATED
3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)

801 - 71421

or

Other

4. Related Person's

(a) CRD Number (if any):

146936

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

No Information Filed

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

(a) ☒

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

(b) ☒

other investment adviser (including financial planners)

(c) ☒

registered municipal advisor

(d) ☐

registered security-based swap dealer

(e) ☐

major security-based swap participant

(f) ☐

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

(g) ☐

futures commission merchant

(h) ☐

banking or thrift institution

(i) ☐

trust company

(j) ☐

accountant or accounting firm

(k) ☐

lawyer or law firm

(l) ☒

insurance company or agency

(m) ☐

pension consultant

(n) ☐

real estate broker or dealer

(o) ☐

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

(p) ☐

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

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

Yes

No

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

Yes

No

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

Yes

No

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

No

Yes

(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:

ONE NORTH BRENTWOOD BLVD

City:

ST. LOUIS

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

State:

Missouri

Number and Street 2:

SUITE 850

Country:

United States

ZIP+4/Postal Code:

63105

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

No

Yes

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

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

No

Yes

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

No Information Filed

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

Yes

No

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

Yes

No

1. Legal Name of Related Person:

BENJAMIN F. EDWARDS WEALTH MANAGEMENT, LLC

2. Primary Business Name of Related Person:

BENJAMIN F. EDWARDS WEALTH MANAGEMENT, LLC

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

801 - 113797

or

Other

4. Related Person's

(a) CRD Number (if any):

297750

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

No Information Filed

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

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

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

(c) ☐ registered municipal advisor

(d) ☐ registered security-based swap dealer

(e) ☐ major security-based swap participant

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

(g) ☐ futures commission merchant

(h) ☐ banking or thrift institution

(i) ☐ trust company

(j) ☐ accountant or accounting firm

(k) ☐ lawyer or law firm

(l) ☐ insurance company or agency

(m) ☐ pension consultant

(n) ☐ real estate broker or dealer

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

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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

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

Yes

No

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

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

Yes

No

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

No Information Filed

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

Yes

No

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

Yes

No

Item 7 *Private Fund* Reporting

B. Are you an adviser to any *private fund*?

Yes

No

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

Item 8 Participation or Interest in <i>Client</i> Transactions		
In this Item, we request information about your participation and interest in your <i>clients'</i> transactions. This information identifies additional areas in which conflicts of interest may occur between you and your <i>clients</i> . Newly-formed advisers should base responses to these questions on the types of participation and interest that you expect to engage in during the next year.		
Like Item 7, Item 8 requires you to provide information about you and your <i>related persons</i> , including foreign affiliates.		
Proprietary Interest in <i>Client</i> Transactions		
A.	Do you or any <i>related person</i> :	Yes No
(1)	buy securities for yourself from advisory <i>clients</i> , or sell securities you own to advisory <i>clients</i> (principal transactions)?	<input type="radio"/> <input checked="" type="radio"/>
(2)	buy or sell for yourself securities (other than shares of mutual funds) that you also recommend to advisory <i>clients</i> ?	<input checked="" type="radio"/> <input type="radio"/>
(3)	recommend securities (or other investment products) to advisory <i>clients</i> in which you or any <i>related person</i> has some other proprietary (ownership) interest (other than those mentioned in Items 8.A.(1) or (2))?	<input checked="" type="radio"/> <input type="radio"/>
Sales Interest in <i>Client</i> Transactions		
B.	Do you or any <i>related person</i> :	Yes No
(1)	as a broker-dealer or registered representative of a broker-dealer, execute securities trades for brokerage customers in which advisory <i>client</i> securities are sold to or bought from the brokerage customer (agency cross transactions)?	<input type="radio"/> <input checked="" type="radio"/>
(2)	recommend to advisory <i>clients</i> , or act as a purchaser representative for advisory <i>clients</i> with respect to, the purchase of securities for which you or any <i>related person</i> serves as underwriter or general or managing partner?	<input type="radio"/> <input checked="" type="radio"/>
(3)	recommend purchase or sale of securities to advisory <i>clients</i> for which you or any <i>related person</i> has any other sales interest (other than the receipt of sales commissions as a broker or registered representative of a broker-dealer)?	<input checked="" type="radio"/> <input type="radio"/>
Investment or Brokerage Discretion		
C.	Do you or any <i>related person</i> have <i>discretionary authority</i> to determine the:	Yes No
(1)	securities to be bought or sold for a <i>client's</i> account?	<input checked="" type="radio"/> <input type="radio"/>
(2)	amount of securities to be bought or sold for a <i>client's</i> account?	<input checked="" type="radio"/> <input type="radio"/>
(3)	broker or dealer to be used for a purchase or sale of securities for a <i>client's</i> account?	<input checked="" type="radio"/> <input type="radio"/>
(4)	commission rates to be paid to a broker or dealer for a <i>client's</i> securities transactions?	<input checked="" type="radio"/> <input type="radio"/>
D.	If you answer "yes" to C.(3) above, are any of the brokers or dealers <i>related persons</i> ?	<input checked="" type="radio"/> <input type="radio"/>
E.	Do you or any <i>related person</i> recommend brokers or dealers to <i>clients</i> ?	<input checked="" type="radio"/> <input type="radio"/>
F.	If you answer "yes" to E. above, are any of the brokers or dealers <i>related persons</i> ?	<input checked="" type="radio"/> <input type="radio"/>
G.	(1) Do you or any <i>related person</i> receive research or other products or services other than execution from a broker-dealer or a third party ("soft dollar benefits") in connection with <i>client</i> securities transactions?	<input type="radio"/> <input checked="" type="radio"/>
	(2) If "yes" to G.(1) above, are all the "soft dollar benefits" you or any <i>related persons</i> receive eligible "research or brokerage services" under section 28(e) of the Securities Exchange Act of 1934?	<input type="radio"/> <input checked="" type="radio"/>
H.	(1) Do you or any <i>related person</i> , directly or indirectly, compensate any <i>person</i> that is not an <i>employee</i> for <i>client</i> referrals?	<input type="radio"/> <input checked="" type="radio"/>
	(2) Do you or any <i>related person</i> , directly or indirectly, provide any <i>employee</i> compensation that is specifically related to obtaining <i>clients</i> for the firm (cash or non-cash compensation in addition to the <i>employee's</i> regular salary)?	<input type="radio"/> <input checked="" type="radio"/>
I.	Do you or any <i>related person</i> , including any <i>employee</i> , directly or indirectly, receive compensation from any <i>person</i> (other than you or any <i>related person</i>) for <i>client</i> referrals?	<input type="radio"/> <input checked="" type="radio"/>
In your response to Item 8.I., do not include the regular salary you pay to an employee.		
In responding to Items 8.H. and 8.I., consider all cash and non-cash compensation that you or a related person gave to (in answering Item 8.H.) or received from (in answering Item 8.I.) any person in exchange for client referrals, including any bonus that is based, at least in part, on the number or amount of client referrals.		

Item 9 Custody		
In this Item, we ask you whether you or a <i>related person</i> has <i>custody</i> of <i>client</i> (other than <i>clients</i> that are investment companies registered under the Investment Company Act of 1940) assets and about your custodial practices.		
A.	(1) Do you have <i>custody</i> of any advisory <i>clients'</i> :	Yes No
	(a) cash or bank accounts?	<input checked="" type="radio"/> <input type="radio"/>
	(b) securities?	<input checked="" type="radio"/> <input type="radio"/>
If you are registering or registered with the SEC, answer "No" to Item 9.A.(1)(a) and (b) if you have custody solely because (i) you deduct your advisory fees directly from your clients' accounts, or (ii) a related person has custody of client assets in connection with advisory services you provide to clients, but you have overcome the presumption that you are not operationally independent (pursuant to Advisers Act rule 206(4)-2(d)(5)) from the related person.		

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

U.S. Dollar Amount	Total Number of <i>Clients</i>
(a) \$ 2,031,597,744	(b) 7,212

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

B.

(1)

In connection with advisory services you provide to *clients*, do any of your *related persons* have *custody* of any of your advisory *clients*':

(a)

cash or bank accounts?

(b)

securities?

Yes

No

☐

☒

☐

☒

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

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

U.S. Dollar Amount	Total Number of <i>Clients</i>
(a) \$	(b)

C.

If you or your *related persons* have *custody* of *client* funds or securities in connection with advisory services you provide to *clients*, check all the following that apply:

(1)

A qualified custodian(s) sends account statements at least quarterly to the investors in the pooled investment vehicle(s) you manage.

☐

(2)

An *independent public accountant* audits annually the pooled investment vehicle(s) that you manage and the audited financial statements are distributed to the investors in the pools.

☐

(3)

An *independent public accountant* conducts an annual surprise examination of *client* funds and securities.

☒

(4)

An *independent public accountant* prepares an internal control report with respect to custodial services when you or your *related persons* are qualified custodians for *client* funds and securities.

☒

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

D.

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

(1)

you act as a qualified custodian

(2)

your *related person(s)* act as qualified custodian(s)

Yes

No

☒

☐

☒

☐

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

E.

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

06/2018

F.

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

2

SECTION 9.C. *Independent Public Accountant*

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

(1) Name of the *independent public accountant*:
DELOITTE & TOUCHE, LLP

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

Number and Street 1:	Number and Street 2:		
100 SOUTH 4TH STREET	SUITE 300		
City:	State:	Country:	ZIP+4/Postal Code:
ST. LOUIS	Missouri	United States	63102

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

☒

☐

If "yes," Public Company Accounting Oversight Board-Assigned Number:
34



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

☒ Yes

☐ No

☐ Report Not Yet Received

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

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.

Yes No

-

If yes, complete Section 10.A. of Schedule D

- . of

No Information Filed

No Information Filed

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

- Yes No

-

-

(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor</i> involving: investments or an <i>investment-related</i> 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?		<input type="radio"/>	<input checked="" type="radio"/>
(2) been <i>charged</i> with a <i>misdemeanor</i> listed in Item 11.B.(1)?		<input type="radio"/>	<input checked="" type="radio"/>
<i>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.</i>			
For "yes" answers to the following questions, complete a Regulatory Action DRP:			
C.	Has the SEC or the Commodity Futures Trading Commission (CFTC) ever:	Yes	No
	(1) <i>found</i> you or any <i>advisory affiliate</i> to have made a false statement or omission?	<input checked="" type="radio"/>	<input type="radio"/>
	(2) <i>found</i> you or any <i>advisory affiliate</i> to have been <i>involved</i> in a violation of SEC or CFTC regulations or statutes?	<input checked="" type="radio"/>	<input type="radio"/>
	(3) <i>found</i> you or any <i>advisory affiliate</i> to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="radio"/>	<input checked="" type="radio"/>
	(4) entered an <i>order</i> against you or any <i>advisory affiliate</i> in connection with <i>investment-related</i> activity?	<input checked="" type="radio"/>	<input type="radio"/>
	(5) imposed a civil money penalty on you or any <i>advisory affiliate</i> , or <i>ordered</i> you or any <i>advisory affiliate</i> to cease and desist from any activity?	<input checked="" type="radio"/>	<input type="radio"/>
D.	Has any other federal regulatory agency, any state regulatory agency, or any <i>foreign financial regulatory authority</i> :		
	(1) ever <i>found</i> you or any <i>advisory affiliate</i> to have made a false statement or omission, or been dishonest, unfair, or unethical?	<input checked="" type="radio"/>	<input type="radio"/>
	(2) ever <i>found</i> you or any <i>advisory affiliate</i> to have been <i>involved</i> in a violation of <i>investment-related</i> regulations or statutes?	<input checked="" type="radio"/>	<input type="radio"/>
	(3) ever <i>found</i> you or any <i>advisory affiliate</i> to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="radio"/>	<input checked="" type="radio"/>
	(4) in the past ten years, entered an <i>order</i> against you or any <i>advisory affiliate</i> in connection with an <i>investment-related</i> activity?	<input checked="" type="radio"/>	<input type="radio"/>
	(5) ever denied, suspended, or revoked your or any <i>advisory affiliate's</i> registration or license, or otherwise prevented you or any <i>advisory affiliate</i> , by <i>order</i> , from associating with an <i>investment-related</i> business or restricted your or any <i>advisory affiliate's</i> activity?	<input checked="" type="radio"/>	<input type="radio"/>
E.	Has any <i>self-regulatory organization</i> or commodities exchange ever:		
	(1) <i>found</i> you or any <i>advisory affiliate</i> to have made a false statement or omission?	<input checked="" type="radio"/>	<input type="radio"/>
	(2) <i>found</i> you or any <i>advisory affiliate</i> to have been <i>involved</i> in a violation of its rules (other than a violation designated as a " <i>minor rule violation</i> " under a plan approved by the SEC)?	<input checked="" type="radio"/>	<input type="radio"/>
	(3) <i>found</i> you or any <i>advisory affiliate</i> to have been the cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="radio"/>	<input checked="" type="radio"/>
	(4) disciplined you or any <i>advisory affiliate</i> by expelling or suspending you or the <i>advisory affiliate</i> from membership, barring or suspending you or the <i>advisory affiliate</i> from association with other members, or otherwise restricting your or the <i>advisory affiliate's</i> activities?	<input checked="" type="radio"/>	<input type="radio"/>
F.	Has an authorization to act as an attorney, accountant, or federal contractor granted to you or any <i>advisory affiliate</i> ever been revoked or suspended?	<input type="radio"/>	<input checked="" type="radio"/>
G.	Are you or any <i>advisory affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of Item 11.C., 11.D., or 11.E.?	<input type="radio"/>	<input checked="" type="radio"/>
For "yes" answers to the following questions, complete a Civil Judicial Action DRP:			
H.	(1) Has any domestic or foreign court:	Yes	No
	(a) in the past ten years, <i>enjoined</i> you or any <i>advisory affiliate</i> in connection with any <i>investment-related</i> activity?	<input type="radio"/>	<input checked="" type="radio"/>
	(b) ever <i>found</i> that you or any <i>advisory affiliate</i> were <i>involved</i> in a violation of <i>investment-related</i> statutes or regulations?	<input type="radio"/>	<input checked="" type="radio"/>
	(c) ever dismissed, pursuant to a settlement agreement, an <i>investment-related</i> civil action brought against you or any <i>advisory affiliate</i> by a state or <i>foreign financial regulatory authority</i> ?	<input type="radio"/>	<input checked="" type="radio"/>
	(2) Are you or any <i>advisory affiliate</i> now the subject of any civil <i>proceeding</i> that could result in a "yes" answer to any part of Item 11.H.(1)?	<input type="radio"/>	<input checked="" type="radio"/>

Item 12 Small Businesses

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

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

For purposes of this Item 12 only:

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

A.	Did you have total assets of \$5 million or more on the last day of your most recent fiscal year?	Yes	No
	<i>If "yes," you do not need to answer Items 12.B. and 12.C.</i>		

B.	Do you:		
----	---------	--	--

(1) *control* another investment adviser that had regulatory assets under management (calculated in response to Item 5.F.(2)(c) of Form ADV) of \$25 million or more on the last day of its most recent fiscal year?

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

C. Are you:

(1) *controlled* by or under common *control* with another investment adviser that had regulatory assets under management (calculated in response to Item 5.F.(2)(c) of Form ADV) of \$25 million or more on the last day of its most recent fiscal year?

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

Schedule A

Direct Owners and Executive Officers

1. Complete Schedule A only if you are submitting an initial application or report. Schedule A asks for information about your direct owners and executive officers. Use Schedule C to amend this information.

2. Direct Owners and Executive Officers. List below the names of:

(a) each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer(Chief Compliance Officer is required if you are registered or applying for registration and cannot be more than one individual), director, and any other individuals with similar status or functions;

(b) if you are organized as a corporation, each shareholder that is a direct owner of 5% or more of a class of your voting securities, unless you are a public reporting company (a company subject to Section 12 or 15(d) of the Exchange Act);

Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 5% or more of a class of your voting securities. For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.

(c) if you are organized as a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of your capital;

(d) in the case of a trust that directly owns 5% or more of a class of your voting securities, or that has the right to receive upon dissolution, or has contributed, 5% or more of your capital, the trust and each trustee; and

(e) if you are organized as a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 5% or more of your capital, and (ii) if managed by elected managers, all elected managers.

3. Do you have any indirect owners to be reported on Schedule B? ☐ Yes ☒ No

4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner or executive officer is an individual.

5. Complete the Title or Status column by entering board/management titles; status as partner, trustee, sole proprietor, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).

6. Ownership codes are: NA - less than 5% B - 10% but less than 25% D - 50% but less than 75%
A - 5% but less than 10% C - 25% but less than 50% E - 75% or more

7. (a) In the *Control Person* column, enter "Yes" if the *person* has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.
(b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
(c) Complete each column.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	DE/FE/I	Title or Status	Date Title or Status Acquired MM/YYYY	Ownership Code	Control Person	PR	CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.
EDWARDS, BENJAMIN FRANKLIN IV	I	CHAIRMAN/CHIEF EXECUTIVE OFFICER, PRESIDENT	08/2008	NA	Y	N	1061490
BOHME, CYNTHIA LYN	I	DIRECTOR/CORPORATE SECRETARY & DIRECTOR OF STAFF DIVISION	08/2008	NA	Y	N	1079852
COLE, EDGAR ALLEN II	I	DIRECTOR/EXECUTIVE DIRECTOR OF LAW & COMPLIANCE/CHIEF COUNSEL	11/2008	NA	Y	N	2362072
BENJAMIN EDWARDS, INC.	DE	OWNER	10/2008	E	Y	N	26-3472087
MARTIN, THOMAS HAYDEN JR	I	DIRECTOR/CHIEF FINANCIAL OFFICER	09/2009	NA	Y	N	1459719
ALTENBERGER, MARTIN WADE	I	DIRECTOR/DIRECTOR OF BRANCHES	05/2010	NA	Y	N	1230104
KELLER, CHRISTOPHER M	I	DIRECTOR/DIRECTOR OF OPERATIONS, TECHNOLOGY & ANALYTICS	04/2010	NA	Y	N	4346617
RUBENSTEIN, DOUGLAS DAVID	I	DIRECTOR/COO AND DIRECTOR OF CAPITAL MARKETS	08/2016	NA	Y	N	1138380
HANSON, DAVID WILLIAM	I	DIRECTOR	08/2013	NA	N	N	715793
FELLOWS, MARK PATTERSON	I	DIRECTOR/REGIONAL DIRECTOR	11/2013	NA	N	N	1600661
POWELL, LOIS MARIE MOORE	I	DIRECTOR/DIRECTOR OF BRANCH DEVELOPMENT	11/2013	NA	N	N	1392690
WISDOM, BILLY JOE	I	DIRECTOR/CHIEF COMPLIANCE OFFICER	01/2015	NA	N	N	1810908
SCHERMERHORN, CRAIG ROBERT	I	DIRECTOR	06/2017	NA	N	N	824788
WHITING, CHRISTOPHER MARK	I	DIRECTOR OF SALES & MARKETING	09/2018	NA	N	N	2242513
WELKER, JOANNE MARIE	I	DIRECTOR/MANAGER ADVISORY SERVICES	11/2013	NA	N	N	2300075
BRANDSTADT, TODD HEINRICH	I	DIRECTOR	02/2019	NA	N	N	2631699
ROMACK, MALISSA E	I	DIRECTOR	02/2019	NA	N	N	2367758
DELINIERE, ROLAND HAROLD	I	DIRECTOR/REGIONAL DIRECTOR	02/2019	NA	N	N	1038322
BAUMANN, NEAL JAMES	I	DIRECTOR/REGIONAL DIRECTOR	02/2019	NA	N	N	1480636

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:

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:

2260208

This *advisory affiliate* is

☐ a Firm

☒ an Individual

Registered:

☒ Yes

☐ No

Name:

GIBBS, DANA, LIANNE

(For individuals, Last, First, Middle)

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

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

☒ Yes

☐ No

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

PART II

1.

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

Formal Charge(s) were brought in: (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).
3.

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

A.

Date First *Charged* (MM/DD/YYYY):

☐ Exact

☐ Explanation

If not exact, provide explanation:

B.

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

C.

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

☐ Yes

☐ No

D.

Current status of the Event?

☐ Pending

☐ On Appeal

☐ Final

E.

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

☐ Exact

☐ Explanation

If not exact, provide explanation:
4.

Disposition Disclosure Detail:

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

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

REGULATORY ACTION DISCLOSURE REPORTING PAGE (ADV)

GENERAL INSTRUCTIONS

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

Regulatory Action				
Check item(s) being responded to:				
<input type="checkbox"/> 11.C(1)	<input type="checkbox"/> 11.C(2)	<input type="checkbox"/> 11.C(3)	<input type="checkbox"/> 11.C(4)	<input type="checkbox"/> 11.C(5)
<input type="checkbox"/> 11.D(1)	<input type="checkbox"/> 11.D(2)	<input type="checkbox"/> 11.D(3)	<input type="checkbox"/> 11.D(4)	<input type="checkbox"/> 11.D(5)
<input checked="" type="checkbox"/> 11.E(1)	<input checked="" type="checkbox"/> 11.E(2)	<input type="checkbox"/> 11.E(3)	<input checked="" type="checkbox"/> 11.E(4)	
<input type="checkbox"/> 11.F.	<input type="checkbox"/> 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:	4264944	This <i>advisory affiliate</i> is <input type="radio"/> a Firm <input checked="" type="radio"/> an Individual
Registered:	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Name:	PINNELL, MARCY, B. (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*)

2. Principal Sanction:

Other Sanctions:

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

- ☐ Exact
- ☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:

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

6. Principal Product Type:

Other Product Types:

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

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:

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

☐ Exact ☐ Explanation

If not exact, provide explanation:

12. Resolution Detail:

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

- ☐ Monetary/Fine Amount: \$
- ☐ Revocation/Expulsion/Denial
- ☐ Censure
- ☐ Bar
- ☐ Disgorgement/Restitution
- ☐ Cease and Desist/Injunction
- ☐ Suspension

B. Other Sanctions *Ordered*:

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

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

GENERAL INSTRUCTIONS

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

Regulatory Action

Check item(s) being responded to:

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

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

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

PART I

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

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

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

ADV DRP - ADVISORY AFFILIATE

CRD Number: [4264944](#)

This *advisory affiliate* is ☐ a Firm ☒ an Individual

Registered: ☒ Yes ☐ No

Name: PINNELL, MARCY, B.
(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)

2. Principal Sanction:

Other Sanctions:

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

☐ Exact ☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:

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

6. Principal Product Type:

Other Product Types:

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

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:

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

☐ Exact ☐ Explanation

If not exact, provide explanation:

12. Resolution Detail:

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

☐ Monetary/Fine Amount: \$☐ Revocation/Expulsion/Denial☐ Censure

 Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:

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

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

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☒ INITIAL ☐ 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:

<input type="checkbox"/> 11.C(1)	<input type="checkbox"/> 11.C(2)	<input type="checkbox"/> 11.C(3)	<input type="checkbox"/> 11.C(4)	<input type="checkbox"/> 11.C(5)
<input type="checkbox"/> 11.D(1)	<input type="checkbox"/> 11.D(2)	<input type="checkbox"/> 11.D(3)	<input checked="" type="checkbox"/> 11.D(4)	<input checked="" type="checkbox"/> 11.D(5)
<input type="checkbox"/> 11.E(1)	<input type="checkbox"/> 11.E(2)	<input type="checkbox"/> 11.E(3)	<input type="checkbox"/> 11.E(4)	
<input type="checkbox"/> 11.F.	<input type="checkbox"/> 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:	4264944	This <i>advisory affiliate</i> is	<input type="radio"/> a Firm	<input checked="" type="radio"/> an Individual
Registered:	<input checked="" type="radio"/> Yes <input type="radio"/> No			
Name:	PINNELL, MARCY, B. (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*)

2. Principal Sanction:

Other Sanctions:

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

- ☐ Exact ☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:

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

6. Principal Product Type:

Other Product Types:

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

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:

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

☐ Exact ☐ Explanation

If not exact, provide explanation:

12. Resolution Detail:

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

☐ Monetary/Fine Amount: \$

☐ Revocation/Expulsion/Denial

☐ Censure

☐ Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:

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

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

GENERAL INSTRUCTIONS

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

Regulatory Action

Check item(s) being responded to:

☐ 11.C(1)

☐ 11.C(2)

☐ 11.C(3)

☐ 11.C(4)

☐ 11.C(5)

☐ 11.D(1)

☐ 11.D(2)

☐ 11.D(3)

☒ 11.D(4)

☐ 11.D(5)

☐ 11.E(1)

☐ 11.E(2)

☐ 11.E(3)

☐ 11.E(4)

☐ 11.F.

☐ 11.G.

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

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

PART I

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

☐ You (the advisory firm)

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

☒ One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name).

If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

CRD Number: [2376424](#)

This *advisory affiliate* is ☐ a Firm ☒ an Individual

Registered: ☒ Yes ☐ No

Name: SWART, ANTHONY, KEVIN
(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*)
2.

Principal Sanction:

Other Sanctions:
3.

Date Initiated (MM/DD/YYYY):

☐ Exact

☐ Explanation

If not exact, provide explanation:
4.

Docket/Case Number:
5.

Advisory Affiliate Employing Firm when activity occurred which led to the regulatory action (if applicable):
6.

Principal Product Type:

Other Product Types:
7.

Describe the allegations related to this regulatory action (your response must fit within the space provided):
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:
11.

Resolution Date (MM/DD/YYYY):

☐ Exact

☐ Explanation

If not exact, provide explanation:

12.

Resolution Detail:

A.

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

☐ Monetary/Fine Amount: \$

☐ Revocation/Expulsion/Denial

☐ Censure

☐ Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B.

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

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

GENERAL INSTRUCTIONS

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

Regulatory Action

Check item(s) being responded to:

☒ 11.C(1)

☒ 11.C(2)

☐ 11.C(3)

☒ 11.C(4)

☒ 11.C(5)

☐ 11.D(1)

☐ 11.D(2)

☐ 11.D(3)

☐ 11.D(4)

☐ 11.D(5)

☐ 11.E(1)

☐ 11.E(2)

☐ 11.E(3)

☐ 11.E(4)

☐ 11.F.

☐ 11.G.

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

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

PART I

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

☒ You (the advisory firm)

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

☐ One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name).

If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

No Information Filed

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

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

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

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

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

☐ Yes

☐ No

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

PART II

1. Regulatory Action initiated by:

☒ SEC

☐ Other Federal

☐ State

☐ SRO

☐ Foreign

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

2. Principal Sanction:

Other Sanctions:

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

03/11/2019 ☒ Exact ☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:

3-19054

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):
6. Principal Product Type:
Mutual Fund(s)
Other Product Types:
7. Describe the allegations related to this regulatory action (your response must fit within the space provided):

IA RELEASE 40-5151 / MARCH 11, 2019: THE SECURITIES AND EXCHANGE COMMISSION DEEMS IT APPROPRIATE AND IN THE PUBLIC INTEREST THAT PUBLIC ADMINISTRATIVE AND CEASE-AND-DESIST PROCEEDINGS BE INSTITUTED AGAINST BENJAMIN F. EDWARDS & CO., INC. ("RESPONDENT"). ON THE BASIS OF THIS ORDER AND RESPONDENT'S OFFER, THE COMMISSION FINDS THAT THESE PROCEEDINGS ARISE OUT OF BREACHES OF FIDUCIARY DUTY AND INADEQUATE DISCLOSURES BY THE RESPONDENT IN CONNECTION WITH ITS MUTUAL FUND SHARE CLASS SELECTION PRACTICES AND THE FEES IT RECEIVED. AT TIMES DURING THE RELEVANT PERIOD, RESPONDENT PURCHASED, RECOMMENDED, OR HELD FOR ADVISORY CLIENTS MUTUAL FUND SHARE CLASSES THAT CHARGED 12B-1 FEES INSTEAD OF LOWER-COST SHARE CLASSES OF THE SAME FUNDS FOR WHICH THE CLIENTS WERE ELIGIBLE. RESPONDENT RECEIVED 12B-1 FEES IN CONNECTION WITH THESE INVESTMENTS. RESPONDENT FAILED TO DISCLOSE IN ITS FORM ADV OR OTHERWISE THE CONFLICTS OF INTEREST RELATED TO (A) ITS RECEIPT OF 12B-1 FEES, AND/OR (B) ITS SELECTION OF MUTUAL FUND SHARE CLASSES THAT PAY SUCH FEES. DURING THE RELEVANT PERIOD, RESPONDENT RECEIVED 12B-1 FEES FOR ADVISING CLIENTS TO INVEST IN OR HOLD SUCH MUTUAL FUND SHARE CLASSES. AS A RESULT OF THE CONDUCT, RESPONDENT WILLFULLY VIOLATED SECTIONS 206(2) AND 207 OF THE ADVISERS ACT.
8. Current Status? ☐ Pending ☐ On Appeal ☒ Final
9. If on appeal, regulatory action appealed to (SEC, *SRO*, Federal or State Court) and Date Appeal Filed:

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

10. How was matter resolved:
Order
11. Resolution Date (MM/DD/YYYY):

03/11/2019 ☒ Exact ☐ Explanation
If not exact, provide explanation:
12. Resolution Detail:

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

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

☒ Disgorgement/Restitution
☒ Cease and Desist/Injunction
☐ Suspension

B. Other Sanctions *Ordered*:
UNDERTAKINGS AND PREJUDGMENT INTEREST
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 RESPONDENT SHALL CEASE AND DESIST FROM COMMITTING OR CAUSING ANY VIOLATIONS AND ANY FUTURE VIOLATIONS OF SECTIONS 206(2) AND 207 OF THE ADVISERS ACT. RESPONDENT IS CENSURED, SHALL PAY DISGORGEMENT OF \$3,151,205.81 AND PREJUDGMENT INTEREST OF \$294,058.93, AND SHALL COMPLY WITH THE UNDERTAKINGS ENUMERATED IN THE OFFER OF SETTLEMENT.

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).

RESPONDENT HAS SUBMITTED AN OFFER OF SETTLEMENT WHICH THE COMMISSION HAS DETERMINED TO ACCEPT. IN VIEW OF THE FOREGOING, THE COMMISSION DEEMS IT APPROPRIATE IN THE PUBLIC INTEREST TO IMPOSE THE SANCTIONS AGREED TO IN THE RESPONDENT'S OFFER. ACCORDINGLY, IT IS ORDERED THAT RESPONDENT SHALL CEASE AND DESIST FROM COMMITTING OR CAUSING ANY VIOLATIONS AND ANY FUTURE VIOLATIONS OF SECTIONS 206(2) AND 207 OF THE ADVISERS ACT. RESPONDENT IS CENSURED, SHALL PAY DISGORGEMENT OF \$3,151,205.81 AND PREJUDGMENT INTEREST OF \$294,058.93, AND SHALL COMPLY WITH THE UNDERTAKINGS ENUMERATED IN THE OFFER OF SETTLEMENT. RESPONDENT SELF-REPORTED TO THE COMMISSION THE VIOLATIONS DISCUSSED IN THIS ORDER PURSUANT TO THE DIVISION OF ENFORCEMENT'S SHARE CLASS SELECTION DISCLOSURE INITIATIVE ("SCSD INITIATIVE"). ACCORDINGLY, THIS ORDER AND RESPONDENT'S OFFER ARE BASED ON THE INFORMATION SELF-REPORTED BY RESPONDENT.

CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (ADV)

No Information Filed

Part 2
Exemption from brochure delivery requirements for SEC-registered advisers

SEC rules exempt SEC-registered advisers from delivering a firm brochure to some kinds of clients. If these exemptions excuse you from delivering a brochure to *all* of your advisory clients, you do not have to prepare a brochure.

Are you exempt from delivering a brochure to all of your clients under these rules?

If no, complete the ADV Part 2 filing below.

Amend, retire or file new brochures:

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:
CRAIG HARRISON

Date: MM/DD/YYYY
08/26/2019

Printed Name:
CRAIG HARRISON

Title:
MANAGER, REGISTRATION

Adviser *CRD* Number:
146936

NON-RESIDENT INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial submission of Form ADV to the SEC and all amendments.

1. Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint each of the Secretary of the SEC, and the Secretary of State or other legally designated officer, of any other state in which you are submitting a *notice filing*, as your agents to receive service, and agree that such persons may accept service on your behalf, of any notice, subpoena, summons, *order* instituting *proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding* or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is *founded*, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of any state in which you are submitting a *notice filing*.

2. Appointment and Consent: Effect on Partnerships

If you are organized as a partnership, this irrevocable power of attorney and consent to service of process will continue in effect if any partner withdraws from or is admitted to the partnership, provided that the admission or withdrawal does not create a new partnership. If the partnership dissolves, this irrevocable power of attorney and consent shall be in effect for any action brought against you or any of your former partners.

3. Non-Resident Investment Adviser Undertaking Regarding Books and Records

By signing this Form ADV, you also agree to provide, at your own expense, to the U.S. Securities and Exchange Commission at its principal office in Washington D.C., at any Regional or District Office of the Commission, or at any one of its offices in the United States, as specified by the Commission, correct, current, and complete copies of any or all records that you are required to maintain under Rule 204-2 under the Investment Advisers Act of 1940. This undertaking shall be binding upon you, your heirs, successors and assigns, and any *person* subject to your written irrevocable consents or powers of attorney or any of your general partners and *managing agents*.

Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the *non-resident* investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free

and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having *custody* or possession of these books and records to make them available to federal and state regulatory representatives.

Signature:

Date: MM/DD/YYYY

Printed Name:

Title:

Adviser *CRD* Number:

146936