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| **ANNUAL CERTIFICATION OF SUPERVISED PERSONS** |
| Supervised Person Name: |
| I hereby acknowledge receipt of the [Name of the Firm] (the “Firm”) Compliance Manual which includes, among others, the Firm’s Code of Ethics and Insider Trading Policy Statement. I understand, acknowledge and agree that all of the provisions of the Firm’s Compliance Manual apply to me and, among other matters, to all securities transactions and holdings in investments in which I or members of my family/household have beneficial ownership.  By signing this certification, I hereby acknowledge that I have at all times, and will continue to be, in compliance with both the spirit and the specific requirements of all of the provisions of the Firm’s Compliance Manual. |

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| **IAR AUTHORIZATION:** | |
| By signing below, I acknowledge that the information herein has been reviewed and is correct to the best of my knowledge. | |
| IAR Signature: | Date: |
| **PLEASE COMPLETE ALL FORMS BELOW** |  |

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|  | **INITIALS** |
| * I have notified the Firm timely, accurately, and completely of all **disciplinary history** required by the Firm’s policies. |  |
| * I have notified the Firm promptly of **all complaints** received. |  |
| * I agree to abide with the Firm’s **compliance manual.** |  |
| * I agree to abide with the Firm’s **code of ethics.** |  |
| * I have informed the Firm of all **outside business activities.** |  |
| * I have informed the Firm of all accounts **where I act as trustee**. |  |
| * I have informed the Firm of any contributions to **political campaigns** this year. |  |
| * I have reported timely, accurately and completely **all securities transactions and holdings**. |  |
| * I have informed the Firm of any **NEW Employee, Family or Related accounts** away from the firm, including any Outside Brokerage Accounts. |  |
| * I have not engaged in any activities which would violate the Firm’s policy on **insider trading**. |  |
| * I agree to abide with the Firm’s **Privacy Policy**. |  |
| * I have informed the Firm of any **devices that I use for business purposes**; I agree to **communicate about advisory activities and business on devices** that are captured and archived on firm’s books and records. |  |
| * I have informed the Firm of any **cyber issues** I’ve had where Firm related information may have been compromised. |  |
| * I have disclosed to the Firm any **outside Third Party Vendor** that I use for business purposes. |  |
| * I understand that I am **prohibited from advertising without having received written approval in advance** from Compliance. |  |
| * I have submitted all hard copy **client correspondence** to Compliance. |  |
| * I have disclosed any **charitable contributions**. |  |
| * I have submitted a **gift log** to Compliance for all gifts and gratuities received by clients or given to clients. |  |
| * I agree to abide with the Firm’s **code of ethics.** |  |
| * I understand my use of **social media** is for Personal Use only, with the exception of [Tailor to actual firm policy]. I do understand I am prohibited from posting my affiliation with (FIRM NAME) with any personal social media sites and I must adhere to the Firm’s social media policies outlined in the Compliance Manual. |  |
| * I know I must notify the Compliance Department on any changes to my **Form U-4** including but not limited to change in residential address, disciplinary (criminal or civil), unsatisfied judgments or liens, bankruptcy. FINRA/IARD requires these updates within 30 days of the change. Late reporting may result in fines for the registered individual. |  |

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| **ANNUAL POLITICAL CONTRIBUTIONS CERTIFICATION**  **INVESTMENT ADVISORS, COVERED ASSOCIATES, AND RESTRICTED PERSONS** |
| Our policies prohibit Covered Associates and Restricted Persons from making any political contribution for the purpose of influencing or inducing the obtaining or retaining of investment advisory services business. Furthermore, our policies prohibit Covered Associates and Restricted Persons from directing, suggesting or soliciting any other person to make any political contribution, or coordinated any political contributions, for the purpose of influencing or inducing the obtaining or retaining of investment advisory services business.  *Covered Associated and Restricted Persons should Certify to the listed sections below.* |

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| **I CERTYIFY THAT IN THE ONE YEAR REVIEW PERIOD:** | | | | | |
| YEAR:  **2021** | | Supervised Person Name: | | | |
| **COORDINATED OR SOLICITED:** | | | **YES** | **NO** | **IAR INITIALS** |
| I have complied with the firm policies on political contributions | | |  |  |  |
| I have NOT coordinated or solicited a political contribution on behalf of a state or local official or candidate for state or local office, or a state or local political party. | | |  |  |  |
| I have coordinated or solicited a political contribution on behalf of a state or local official or candidate for state or local office, or a state or local political party as described below: | | |  |  |  |
| **DATE OF CONTRIBUTION** | **DATE OF CCO APPROVAL** | **CANDIDATE / PARTY** | **ELECTION** | | **$ AMOUNT** |
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| **DIRECTED OR MADE:** | | | **YES** | **NO** | **IAR INITIALS** |
| I have NOT made (or directed to be made) any political contribution on behalf of a state or local official or candidate for state or local office, or a state or local political party. | | |  |  |  |
| I have made (or directed to be made) a political contribution on behalf of a state or local official or candidate for state or local office, or a state or local political party as described below: | | |  |  |  |
| **DATE OF CONTRIBUTION** | **DATE OF CCO APPROVAL** | **CANDIDATE / PARTY** | **ELECTION** | | **$ AMOUNT** |
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| **REVIEW BY CCO** | | | | | |
| By signing below, I acknowledge that the information herein has been reviewed and is correct to the best of my knowledge. | | | | | |
| IAR Signature: | | | Date: | | |
| CCO Signature: | | | Date: | | |

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| **ANNUAL OUTSIDE BUSINESS ACTIVITY REQUEST & DISCLOSURE** |
| All access and supervised persons are subject to the Firm’s Code of Ethics. To comply with the Firm’s Code of Ethics, persons must report outside business activities upon employment at the Firm, prior to engaging in any outside business activity whether or not such activity requires prior approval, and on an annual basis.  Outside business activities include, but are not limited to, the following:   * self-employment; * Insurance licensed agent; * receiving compensation from another person or company; * serving as an officer, director, partner, member, managing member, or consultant of another business organization (including a family owned company); and * becoming a general or limited partner in a partnership or owning any stock in a business, unless the stock is publicly traded, and no control relationship exists. * serving with a governmental (federal, state or local) or charitable organization whether or not for compensation. * Act as trustee (including co-trustee) on any account other than those of your immediate family * Involved in any outside business activity involving Cryptocurrency |

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| **ADVISOR INFORMATION** | |
| Supervised Person Name: | Date: |

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| **OBA DISCLOSURE** | | | **INITIALS** | |
| **NONE** – I have NO outside business activities to disclose. | | |  | |
| Or: | | | |
| **NEW** - I have the following NEW outside business activity to request approval from the firm’s CCO. | | |  | |
| Outside Business Activity Entity Name: | |  | | |
| Proposed Start Date of Activity: | |  | | |
| Address, City, State, Zip: | |  | | |
| Corporation, LLC, Partnership? | |  | | |
| Position, title or Association: | |  | | |
| Details: | | **YES** | **NO** |
| Is this activity conducted from an office location affiliated with the firm? | | |  |  |
| Are any of the employees, co-owners, partners, or investors in this business also Supervised Persons of this firm? | | |  |  |
| Is this Outside Business Activity an investment-related business? | | |  |  |
| Details Continued: NEW OBA DISCLOSURE | | **YES** | **NO** |
| Will you be recommending investments of any nature including the purchases or sales of securities? | | |  |  |
| What is the source of initial and ongoing capital, if any, of this business? | | |
| Personal Assets | |  |  |
| Bank Loan(s) | |  |  |
| Client loan(s) | |  |  |
| Promissory Note(s) | |  |  |
| Public stock or bond offering Private stock or bond offering | |  |  |
| Other: | |  |  |
| Will you have custody or control over the funds or property of others, or of the entity, with your involvement in this activity? | | |  |  |
| **OBA DISCLOSURE CONTINUED** | | | **ATTEST** | |
| If yes, do you have the following access? | | **YES** | **NO** |
| Debit card access to the funds? | |  |  |
| Online bill paying privileges available for these funds? | |  |  |
| In this capacity, are there two required signers on checks? | |  |  |
| Will you be compensated, or have the reasonable expectation of compensation in connection with this Outside Business Activity? | | |  |  |
| What form of compensation will you receive, e.g., salary, fees, commissions, trips, stock options, reimbursements, or no compensation? | | |  | |
| What is the estimated amount of annual compensation will you receive from this OBA? | | | $ | |
| How will this entity report the income you receive, e.g., W2, 1099, no income? | | |  | |
| On a monthly basis, how many hours will you devote to this Outside Business Activity? | | | hours | |
| During securities trading hours, how many hours will you devote to this Outside Business Activity? | | | hours | |
| Please carefully read, attest to, and initial the following statements regarding the above listed OBA: | | **ATTEST** | |
| My participation in the above-mentioned OBA will not interfere with my responsibilities to the firm or clients. | | |  | |
| I will explain to clients that the above-mentioned OBA is not being offered through, or in association with, the firm. | | |  | |
| In addition, I will take the following steps to avoid situations which the above-mentioned OBA may be viewed by clients and/or the public as part of the firm’s business: | | |  | |
| Provided Verbal/Written disclosure to clients | |  | |
| Office signage stating that OBA is not offered through, or in association with the firm | |  | |
| Separate letterhead/stationery | |  | |
| Separate email address | |  | |
| Describe the new OBA and any additional conflicts of interest that may be associated with your involvement: | | | | |
| **UPDATE** - I have the following UPDATE to my outside business activity that was previously disclosed. | | |  | |
| Outside Business Activity Entity Name: | |  | | |
| Proposed Start Date of Activity: | |  | | |
| Address, City, State, Zip: | |  | | |
| Corporation, LLC, Partnership? | |  | | |
| Position, title or Association: | |  | | |
| Details: | | **YES** | **NO** |
| Is this activity conducted from an office location affiliated with the firm? | | |  |  |
| Are any of the employees, co-owners, partners, or investors in this business also Supervised Persons of this firm? | | |  |  |
| Is this Outside Business Activity an investment-related business? | | |  |  |
| Will you be recommending investments of any nature including the purchases or sales of securities? | | |  |  |
| What is the source of initial and ongoing capital, if any, of this business? | | | | |
| Personal Assets | |  |  |
| Bank Loan(s) | |  |  |
| Client loan(s) | |  |  |
| Promissory Note(s) | |  |  |
| Public stock or bond offering Private stock or bond offering | |  |  |
| Other: | |  |  |
| Will you have custody or control over the funds or property of others, or of the entity, with your involvement in this activity? | | |  |  |
| If yes, do you have access to the following? | | **YES** | **NO** |
| Debit card access to the funds? | |  |  |
| Online bill paying privileges available for these funds? | |  |  |
| In this capacity, are there two required signers on checks? | |  |  |
| Will you be compensated, or have the reasonable expectation of compensation in connection with this Outside Business Activity? | | |  |  |
| What form of compensation will you receive, e.g., salary, fees, commissions, trips, stock options, reimbursements or no compensation? | | |  | |
| What is the estimated amount of annual compensation will you receive from this OBA? | | | $ | |
| How will this entity report the income you receive, e.g. W2, 1099, no income? | | |  | |
| On a monthly basis, how many hours will you devote to this Outside Business Activity? | | | hours | |
| During securities trading hours, how many hours will you devote to this Outside Business Activity? | | | hours | |
| Please carefully read, attest to, and initial the following statements regarding the above listed OBA: | | **ATTEST** | |
| My participation in the above-mentioned OBA will not interfere with my responsibilities to the firm or clients. | | |  | |
| I will explain to clients that the above-mentioned OBA is not being offered through, or in association with, the firm. | | |  | |
| In addition, I will take the following steps to avoid situations which the above-mentioned OBA may be viewed by clients and/or the public as part of the firm’s business: | | |  | |
| Verbal/Written disclosure to clients | |  | |
| Office signage stating that OBA is not offered through, or in association with the firm | |  | |
| Separate letterhead / stationery | |  | |
| Separate email address for communications regarding the OBA | |  | |
| Describe the updated OBA and any additional conflicts of interest that may be associated with your updated involvement: | | | | |

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| **SUPERVISED PERSON ATTESTATION & CCO APPROVAL** | |
| By signing below, I hereby certify as to the truthfulness, accuracy and completeness of the statements I made above, **and I acknowledge that prior to engaging in this activity, I must receive written approval from the Compliance Department.** | |
| IAR Signature: | Date: |
| CCO Signature: | Date |
| Additional notes regarding OBA and any noted conflicts of interest: | | |

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| **ANNUAL SOCIAL MEDIA ANNUAL DISCLOSURE** |
| It is against our Firm’s policy for employees to post any Firm advertising material on a personal profile on any social media site. [TAILOR TO FIRM] The exception is the networking site LinkedIn. Supervised Persons may maintain a profile on LinkedIn that includes identification as associated with the Firm. This profile must be limited to that individual’s personal biographical information and may not include any other information about the Firm, the Firm’s advisory activities, securities information or other investment-related content or communications. Supervised Persons may maintain a personal website and/or internet/social media profile, such as Linked-In, Facebook, Instagram, Twitter, Google+, YouTube or similar site. These sites may be used for personal situations only and may not include any other information about the Firm, the Firm’s advisory activities, securities information or other investment-related content or communications.  Disclose your social media accounts below as it may be subject to supervision if used for **Business** purposes. |

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| **ADVISOR INFORMATION** | | | | |
| Supervised Person Name: | | DATE: | | |
| **SOCIAL MEDIA DISCLOSURE:** | | | | |
| I have created an account in the following social media site for  **BUSINESS communications**  where I represent myself being affiliated our Firm. | | I have created an account in the following social media site for  **PERSONAL communications**  where I DO NOT represent myself being affiliated our Firm. My use only pertains to family and/or personal friends. | | |
| Image result for Linkedin Logo | LinkedIn URL:  Testimonials are turned off. | Image result for Linkedin Logo | LinkedIn URL: | |
|  | Instagram URL: | A picture containing clipart  Description automatically generatedA close up of a sign  Description automatically generated | Instagram URL: | |
| A picture containing clipart  Description automatically generated | Facebook URL: |  | Facebook URL: | |
|  | Twitter URL: |  | Twitter URL: | |
| A close up of a sign  Description automatically generated | Google + URL: |  | Google + URL: | |
|  | YouTube: URL: |  | YouTube: URL: | |
| **CERTIFY:** | | | | **IAR INITIALS** |
| I have NOT created an account in any social media site. | | | |  |
| **IAR ATTESTATION & REVIEW BY CCO:** | | | | |
| By signing below, I acknowledge that the information herein is true and correct to the best of my knowledge and belief. I understand that any violation of the above may result in discipline or dismissal. | | | | |
| IAR Signature: | | | | Date: |
| CCO Signature: | | | | Date: |

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| **PERSONAL SECURITIES DISCLOSURE** |

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| On the dates indicated, the following transactions, if any, were executed in securities of which I, my family (spouse, minor children or adults living in my household) or trusts of which I am trustee, participated or acquired, direct or indirect "beneficial ownership," and which are required to be reported pursuant to the Code of Ethics.  If no such transactions were executed, I have so indicated by checking "NONE." |

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| ADVISOR INFORMATION | |
| Supervised Person Name: | Date: |

“Reportable Security” typically means any stock, bond, future, investment contract or any other instrument that is considered a “security” under the Advisers Act. The term “Reportable Security” is very broad and includes items you might not ordinarily think of as “securities,” including, but not limited to:

* Options on securities, indexes and currencies;
* Limited partnership interests;
* Foreign unit trusts and foreign mutual funds; and
* Private investment funds, hedge funds and investment clubs.

Exceptions for the term “Reportable Security” as expressly excluded from the reporting requirements of Rule 204A-1 incudes:

* Direct obligations of the U.S. government;
* Banker’s acceptances, bank certificates of deposit, commercial paper and high-quality short-term debt obligations, including repurchase agreements;
* Shares issued by: money market funds; Open-end mutual funds that are registered under the Investment Company Act, and unit investment trusts that are invested exclusively in one or more open-end funds, none of which are funds advised or sub-advised by the Firm.

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| NAME OF SECURITY | | DATE OF TRANSACTION | # OF SHARES | $ AMOUNT OF TRANSACTION | BUY / SELL OTHER | PRICE | CUSTODIAN | |
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| Or: | | | | | | **YES** | **NO** |
| I engaged in securities transactions that involved securities other than reportable securities. | | | | | | |  |  |
| Or: | | | | | | **NONE** | |
| I have not engaged in any securities transactions during the review period. | | | | | | |  | |
| And: | | | | | | **YES** | **NO** |
| The firm is receiving duplicate confirmations and statements as an alternative measure of supervision. | | | | | | |  |  |

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| **IAR ATTESTATION & REVIEW BY CCO:** | |
| By signing below, I acknowledge that the information herein is true and correct to the best of my knowledge and belief. I understand that any violation of the above may result in discipline or dismissal. | |
| IAR Signature: | Date: |
| CCO Signature: | Date: |