

FORM ADV

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

Primary Business Name: M HOLDINGS SECURITIES, INC.	CRD Number: 43285
Annual Amendment - All Sections	Rev. 10 / 2021
3 / 31 / 2026 5:35:17 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):
M HOLDINGS SECURITIES, INC.

B. (1) Name under which you primarily conduct your advisory business, if different from Item 1.A.
M HOLDINGS SECURITIES, INC.

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

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

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

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

D. (1) If you are registered with the SEC as an investment adviser, your SEC file number: **801-57304**
(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
1569638

E. (1) If you have a number ("CRD Number") assigned by the *FINRA's* CRD system or by the IARD system, your CRD number: **43285**

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:

1125 N.W. COUCH STREET

City:

PORTLAND

State:

Oregon

Number and Street 2:

SUITE 900

Country:

United States

ZIP+4/Postal Code:

97209

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:

8:00AM-5:00PM PST

(3) Telephone number at this location:

800-656-6960

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

503-414-7474

(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?

105

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

Number and Street 1:		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:

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

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

Number and Street 1:		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:

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

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

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

Name:

IRS Employer Identification Number:

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

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

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

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 <i>principal office and place of business</i> ?	Yes	No
	☒	☐

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

M. Are you registered with a <i>foreign financial regulatory authority</i> ?	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: 325 N. WILLIAMSON BLVD		Number and Street 2: SUITE 120	
City: DAYTONA BEACH	State: Florida	Country: United States	ZIP+4/Postal Code: 32114

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

Telephone Number: 386-255-0519	Facsimile Number, if any: 386-252-4084
-----------------------------------	---

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:
142528

How many *employees* perform investment advisory functions from this office location?
4

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

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

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

Number and Street 1: 6756 EXECUTIVE OAK LANE		Number and Street 2:	
City: CHATTANOOGA	State: Tennessee	Country: United States	ZIP+4/Postal Code: 37421

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

Telephone Number:
423-756-3828

Facsimile Number, if any:
423-265-0735

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:
277395

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:
1 NORTHFIELD PLAZA, SUITE 430

Number and Street 2:

City:
NORTHFIELD

State:
Illinois

Country:
United States

ZIP+4/Postal Code:
60093

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

Telephone Number:
847-441-4200

Facsimile Number, if any:

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
142461

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

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

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

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

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

Number and Street 1:
244 NORTH ROSE STREET

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
KALAMAZOO	Michigan	United States	49007

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

Telephone Number:	Facsimile Number, if any:
269-552-3200	269-343-3533

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:
142482

How many *employees* perform investment advisory functions from this office location?
4

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

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

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

☒ (3) Insurance broker or agent

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

☐ (5) Registered municipal advisor

☐ (6) Accountant or accounting firm

☐ (7) Lawyer or law firm

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

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

Number and Street 1:	Number and Street 2:		
100 SMITH RANCH RD.	SUITE 340		
City:	State:	Country:	ZIP+4/Postal Code:
SAN RAFAEL	California	United States	94903

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

Telephone Number:	Facsimile Number, if any:
2549139911	

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:
142455

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

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

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

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

☒ (3) Insurance broker or agent

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

☐ (5) Registered municipal advisor

☐ (6) Accountant or accounting firm

☐ (7) Lawyer or law firm

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

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 EAST PARK PLACE		Number and Street 2: SUITE 750	
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: 973-434-8700	Facsimile Number, if any: 973-434-8171
-----------------------------------	---

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:
142533

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: 109 PHEASANT RUN		Number and Street 2:	
City: NEWTOWN	State: Pennsylvania	Country: United States	ZIP+4/Postal Code: 18940

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

Telephone Number: 215-968-4741	Facsimile Number, if any: 215-504-6343
-----------------------------------	---

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:
486472

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

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

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

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

Number and Street 1: 2555 TOWNSGATE RD.		Number and Street 2: SUITE 105	
City: WESTLAKE VILLAGE	State: California	Country: United States	ZIP+4/Postal Code: 91361

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

Telephone Number: 805-604-2728	Facsimile Number, if any:
-----------------------------------	---------------------------

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
632516

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

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

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

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 WOODWARD AVE		Number and Street 2:	
City: DETROIT	State: Michigan	Country: United States	ZIP+4/Postal Code: 48226

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

Telephone Number: 313-394-1700	Facsimile Number, if any:
-----------------------------------	---------------------------

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
547831

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

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

☐ (7) Lawyer or law firm

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

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

Number and Street 1: 200 CONNELL PARK		Number and Street 2: SUITE 1000	
City: BERKELEY HEIGHTS	State: New Jersey	Country: United States	ZIP+4/Postal Code: 07922

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

Telephone Number: 844-451-8326	Facsimile Number, if any:
-----------------------------------	---------------------------

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
564048

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

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

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: 1100 KENILWORTH AVE		Number and Street 2: 110	
City: CHARLOTTE	State: North Carolina	Country: United States	ZIP+4/Postal Code: 28204

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

Telephone Number: 704-333-0508	Facsimile Number, if any:
-----------------------------------	---------------------------

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
374243

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

- Are other business activities conducted at this office location? (check all that apply)
- ☒ (1) Broker-dealer (registered or unregistered)
 - ☐ (2) Bank (including a separately identifiable department or division of a bank)

- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (5) Registered municipal advisor
- ☐ (6) Accountant or accounting firm
- ☐ (7) Lawyer or law firm

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

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

Number and Street 1:		Number and Street 2:	
2699 HOWELL ST.		SUITE 1100	
City:	State:	Country:	ZIP+4/Postal Code:
DALLAS	Texas	United States	75204

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

Telephone Number:	Facsimile Number, if any:
800-656-6960	503-414-7474

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:

823581

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

3

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

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

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

Number and Street 1:		Number and Street 2:	
1802 HAMILTON STREET			
City:	State:	Country:	ZIP+4/Postal Code:
ALLENTOWN	Pennsylvania	United States	18104

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

Telephone Number:	Facsimile Number, if any:
6104371375	6104374575

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:

461248

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

4

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

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

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

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

Number and Street 1:
7979 EAST TUFTS

City:
DENVER

State:
Colorado

Country:
United States

Number and Street 2:
SUITE 1550

ZIP+4/Postal Code:
80237

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

Telephone Number:
303-832-6100

Facsimile Number, if any:
303-832-7100

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:
142470

How many *employees* perform investment advisory functions from this office location?
4

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

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

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

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

Number and Street 1:
5550 W EXECUTIVE DRIVE

City:
TAMPA

State:
Florida

Country:
United States

Number and Street 2:
500

ZIP+4/Postal Code:
33609

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

Telephone Number:
813-273-9416

Facsimile Number, if any:
813-229-8874

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

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

5

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

- ☒ (1) Broker-dealer (registered or unregistered)
- ☐ (2) Bank (including a separately identifiable department or division of a bank)
- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (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:
1421 EMERSON AVE

City:
OXNARD

State:
California

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
93033

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

Telephone Number:
8056600347

Facsimile Number, if any:

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
686390

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

1

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

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

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:
600 CORPORATE POINTE

City:
CULVER CITY

State:
California

Country:
United States

Number and Street 2:
SUITE 600

ZIP+4/Postal Code:
90230

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

Telephone Number:

Facsimile Number, if any:

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD Branch Number* here:
482947

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

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

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: 20 BUTTE DES MORTS		Number and Street 2:	
City: APPLETON	State: Wisconsin	Country: United States	ZIP+4/Postal Code: 54914

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

Telephone Number: 5166836100	Facsimile Number, if any:
---------------------------------	---------------------------

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD Branch Number* here:
747495

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

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

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

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

Number and Street 1: 1325 4TH AVENUE		Number and Street 2: SUITE 2100	
City: SEATTLE	State: Washington	Country: United States	ZIP+4/Postal Code: 98101

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

Telephone Number:2063432323

Facsimile Number, if any:

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
142497

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

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

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

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

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:
8100 E. UNION AVE.

City:
DENVER

State:
Colorado

Country:
United States

Number and Street 2:
1605

ZIP+4/Postal Code:
80237

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

Telephone Number:9132693219

Facsimile Number, if any:

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
698685

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

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

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

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

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

Number and Street 1: 9700 WESTLAND DR.		Number and Street 2: SUITE 103	
City: KNOXVILLE	State: Tennessee	Country: United States	ZIP+4/Postal Code: 37922
If this address is a private residence, check this box: ☐			
Telephone Number: 8656909590		Facsimile Number, if any:	
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: 502084			
How many <i>employees</i> perform investment advisory functions from this office location? 4			
Are other business activities conducted at this office location? (check all that apply)			
☒ (1) Broker-dealer (registered or unregistered)			
☐ (2) Bank (including a separately identifiable department or division of a bank)			
☒ (3) Insurance broker or agent			
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)			
☐ (5) Registered municipal advisor			
☐ (6) Accountant or accounting firm			
☐ (7) Lawyer or law firm			
Describe any other <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: 740 WAUKEGA N. ROAD		Number and Street 2: SUITE 310	
City: DEERFIELD	State: Illinois	Country: United States	ZIP+4/Postal Code: 60015
If this address is a private residence, check this box: ☐			
Telephone Number: 8472722500		Facsimile Number, if any:	
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: 401117			
How many <i>employees</i> perform investment advisory functions from this office location? 4			
Are other business activities conducted at this office location? (check all that apply)			
☒ (1) Broker-dealer (registered or unregistered)			
☐ (2) Bank (including a separately identifiable department or division of a bank)			
☒ (3) Insurance broker or agent			
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)			
☐ (5) Registered municipal advisor			
☐ (6) Accountant or accounting firm			
☐ (7) Lawyer or law firm			
Describe any other <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: 55 HARRISTOWN ROAD		Number and Street 2: SUITE 102	
City: GLEN ROCK	State: New Jersey	Country: United States	ZIP+4/Postal Code: 07452

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

Telephone Number: 2012126909	Facsimile Number, if any:
---------------------------------	---------------------------

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
533665

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

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

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

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: FOUR PPG PLACE		Number and Street 2: SUITE 600	
City: PITTSBURG	State: Pennsylvania	Country: United States	ZIP+4/Postal Code: 15222

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

Telephone Number: 4124971759	Facsimile Number, if any:
---------------------------------	---------------------------

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
142430

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

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

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: 361 S. BASSWOOD RD		Number and Street 2:	
City: LAKE FOREST	State: Illinois	Country: United States	ZIP+4/Postal Code: 60045

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

Telephone Number: 3123160010	Facsimile Number, if any:
---------------------------------	---------------------------

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
142455

How many *employees* perform investment advisory functions from this office location?
4

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

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

SECTION 1.I. Website Addresses

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

Address of Website/Account on Publicly Available Social Media Platform: HTTPS://MFIN.COM/M-SECURITIES

Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/company/m-financial-group/

Address of Website/Account on Publicly Available Social Media Platform: https://www.glassdoor.com/Overview/Working-at-M-Financial-Group-EI_IE17413.11,28.htm

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:
MCINNIS GROUP

Number and Street 1: 3500 W 75TH ST		Number and Street 2: STE 200	
City:	State:	Country:	ZIP+4/Postal Code:

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

Telephone Number:
913-831-0999

Facsimile number, if any:
913-204-0514

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
EVERGREEN CONSULTING

Number and Street 1:
40 W. 5TH ST.

Number and Street 2:

City:
COVINGTON

State:
Kentucky

Country:
United States

ZIP+4/Postal Code:
41011

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

Telephone Number:
513-257-7810

Facsimile number, if any:
513-784-9170

- 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.
CORRESPONDENCE, INVOICES, RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
CORNERSTONE FINANCIAL CONSULTANTS

Number and Street 1:
1802 HAMILTON STREET

Number and Street 2:

City:
ALLENTOWN

State:
Pennsylvania

Country:
United States

ZIP+4/Postal Code:
18104

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

Telephone Number:
6104371375

Facsimile number, if any:
6104374575

- 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.
RECOMMENDATIONS/NOTES.

Name of entity where books and records are kept:
HEIRMARK

Number and Street 1:
7005 S EDGERTON RD

City:
CLEVELAND

State:
Ohio

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
44141

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

Telephone Number:
330-665-2376

Facsimile number, if any:
330-670-1081

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
GREENBERG, WEXLER & EIG

Number and Street 1:
7315 WISCONSIN AVENUE

City:
BETHESDA

State:
Maryland

Country:
United States

Number and Street 2:
STE 250

ZIP+4/Postal Code:
20814

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

Telephone Number:
301-656-0660

Facsimile number, if any:
301-656-8656

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
JONES LOWRY

Number and Street 1:
470 COLUMBIA DR

City:
WEST PALM BEACH

State:
Florida

Country:
United States

Number and Street 2:
STE E-100

ZIP+4/Postal Code:
33409

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

Telephone Number:
561-712-9799

Facsimile number, if any:
561-712-9899

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
DOCUPACE

Number and Street 1:
400 CORPORATE POINTE

Number and Street 2:
SUITE 300

City: State:
CULVER CITY California

Country: ZIP+4/Postal Code:
United States 90230

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

Telephone Number: Facsimile number, if any:
3104457722

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

Briefly describe the books and records kept at this location.
ELECTRONIC VENDOR FOR PAPERWORK PROCESSING

Name of entity where books and records are kept:
LRI LLC BDA MARINER FINANCIAL GROUP

Number and Street 1:
223 EASTERN BLVD

Number and Street 2:

City: State:
GLASTONBURY Connecticut

Country: ZIP+4/Postal Code:
United States 06003

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

Telephone Number: Facsimile number, if any:
860-657-1037

- 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.
NOTES, RECOMMENDATIONS

Name of entity where books and records are kept:
CAPITAL STRATEGIES GROUP, INC

Number and Street 1:
740 WAUGKEGAN RD

Number and Street 2:
STE 310

City: State:
DEERFIELD Illinois

Country: ZIP+4/Postal Code:
United States 60015

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

Telephone Number: Facsimile number, if any:
847-272-2500 847-272-2205

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
MEZRAH FINANCIAL GROUP

Number and Street 1:
5350 WEST KENNEDY BLVD.

Number and Street 2:
SUITE 1

City: TAMPA
State: Florida

Country: United States
ZIP+4/Postal Code: 33609

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

Telephone Number: 813-282-3100
Facsimile number, if any: 813-289-1577

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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
WINGED KEEL GROUP, INC

Number and Street 1:
2000 RIVEREDGE PARKWAY

Number and Street 2:
STE 700

City: ATLANTA
State: Georgia

Country: United States
ZIP+4/Postal Code: 30328

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

Telephone Number: 770-956-1800
Facsimile number, if any: 770-956-8516

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.
RECOMMENDATIONS,NOTES

Name of entity where books and records are kept:
HERITAGE STRATEGIES

Number and Street 1:
135 CROSSWAYS PARK DR

Number and Street 2:
STE 402

City: WOODBURY
State: New York

Country: United States
ZIP+4/Postal Code: 11797

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

Telephone Number: 631-423-0505
Facsimile number, if any: 631-423-9656

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
DSG FAMILY LEGACY INSURANCE SOLUTIONS

Number and Street 1: 1340 VALLEY VISTA DRIVE		Number and Street 2:	
City: DIAMOND BAR	State: California	Country: United States	ZIP+4/Postal Code: 91765

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

Telephone Number: 626-854-8738	Facsimile number, if any: 626-854-8737
-----------------------------------	---

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
DOERSCHLER & ASSOC. WEALTH MGMT LLC

Number and Street 1: 54870 N MAIN STREET		Number and Street 2:	
City: MATTAWAN	State: Michigan	Country: United States	ZIP+4/Postal Code: 49071

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

Telephone Number: 269-744-4180	Facsimile number, if any:
-----------------------------------	---------------------------

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

Briefly describe the books and records kept at this location.
CLIENT NOTES, RECOMMENDATIONS

Name of entity where books and records are kept:
FAMILY CAPITAL ADVISORS

Number and Street 1: 200 MAYFAIR ROAD		Number and Street 2:	
City: NASHVILLE	State: Tennessee	Country: United States	ZIP+4/Postal Code: 37205

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

Telephone Number:	Facsimile number, if any:
615-385-7885	866-408-9712

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
JKJ FINANCIAL SERVICES

Number and Street 1:	Number and Street 2:		
109 PHEASANT RUN			
City:	State:	Country:	ZIP+4/Postal Code:
NEWTOWN	Pennsylvania	United States	18940

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

Telephone Number:	Facsimile number, if any:
215-968-4741	215-504-6343

- 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.
CORRESPONDENCE, INVOICES, RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
EXECUTIVE COMPENSATION GROUP

Number and Street 1:	Number and Street 2:		
325 N. WILLIAMSON BLVD	STE 120		
City:	State:	Country:	ZIP+4/Postal Code:
DAYTONA BEACH	Florida	United States	32114

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

Telephone Number:	Facsimile number, if any:
386-255-0519	386-252-4084

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
GATEWAY FINANCIAL GROUP

Number and Street 1: FOUR PPG PLACE		Number and Street 2: SUITE 600	
City: PITTSBURGH	State: Pennsylvania	Country: United States	ZIP+4/Postal Code: 15222

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

Telephone Number: 412-497-1750	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.
NOTES, RECOMMENDATIONS

Name of entity where books and records are kept: BARRY, EVANS, JOSEPHS & SNIPES			
Number and Street 1: 1100 KENILWORTH AVE, STE 110		Number and Street 2: STE 110	
City: CHARLOTTE	State: North Carolina	Country: United States	ZIP+4/Postal Code: 28204

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

Telephone Number: 704-333-0508	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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept: MERIDIAN FINANCIAL GROUP			
Number and Street 1: 13710 BEN C PRATT		Number and Street 2: SIX MILE CYPRESS PARKWAY STE 3	
City: FORT MYERS	State: Florida	Country: United States	ZIP+4/Postal Code: 33912

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

Telephone Number: 239-690-9820	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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
EMONEY ADVISOR, LLC

Number and Street 1:
FOUR RADNOR COPRORATE CENTER

Number and Street 2:
100 MATSONFORD ROAD #300

City: RADNOR
State: Pennsylvania

Country: United States
ZIP+4/Postal Code: 19087

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

Telephone Number: 8883628482
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.
VENDOR PROVIDING DATA AGGREGATION AND CONSOLIDATED REPORTS RELATED TO CLIENT HOLDINGS.

Name of entity where books and records are kept:
UNITED FINANCIAL CONSULTANTS

Number and Street 1:
4770 BISCAYNE BLVD

Number and Street 2:
980

City: MIAMI
State: Florida

Country: United States
ZIP+4/Postal Code: 33137

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

Telephone Number: 305-377-8999
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.
NOTES & RECOMMENDATIONS

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

Number and Street 1:
2000 CHAPEL VIEW BLVD

Number and Street 2:
SUITE 240

City: CRANSTON
State: Rhode Island

Country: United States
ZIP+4/Postal Code: 02920

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

Telephone Number: 401-884-7800
Facsimile number, if any: 401-884-0290

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
LRI LLC DBA LINDBERG AND RIPPLE

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: ☒

Telephone Number:	Facsimile number, if any:
919-904-7137	

- 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.
NOTES & RECOMMENDATIONS

Name of entity where books and records are kept:
MCM

Number and Street 1:		Number and Street 2:	
1325 4TH AVE		STE 2100	
City:	State:	Country:	ZIP+4/Postal Code:
SEATTLE	Washington	United States	98101

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

Telephone Number:	Facsimile number, if any:
206-3436-2323	206-343-4199

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
TPG CONSULTING

Number and Street 1:		Number and Street 2:	
191 SUN VALLEY ROAD		SUITE 106	
City:	State:	Country:	ZIP+4/Postal Code:
KETCHUM	Idaho	United States	83340

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

Telephone Number:	Facsimile number, if any:
212-573-5550	646-786-3675

- 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.

RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
FAMILY WEALTH COUNSELING

Number and Street 1:
2377 CRENSHAW BLVD

City:	State:	Country:	ZIP+4/Postal Code:
TORRENCE	California	United States	90501

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

Telephone Number: 310-626-0010 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.

NOTES & RECOMMENDATIONS

Name of entity where books and records are kept:
MADISON & MAIN ADVISORS LLC

Number and Street 1:
266 MAIN STREET

City:	State:	Country:	ZIP+4/Postal Code:
MADISON	New Jersey	United States	07940

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

Telephone Number: 908-653-7295 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.

NOTES & RECOMMENDATIONS

Name of entity where books and records are kept:
CARLSON HAMMOND

Number and Street 1:
755 BAYWOOD DR

City:	State:	Country:	ZIP+4/Postal Code:
PETALUMA	California	United States	94954

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

Telephone Number: _____ 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
TCS INSURANCE AGENCY, INC.

Number and Street 1: 1701 AUSTIN AVE		Number and Street 2: STE B	
City: WACO	State: Texas	Country: United States	ZIP+4/Postal Code: 78703

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

Telephone Number: 254-913-9911	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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
JAMIESON FINANCIAL SERVICES, LLC

Number and Street 1: 1 NORTHFIELD PLAZA		Number and Street 2: SUITE 430	
City: NORTHFIELD	State: Illinois	Country: United States	ZIP+4/Postal Code: 60093

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

Telephone Number: 847-441-4200	Facsimile number, if any: 847-441-4350
-----------------------------------	---

- 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.
CORRESPONDENCE, INVOICES, RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
VIA FORTE

Number and Street 1: 1700 WEST 82ND STREET		Number and Street 2: 180	
City: BLOOMINGTON	State: Minnesota	Country: United States	ZIP+4/Postal Code: 55431

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

Telephone Number:952-314-7300

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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
LINDBERG & RIPPLE

Number and Street 1:
3825 PGA BLVD SUITE 303

City:
PALM BEACH GARDENS

State:
Florida

Country:
United States

Number and Street 2:
STE 200

ZIP+4/Postal Code:
33458

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

Telephone Number:561-323-2265

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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
ERBEN ASSOCIATES

Number and Street 1:
300 BEARDSLEY LANE

City:
AUSTIN

State:
Texas

Country:
United States

Number and Street 2:
D-2

ZIP+4/Postal Code:
78746

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

Telephone Number:512-402-0250

Facsimile number, if any:512-402-0381

- 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.
RECOMMENDATIONS, NOTES

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

Number and Street 1:
220 CAMBIE ST

City:
VANCOUVER, BC

State:

Number and Street 2:
2ND FL

Country:
Canada

ZIP+4/Postal Code:
V6B 2M9

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

Telephone Number:
604-484-6630

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.
ELECTRONIC CORRESPONDENCE

Name of entity where books and records are kept:
WEALTH PRESERVATION PARTNERS

Number and Street 1:
90 HOPEMEADOW ST.

City:
SIMSBURY

State:
Connecticut

Number and Street 2:

Country:
United States

ZIP+4/Postal Code:
06089

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

Telephone Number:
860-408-6188

Facsimile number, if any:
860-408-6194

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
EVERGREEN CONSULTING

Number and Street 1:
6756 EXECUTIVE OAK LANE

City:
CHATTANOOGA

State:
Tennessee

Number and Street 2:

Country:
United States

ZIP+4/Postal Code:
37421

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

Telephone Number:
423-756-3828

Facsimile number, if any:
423-265-0735

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
ENZA FINANCIAL

Number and Street 1:
6450 ROCKSIDE WOODS BLVD

Number and Street 2:
STE 150

City:
INDEPENDENCE

State:
Ohio

Country:
United States

ZIP+4/Postal Code:
44131

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

Telephone Number:
216-236-0700

Facsimile number, if any:
216-264-8077

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
THE BENEFITS GROUP

Number and Street 1:
9700 WESTLAND DR. SUITE 103

Number and Street 2:

City:
KNOXVILLE

State:
Tennessee

Country:
United States

ZIP+4/Postal Code:
37922

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

Telephone Number:
865-690-9590

Facsimile number, if any:
856-690-9052

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
VIE INTERNATIONAL FINANCIAL

Number and Street 1:
118 PICCADILLY

Number and Street 2:
7NW

City:
LONDON

State:

Country:
United Kingdom

ZIP+4/Postal Code:
W1J7DF

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

Telephone Number:
44 (0)20 3457

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.
CORRESPONDENCE, INVOICES, RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
ICAPITAL

Number and Street 1: 60 EAST 42ND STREET		Number and Street 2:	
City: NEW YORK	State: New York	Country: United States	ZIP+4/Postal Code: 10165

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

Telephone Number: 212-994-7333	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.
ALTERNATIVE INVESTMENT PLATFORM.

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

Number and Street 1: 2100 GATEWAY CENTRE BLVD		Number and Street 2: SUITE 200	
City: MORRISVILLE	State: North Carolina	Country: United States	ZIP+4/Postal Code: 27560

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

Telephone Number: 800-334-8322	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.
VENDOR PROVIDES SOFTWARE AND STORAGE FOR M SECURITIES BOOKS AND RECORDS.

Name of entity where books and records are kept:
CHERNOFF DIAMOND & CO

Number and Street 1: 725 RXR PLAZA - EAST TOWER		Number and Street 2:	
City: UNIONDALE	State: New York	Country: United States	ZIP+4/Postal Code: 11556

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

Telephone Number: 516-683-6100	Facsimile number, if any: 516-683-6163
-----------------------------------	---

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
BOLICOLI.COM

Number and Street 1:		Number and Street 2:	
281 MAIN ST		FLOOR 2	
City:	State:	Country:	ZIP+4/Postal Code:
READING	Massachusetts	United States	01867

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

Telephone Number:	Facsimile number, if any:
781-942-5700	781-942-5710

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
NBW INSURANCE GROUP

Number and Street 1:		Number and Street 2:	
706 2ND AVE. SOUTH		STE 300	
City:	State:	Country:	ZIP+4/Postal Code:
MINNEAPOLIS	Minnesota	United States	55402

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

Telephone Number:	Facsimile number, if any:
612-339-7385	612-337-5535

- 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.
CORRESPONDENCE, INVOICES, RECCOMENDATIONS, NOTES

Name of entity where books and records are kept:
LINDBERG & RIPPLE

Number and Street 1:		Number and Street 2:	
29 SOUTH MAIN ST.		STE 215	
City:	State:	Country:	ZIP+4/Postal Code:
WEST HARTFORD	Connecticut	United States	06107

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

Telephone Number:

860-761-9790

Facsimile number, if any:

860-761-9791

- 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.
CORRESPONDENCE, INVOICES, RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
FINANCIAL DESIGNS

Number and Street 1:

7979 E TUFTS

Number and Street 2:

STE 1550

City:

DENVER

State:

Colorado

Country:

United States

ZIP+4/Postal Code:

80237

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

Telephone Number:

303-832-6100

Facsimile number, if any:

303-832-7100

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
QUEALLY GROUP

Number and Street 1:

28 THORNDALE CIRCLE

Number and Street 2:

SUITE 300

City:

DARIEN

State:

Connecticut

Country:

United States

ZIP+4/Postal Code:

06820

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

Telephone Number:

203-967-8844

Facsimile number, if any:

203-967-8855

- 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.
RECOMMENDATIONS/NOTES.

Name of entity where books and records are kept:
CBA PREMIER INSURANCE SOLUTIONS

Number and Street 1:

2033 GATEWAY PLACE #500

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
SAN JOSE	California	United States	95110

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

Telephone Number:	Facsimile number, if any:
408-780-2307	408-271-1802

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
ROSE STREET ADVISORS, LLC

Number and Street 1:	Number and Street 2:		
244 NORTH ROSE ST.			
City:	State:	Country:	ZIP+4/Postal Code:
KALAMAZOO	Michigan	United States	49007

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

Telephone Number:	Facsimile number, if any:
269-552-3200	269-343-3533

- 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.
RECOMMENDATIONS, NOTES

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

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

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

Telephone Number:	Facsimile number, if any:
9044386000	

- 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.
TRADE BLOTTER AND SURVEILLANCE REPORTS

Name of entity where books and records are kept:
RETIREMENT & INSURANCE RESOURCES

Number and Street 1: 1185 IMMOKALEE RD		Number and Street 2: STE 120	
City: NAPLES	State: Florida	Country: United States	ZIP+4/Postal Code: 34110

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

Telephone Number: 239-434-7500	Facsimile number, if any: 239-596-9911
-----------------------------------	---

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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
KJAC PARTNERS

Number and Street 1: 300 CARNEGIE CENTER		Number and Street 2: SUITE 240	
City: PRINCETON	State: New Jersey	Country: United States	ZIP+4/Postal Code: 08540

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

Telephone Number: 609-924-7250	Facsimile number, if any: 732-899-3000
-----------------------------------	---

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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
TPG CONSULTING, LLC

Number and Street 1: 6520 AIRPORT CENTER DR.		Number and Street 2: STE 203	
City: GREENSBORO	State: North Carolina	Country: United States	ZIP+4/Postal Code: 27409

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

Telephone Number: 336-553-9240	Facsimile number, if any: 336-553-9239
-----------------------------------	---

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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
PLYBON & ASSOCIATES

Number and Street 1: 1150 REVOLUTION MILL DRIVE		Number and Street 2:	
City: GREENSBORO	State: North Carolina	Country: United States	ZIP+4/Postal Code: 27409

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

Telephone Number: 336-292-9050	Facsimile number, if any: 336-292-4618
-----------------------------------	---

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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
GRENERT FINANCIAL GROUP

Number and Street 1: 6424 E GREENWAY PARKWAY		Number and Street 2:	
City: SCOTTSDALE	State: Arizona	Country: United States	ZIP+4/Postal Code: 85254

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

Telephone Number: 7753224500	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.
RECOMMENDATIONS AND NOTES

Name of entity where books and records are kept:
AEM PARTNERS LLC

Number and Street 1: 1800 GLENARM PLACE		Number and Street 2: SUITE 900	
City: DENVER	State: Colorado	Country: United States	ZIP+4/Postal Code: 80202

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

Telephone Number: 3038925701	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.
AEM PARTNERS, LLC

Name of entity where books and records are kept:
FIELDSTONE INSURANCE GROUP, LLC

Number and Street 1: 55 HARRISTOWN RD		Number and Street 2: SUITE 102	
City: GLEN ROCK	State: New Jersey	Country: United States	ZIP+4/Postal Code: 07452

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

Telephone Number: 201-212-6909	Facsimile number, if any: 831-309-7353
-----------------------------------	---

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
WAXMAN LAWSON FINANCIAL

Number and Street 1: 2314 WOODLAWN BLVD		Number and Street 2:	
City: AUSTIN	State: Texas	Country: United States	ZIP+4/Postal Code: 78703

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

Telephone Number: 512-476-6392	Facsimile number, if any: 512-474-5057
-----------------------------------	---

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
HERITAGE CAPITAL STRATEGIES

Number and Street 1: 2555 TOWNSGATE RD		Number and Street 2: STE 105	
City: WESTLAKE VILLAGE	State: California	Country: United States	ZIP+4/Postal Code: 91361

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

Telephone Number:
805-604-2728

Facsimile number, if any:
805-604-2717

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
BENSON BLACKBURN, LLC

Number and Street 1:
5150 TAMIAMI TRAIL NORTH

Number and Street 2:

City:
NAPLES

State:
Florida

Country:
United States

ZIP+4/Postal Code:
34108

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

Telephone Number:
239-348-1800

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.
NOTES & RECOMMENDATIONS

Name of entity where books and records are kept:
CHERNOFF DIAMOND & CO.LLC

Number and Street 1:
100 N. CORPORATE DRIVE

Number and Street 2:
100

City:
BROOKFIELD

State:
Wisconsin

Country:
United States

ZIP+4/Postal Code:
53045

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

Telephone Number:
608-490-8358

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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
FINANCIAL DATABASE SERVICES

Number and Street 1:
9920 PACIFIC HEIGHTS BLVD

Number and Street 2:
#430

City:

State:

Country:

ZIP+4/Postal Code:

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

Telephone Number:
(858) 526-8110

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.
VENDOR PROVIDES SOFTWARE AND STORAGE FOR M SECURITIES BOOKS AND RECORDS.

Name of entity where books and records are kept:
GDK & COMPANY

Number and Street 1:
5771 MAYFAIR RD.

Number and Street 2:

City:
NORTH CANTON

State:
Ohio

Country:
United States

ZIP+4/Postal Code:
44720

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

Telephone Number:
330-966-5577

Facsimile number, if any:
330-966-5586

- 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.
CORRESPONDENCE, INVOICES, RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
GREENBERG WEXLER & EIG LLC

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: ☒

Telephone Number:
913-269-3219

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.
NOTES & RECOMMENDATIONS

Name of entity where books and records are kept:
M BENEFIT SOLUTIONS

Number and Street 1:
1125 NW COUCH ST.

City:
PORTLAND

State:
Oregon

Number and Street 2:
STE 900

Country:
United States

ZIP+4/Postal Code:
97209

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

Telephone Number:
503-238-1813

Facsimile number, if any:
503-238-1815

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
BRIDGE FINANCIAL GROUP, LLC

Number and Street 1:
13986 W. BOWLES AVE.

City:
LITTLETON

State:
Colorado

Number and Street 2:
STE. 200

Country:
United States

ZIP+4/Postal Code:
80127

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

Telephone Number:
303-358-7464

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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
COHN FINANCIAL GROUP, LLC

Number and Street 1:
5090 NORTH 40TH ST.

City:
PHOENIX

State:
Arizona

Number and Street 2:
STE 180

Country:
United States

ZIP+4/Postal Code:
85018

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

Telephone Number:
602-468-9667

Facsimile number, if any:
602-468-9704

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
WINGED KEEL GROUP

Number and Street 1: 1701 PENNSYLVANIA AVE		Number and Street 2: 200	
City: WASHINGTON	State: District of Columbia	Country: United States	ZIP+4/Postal Code: 20006

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

Telephone Number: 202-618-5209	Facsimile number, if any: 301-718-8131
-----------------------------------	---

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
CHAFFEE & ASSOCIATES

Number and Street 1: 11100 WAYZATA BLVD		Number and Street 2: STE 220	
City: MINNETONKA	State: Minnesota	Country: United States	ZIP+4/Postal Code: 55305

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

Telephone Number: 952-746-6990	Facsimile number, if any: 952-746-6995
-----------------------------------	---

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
CHERNOFF DIAMOND & CO.LLC

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: ☒

Telephone Number: 952-322-9098	Facsimile number, if any:
-----------------------------------	---------------------------

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

Name of entity where books and records are kept:
GREENBERG AND RAPP

Number and Street 1: 67 EAST PARK PLACE		Number and Street 2: SUITE 750	
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: 973-434-8700	Facsimile number, if any: 973-434-8171
-----------------------------------	---

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.
CORRESPONDENCE, INVOICES, RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
HOUGHTON FINANCIAL PARTNERS

Number and Street 1: 210 N. CAMPBELL		Number and Street 2:	
City: EL PASO	State: Texas	Country: United States	ZIP+4/Postal Code: 79901

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

Telephone Number: 915-541-7055	Facsimile number, if any: 915-577-0751
-----------------------------------	---

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.
RECOMMENDATIONS/NOTES.

Name of entity where books and records are kept:
THOMAS FINANCIAL GROUP

Number and Street 1: 5550 W. EXECUTIVE DR		Number and Street 2: STE 500	
City: TAMPA	State: Florida	Country: United States	ZIP+4/Postal Code: 33609

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

Telephone Number: 813-273-9416	Facsimile number, if any: 813-229-8874
-----------------------------------	---

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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
THE TEEKELL COMPANY

Number and Street 1: 8520 BUSINESS PARK DRIVE		Number and Street 2:	
City: SHREVEPORT	State: Louisiana	Country: United States	ZIP+4/Postal Code: 71105

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

Telephone Number: 318-222-2373	Facsimile number, if any: 318-226-1440
-----------------------------------	---

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
MADISON & MAIN ADVIORS

Number and Street 1: 2185 LEMOINE AVE		Number and Street 2: SUITE 1E	
City: FORT LEE	State: New Jersey	Country: United States	ZIP+4/Postal Code: 07024

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

Telephone Number: 2123821912	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.
RECOMMENDATIONS AND NOTES

Name of entity where books and records are kept:
MADISON & MAIN ADVISORS

Number and Street 1: 339 W BALTIMORE AVE		Number and Street 2:	
City: MEDIA	State: Pennsylvania	Country: United States	ZIP+4/Postal Code: 19063

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

Telephone Number:
610-977-2015

Facsimile number, if any:
610-544-1289

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.
CORRESPONDENCE, INVOICES, RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
LYMAN GROUP

Number and Street 1:
600 UNIVERSITY STREET

City:
SEATTLE

State:
Washington

Country:
United States

Number and Street 2:
2328

ZIP+4/Postal Code:
98101

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

Telephone Number:
2066826266

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.
RECOMMENDATIONS AND NOTES

Name of entity where books and records are kept:
PILLAR INTERNATIONAL INS ADVISORS

Number and Street 1:
600 UNIVERSITY STREET

City:
SEATTE

State:
Washington

Country:
United States

Number and Street 2:
STE 280

ZIP+4/Postal Code:
98101

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

Telephone Number:
2067360500

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.
RECOMMENDATIONS AND NOTES

Name of entity where books and records are kept:
THE R.O.W. GROUP.

Number and Street 1:
2020 21ST

City:

State:

Country:

Number and Street 2:
SUITE 200

ZIP+4/Postal Code:

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

Telephone Number:
615-250-7600

Facsimile number, if any:
615-250-7638

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
PERSPECTIVE FINANCIAL GROUP

Number and Street 1:
1041 OLD CASSATT ROAD

City:
BERWYN

State:
Pennsylvania

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
19312

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

Telephone Number:
6108540035

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.
NOTES AND RECOMMENDATIONS

Name of entity where books and records are kept:
MBS FINANCIAL & INSURANCE

Number and Street 1:
340 S WESTGATE AVE

City:
LOS ANGELES

State:
California

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
90049

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

Telephone Number:
310-473-0060

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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
ESLICK FINANCIAL GROUP

Number and Street 1:
999 HOME PLAZA

City:
WATERLOO

State:
Iowa

Country:
United States

Number and Street 2:
STE 201

ZIP+4/Postal Code:
50701

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

Telephone Number:
319-232-5500

Facsimile number, if any:
319-232-5409

- 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.
CORRESPONDENCE, INVOICES, RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
WELLSPRING CONSULTING

Number and Street 1:
2635 N. FIRST ST.

City:
SAN JOSE

State:
California

Country:
United States

Number and Street 2:
STE. 201

ZIP+4/Postal Code:
95134

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

Telephone Number:
408-435-1668

Facsimile number, if any:
408-456-6768

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
LOVASCO CONSULTING GROUP

Number and Street 1:
ONE WOODWARD AVE

City:
DETROIT

State:
Michigan

Country:
United States

Number and Street 2:
STE 1500

ZIP+4/Postal Code:
48226

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

Telephone Number:
313-394-1700

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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
RESSOURCEMENT

Number and Street 1:
114 W THIRD STREET

Number and Street 2:

City:
PERRYSBURG

State:
Ohio

Country:
United States

ZIP+4/Postal Code:
43551

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

Telephone Number:
419-874-9300

Facsimile number, if any:
419-874-9766

- 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.
CORRESPONDENCE, INVOICES, RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
ONETEAM FINANCIAL

Number and Street 1:
331 NEWMAN SPRINGS ROAD

Number and Street 2:
BLDG 1, SUITE 107

City:
RED BANK

State:
New Jersey

Country:
United States

ZIP+4/Postal Code:
07701

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

Telephone Number:
908-653-7295

Facsimile number, if any:
908-272-0704

- 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.
CORRESPONDENCE, INVOICES, RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
ONETEAM FINANCIAL

Number and Street 1:
331 NEWMAN SPRINGS RD

Number and Street 2:
BLDG 1, STE 107

City:
RED BANK

State:
New Jersey

Country:
United States

ZIP+4/Postal Code:
07701

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

Telephone Number:
844-451-8326

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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
R.MARSHALL JONES INC

Number and Street 1:
13631 DEERING BAY DRIVE

City:
CORAL GABLES

State:
Florida

Number and Street 2:

Country:
United States

ZIP+4/Postal Code:
33134

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

Telephone Number:
5617129799

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.

NOTES AND RECOMMENDATIONS

Name of entity where books and records are kept:
TCS INSURANCE AGENCY

Number and Street 1:
100 SMITH RANCH

City:
SAN RAFAEL

State:
California

Number and Street 2:
STE 340

Country:
United States

ZIP+4/Postal Code:
94903

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

Telephone Number:
4154614427

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.

NOTES AND RECOMMENDATIONS

Name of entity where books and records are kept:
ENVESTNET

Number and Street 1:
1801 CALIFORNIA STREET

City:
DENVER

State:
Colorado

Number and Street 2:
23RD FLOOR

Country:
United States

ZIP+4/Postal Code:
80202

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

Telephone Number:
8669248913

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.
SERVICE PROVIDER TO WRAP FEE PROGRAM AND DATA AGGREGATION FOR OTHER PROGRAMS.

Name of entity where books and records are kept:
TIPPETT MOORHEAD FINANCIAL PTNRS

Number and Street 1: 3200 PARK CENTER DR.		Number and Street 2: STE. 550	
City: COSTA MESA	State: California	Country: United States	ZIP+4/Postal Code: 92626

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

Telephone Number: 949-209-9851	Facsimile number, if any: 949-209-9811
-----------------------------------	---

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
EVERGREEN CONSULTING

Number and Street 1: 315 ROBERT ROSE DR		Number and Street 2: SUITE B	
City: MURFREESBORO	State: Tennessee	Country: United States	ZIP+4/Postal Code: 37129

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

Telephone Number: 615-893-4025	Facsimile number, if any: 615-893-4069
-----------------------------------	---

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
SWARTZBAUGH-FARBER & ASSOCIATES

Number and Street 1: FINANCIAL PLAZA		Number and Street 2: 9140 WEST DODGE RD STE 418	
City: OMAHA	State: Nebraska	Country: United States	ZIP+4/Postal Code: 68114

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

Telephone Number:	Facsimile number, if any:
402-397-5800	402-397-5424

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
DBP WEALTH ADVISORY GROUP LLC

Number and Street 1:		Number and Street 2:	
1007 BROADWAY			
City:	State:	Country:	ZIP+4/Postal Code:
HIGHLAND	Illinois	United States	62249

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

Telephone Number:	Facsimile number, if any:
618-654-4426	618-654-4442

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
PFLEGER FINANCIAL GROUP

Number and Street 1:		Number and Street 2:	
2600 S DOUGLAS ROAD		STE 101	
City:	State:	Country:	ZIP+4/Postal Code:
CORAL GABLES	Florida	United States	33134

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

Telephone Number:	Facsimile number, if any:
305-441-1410	305-441-1710

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
ROBINSON FINANCIAL GROUP

Number and Street 1:
8833 GROSS POINT RD

City:
SKOKIE

State:
Illinois

Number and Street 2:
STE 200

Country:
United States

ZIP+4/Postal Code:
60077

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

Telephone Number:
847-679-0700

Facsimile number, if any:
847-679-0857

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
MCDOWELL FINANCIAL GROUP

Number and Street 1:
609 E TAN TARA CIRCLE

City:
SIOUX FALLS

State:
South Dakota

Number and Street 2:
STE 101

Country:
United States

ZIP+4/Postal Code:
57108

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

Telephone Number:
605-323-3330

Facsimile number, if any:
605-323-3310

- 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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
MORGAN ADVISORY GROUP

Number and Street 1:
2101 E. COAST HIGHWAY, STE 120

City:
CORONA DEL MAR

State:
California

Number and Street 2:

Country:
United States

ZIP+4/Postal Code:
92625

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

Telephone Number:
949-760-4051

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.
RECOMMENDATIONS, NOTES

Name of entity where books and records are kept:
CATALYST SOLUTIONS GROUP, INC

Number and Street 1: 210 EAST CIMARRON STREET		Number and Street 2:	
City: COLORADO SPRINGS	State: Colorado	Country: United States	ZIP+4/Postal Code: 80903

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

Telephone Number: 719-635-1132	Facsimile number, if any: 719-635-1464
-----------------------------------	---

- 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.
RECOMMENDATIONS, NOTES

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

Number and Street 1: 12708 RIATA CIRCLE SUITE B100		Number and Street 2: SUITE B100	
City: AUSTIN	State: Texas	Country: United States	ZIP+4/Postal Code: 78727

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

Telephone Number: 5127963299	Facsimile number, if any:
---------------------------------	---------------------------

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

Briefly describe the books and records kept at this location.
COMPLIANCE SYSTEM RECORDKEEPER

SECTION 1.M. Registration with Foreign Financial Regulatory Authorities

No Information Filed

Item 2 SEC Registration / Reporting

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

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

You (the adviser):

- ☒ (1) are a **large advisory firm** that either:
- (a) has regulatory assets under management of \$100 million (in U.S. dollars) or more; or

(b) has regulatory assets under management of \$90 million (in U.S. dollars) or more at the time of filing its most recent *annual updating amendment* and

is registered with the SEC;

- ☐ (2) are a **mid-sized advisory firm** that has regulatory assets under management of \$25 million (in U.S. dollars) or more but less than \$100 million (in U.S. dollars) and you are either:

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

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

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

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

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

If you check this box, complete [Section 2.A.\(10\) of Schedule D](#).
- ☐ (11) are an **Internet adviser** relying on rule 203A-2(e);

If you check this box, complete [Section 2.A.\(11\) of Schedule D](#).
- ☐ (12) have **received an SEC order** exempting you from the prohibition against registration with the SEC;

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

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

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

Jurisdictions

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

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

SECTION 2.A.(8) Related Adviser

If you are relying on the exemption in rule 203A-2(b) from the prohibition on registration because you *control*, are *controlled* by, or are under common *control* with an

Investment adviser that is registered with the SEC and your *principal office and place of business* is the same as that of the registered adviser, provide the following information:

Name of Registered Investment Adviser

CRD Number of Registered Investment Adviser

SEC Number of Registered Investment Adviser

-

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

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

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

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

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

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

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

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

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

SECTION 2.A.(11) Internet Adviser

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

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

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

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

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

SECTION 2.A.(12) SEC Exemptive Order

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

Application Number:

803-

Date of *order*:

Item 3 Form of Organization

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

- A. How are you organized?

☒ Corporation

☐ Sole Proprietorship

☐ Limited Liability Partnership (LLP)

☐ Partnership

Limited Liability Company (LLC)

Limited Partnership (LP)

Other (specify):

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

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

DECEMBER

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

StateCountry

OregonUnited States

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

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

Item 4 Successions

Yes

No

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

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

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

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

SECTION 4 Successions

No Information Filed

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

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

Employees

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

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

1442

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

171

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

709

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

222

(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?

156

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

445

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

1

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?
0
- (2) Approximately what percentage of your *clients* are non-United States persons?
0%
- D. For purposes of this Item 5.D., the category "individuals" includes trusts, estates, and 401(k) plans and IRAs of individuals and their family members, but does not include businesses organized as sole proprietorships.
The category "business development companies" consists of companies that have made an election pursuant to section 54 of the Investment Company Act of 1940. Unless you provide advisory services pursuant to an investment advisory contract to an investment company registered under the Investment Company Act of 1940, do not answer (1)(d) or (3)(d) below.

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

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

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

Type of <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>)	4290	☐	\$ 1,880,172,154
(b) <i>High net worth individuals</i>	78	☐	\$ 1,150,538,483
(c) Banking or thrift institutions		☐	\$
(d) Investment companies			\$
(e) Business development companies			\$
(f) Pooled investment vehicles (other than investment companies and business development companies)			\$
(g) Pension and profit sharing plans (but not the plan participants or government pension plans)	15	☐	\$ 11,863,919
(h) Charitable organizations		☐	\$
(i) State or municipal <i>government entities</i> (including government pension plans)		☐	\$
(j) Other investment advisers		☐	\$
(k) Insurance companies		☐	\$
(l) Sovereign wealth funds and foreign official institutions		☐	\$
(m) Corporations or other businesses not listed above	130	☐	\$ 163,756,098
(n) Other:		☐	\$

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

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

No

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

	U.S. Dollar Amount	Total Number of Accounts
Discretionary:	(a) \$ 1,971,698,764	(d) 6,118
Non-Discretionary:	(b) \$ 1,234,631,890	(e) 1,997
Total:	(c) \$ 3,206,330,654	(f) 8,115

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?

\$ 5,158,006

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?

Yes

No

☒ ☐

(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

\$ 25,455,391

(b) portfolio manager for a wrap fee program?

\$ 0

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

\$ 1,513,437,025

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

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

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

		Yes	No
J.	(1) In response to Item 4.B. of Part 2A of Form ADV, do you indicate that you provide investment advice only with respect to limited types of investments?	☐	☒
	(2) Do you report <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?	☐	☒
K.	Separately Managed Account <i>Clients</i>		
		Yes	No
	(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>)?	☒	☐
	<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?	☒	☐
	<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?	☒	☐
	<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?	☒	☐
	<i>If yes, complete Section 5.K.(3) of Schedule D for each custodian.</i>		
L.	Marketing Activities		
		Yes	No
	(1) Do any of your <i>advertisements</i> include:		
	(a) Performance results?	☒	☐
	(b) A reference to specific investment advice provided by you (as that phrase is used in rule 206(4)-1(a)(5))?	☐	☒
	(c) <i>Testimonials</i> (other than those that satisfy rule 206(4)-1(b)(4)(ii))?	☐	☒
	(d) <i>Endorsements</i> (other than those that satisfy rule 206(4)-1(b)(4)(ii))?	☐	☒
	(e) <i>Third-party ratings</i> ?	☒	☐
	(2) If you answer "yes" to L(1)(c), (d), or (e) above, do you pay or otherwise provide cash or non-cash compensation, directly or indirectly, in connection with the use of <i>testimonials</i> , <i>endorsements</i> , or <i>third-party ratings</i> ?	☐	☒
	(3) Do any of your <i>advertisements</i> include <i>hypothetical performance</i> ?	☒	☐
	(4) Do any of your <i>advertisements</i> include <i>predecessor performance</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*

WEALTH PURSUIT CLASSIC

Name of *Sponsor*

M HOLDINGS SECURITIES, INC.

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 57304

Sponsor's CRD Number (if any):
43285

Name of Wrap Fee Program
WEALTH PURSUIT CUSTOM

Name of Sponsor
M HOLDINGS SECURITIES, INC.

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 57304

Sponsor's CRD Number (if any):
43285

Name of Wrap Fee Program
WEALTH PURSUIT CUSTOM SMA

Name of Sponsor
M HOLDINGS SECURITIES, INC.

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 57304

Sponsor's CRD Number (if any):
43285

Name of Wrap Fee Program
WEALTH PURSUIT CUSTOM UMA

Name of Sponsor
M HOLDINGS SECURITIES, INC.

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 57304

Sponsor's CRD Number (if any):
43285

Name of Wrap Fee Program
WEALTH PURSUIT ENVOY

Name of Sponsor
M HOLDINGS SECURITIES, INC.

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 57304

Sponsor's CRD Number (if any):
43285

Name of Wrap Fee Program

Name of *Sponsor*
M HOLDINGS SECURITIES, INC.

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 57304

Sponsor's CRD Number (if any):
43285

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	49 %
(ii) Non Exchange-Traded Equity Securities	0 %
(iii) U.S. Government/Agency Bonds	2 %
(iv) U.S. State and Local Bonds	2 %
(v) <i>Sovereign Bonds</i>	0 %
(vi) Investment Grade Corporate Bonds	0 %
(vii) Non-Investment Grade Corporate Bonds	0 %
(viii) Derivatives	0 %
(ix) Securities Issued by Registered Investment Companies or Business Development Companies	39 %
(x) Securities Issued by Pooled Investment Vehicles (other than Registered Investment Companies or Business Development Companies)	0 %
(xi) Cash and Cash Equivalents	10 %
(xii) Other	1 %

Generally describe any assets included in "Other"

WE HAVE ASSETS LESS THAN 1% IN (II), (VI) (VII), (VIII)

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 %	\$ 109,203,238	\$ 525,266
10-149 %	\$	\$
150 % or more	\$	\$

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

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

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

(a)

Legal name of custodian:
CHARLES SCHWAB & CO., INC.

(b)

Primary business name of custodian:
CHARLES SCHWAB & CO., INC.

(c)

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

City:
SAN FRANCISCO

State:
California

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 - 16514

(f)

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

(g)

What amount of your regulatory assets under management attributable to separately managed accounts is held at the custodian?
\$ 1,198,358,982

(a)

Legal name of custodian:
NATIONAL FINANCIAL SERVICES LLC

(b)

Primary business name of custodian:
NATIONAL FINANCIAL SERVICES LLC

(c)

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

City:
BOSTON

State:
Massachusetts

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 - 26740

(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?
\$ 1,691,708,140

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)

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*:
MANAGEMENT COMPENSATION GROUP NORTHWEST, LLC DBA M BENEFIT SOLUTIONS

2. Primary Business Name of *Related Person*:
INSURANCE AGENCY

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

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

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

No Information Filed

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

6.	Do you <i>control</i> or are you <i>controlled</i> by the <i>related person</i> ?	☐	☒
7.	Are you and the <i>related person</i> under common <i>control</i> ?	☒	☐
8.	(a) Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> ?	☐	☒
	(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients'</i> funds or securities that are maintained at the <i>related person</i> ?	☐	☐
	(c) If you have answered "yes" to question 8.(a) above, provide the location of the <i>related person's</i> office responsible for <i>custody</i> of your <i>clients'</i> assets:		
	Number and Street 1:	Number and Street 2:	

City:

State:

Country:

ZIP+4/Postal Code:

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

YesNo

9.

(a)

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

(b)

If the answer is yes, under what exemption?

10.

(a)

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

(b)

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

No Information Filed

11.

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

12.

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

1.

Legal Name of *Related Person*:

M FINANCIAL SECURITIES MARKETING, INC.

2.

Primary Business Name of *Related Person*:

M FINANCIAL SECURITIES MARKETING, INC.

3.

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

8 - 67206

or

Other

4.

Related Person's

(a)

CRD Number (if any):

139304

(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

YesNo

6.

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

7.

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

8.

(a)

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

(b)

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

(c)

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

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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

YesNo

9.

(a)

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

(b)

If the answer is yes, under what exemption?

10.	(a)	Is the <i>related person</i> registered with a <i>foreign financial regulatory authority</i> ?	☐	☒
	(b)	If the answer is yes, list the name and country, in English of each <i>foreign financial regulatory authority</i> with which the <i>related person</i> is registered.	No Information Filed	
11.		Do you and the <i>related person</i> share any <i>supervised persons</i> ?	☒	☐
12.		Do you and the <i>related person</i> share the same physical location?	☒	☐

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

2. Primary Business Name of *Related Person*:
M FINANCIAL RE

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

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

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

No Information Filed

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

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

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

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

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

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

1.

Legal Name of *Related Person*:

M INSURANCE SOLUTIONS, INC.

2.

Primary Business Name of *Related Person*:

M INSURANCE SOLUTIONS, INC.

3.

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

-

or

Other

4.

Related Person's

(a)

CRD Number (if any):

(b)

CIK Number(s) (if any):

No Information Filed

5.

Related Person is: (check all that apply)

(a)

☐

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

(b)

☐

other investment adviser (including financial planners)

(c)

☐

registered municipal advisor

(d)

☐

registered security-based swap dealer

(e)

☐

major security-based swap participant

(f)

☐

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

(g)

☐

futures commission merchant

(h)

☐

banking or thrift institution

(i)

☐

trust company

(j)

☐

accountant or accounting firm

(k)

☐

lawyer or law firm

(l)

☒

insurance company or agency

(m)

☐

pension consultant

(n)

☐

real estate broker or dealer

(o)

☐

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

(p)

☐

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

6.

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

Yes

No

7.

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

Yes

No

8.

(a)

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

Yes

No

(b)

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

Yes

No

(c)

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

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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

9.

(a)

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

Yes

No

(b)

If the answer is yes, under what exemption?

10.

(a)

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

Yes

No

(b)

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

No Information Filed

11.

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

Yes

No

12.

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

Yes

No

1.

Legal Name of *Related Person*:

M FINANCIAL ASSET MANAGEMENT, INC.

3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
801 - 50553
or

SECTION 7.B.(1) *Private Fund Reporting*

No Information Filed

SECTION 7.B.(2) Private Fund Reporting

No Information Filed

Item 8 Participation or Interest in Client Transactions

In this Item, we request information about your participation and interest in your *clients'* transactions. This information identifies additional areas in which conflicts of interest may occur between you and your *clients*. Newly-formed advisers should base responses to these questions on the types of participation and interest that you expect to engage in during the next year.

Like Item 7, Item 8 requires you to provide information about you and your *related persons*, including foreign affiliates.

Proprietary Interest in Client Transactions		
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)?	☐ ☒
(2)	buy or sell for yourself securities (other than shares of mutual funds) that you also recommend to advisory <i>clients</i> ?	☒ ☐
(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))?	☒ ☐
Sales Interest in Client Transactions		
B.	Do you or any <i>related person</i> :	Yes No
(1)	as a broker-dealer or registered representative of a broker-dealer, execute securities trades for brokerage customers in which advisory <i>client</i> securities are sold to or bought from the brokerage customer (agency cross transactions)?	☐ ☒
(2)	recommend to advisory <i>clients</i> , or act as a purchaser representative for advisory <i>clients</i> with respect to, the purchase of securities for which you or any <i>related person</i> serves as underwriter or general or managing partner?	☒ ☐
(3)	recommend purchase or sale of securities to advisory <i>clients</i> for which you or any <i>related person</i> has any other sales interest (other than the receipt of sales commissions as a broker or registered representative of a broker-dealer)?	☒ ☐
Investment or Brokerage Discretion		
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?	☒ ☐
(2)	amount of securities to be bought or sold for a <i>client's</i> account?	☒ ☐
(3)	broker or dealer to be used for a purchase or sale of securities for a <i>client's</i> account?	☐ ☒
(4)	commission rates to be paid to a broker or dealer for a <i>client's</i> securities transactions?	☒ ☐
D.	If you answer "yes" to C.(3) above, are any of the brokers or dealers <i>related persons</i> ?	☐ ☐
E.	Do you or any <i>related person</i> recommend brokers or dealers to <i>clients</i> ?	☒ ☐
F.	If you answer "yes" to E. above, are any of the brokers or dealers <i>related persons</i> ?	☒ ☐
G.	(1) Do you or any <i>related person</i> receive research or other products or services other than execution from a broker-dealer or a third party ("soft dollar benefits") in connection with <i>client</i> securities transactions?	☒ ☐
	(2) If "yes" to G.(1) above, are all the "soft dollar benefits" you or any <i>related persons</i> receive eligible "research or brokerage services" under section 28(e) of the Securities Exchange Act of 1934?	☒ ☐
H.	(1) Do you or any <i>related person</i> , directly or indirectly, compensate any <i>person</i> that is not an <i>employee</i> for <i>client</i> referrals?	☒ ☐
	(2) Do you or any <i>related person</i> , directly or indirectly, provide any <i>employee</i> compensation that is specifically related to obtaining <i>clients</i> for the firm (cash or non-cash compensation in addition to the <i>employee's</i> regular salary)?	☒ ☐
I.	Do you or any <i>related person</i> , including any <i>employee</i> , directly or indirectly, receive compensation from any <i>person</i> (other than you or any <i>related person</i>) for <i>client</i> referrals?	☒ ☐
<i>In your response to Item 8.I., do not include the regular salary you pay to an employee.</i>		
<i>In responding to Items 8.H. and 8.I., consider all cash and non-cash compensation that you or a related person gave to (in answering Item 8.H.) or received from (in answering Item 8.I.) any person in exchange for client referrals, including any bonus that is based, at least in part, on the number or amount of client referrals.</i>		

Item 9 Custody

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

A.

(1)

Do you have *custody* of any advisory *clients*':

(a)

cash or bank accounts?

(b)

securities?

Yes

No

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

(2)

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

U.S. Dollar Amount

Total Number of *Clients*

(a)

\$ 945,024,204

(b)

945

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 *Clients*

(a)

\$

(b)

C.

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

(1)

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

☐

(2)

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

☐

(3)

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

☒

(4)

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

☐

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

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:

08/2025

F.

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

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*:
ASHLAND PARTNERS & COMPANY LLP

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

Number and Street 1:		Number and Street 2:	
3512 EXCEL DRIVE		SUITE 103	
City:	State:	Country:	ZIP+4/Postal Code:
MEDFORD	Oregon	United States	97504

(3) Is the <i>independent public accountant</i> registered with the Public Company Accounting Oversight Board?	Yes	No
	☒	☐

If "yes," Public Company Accounting Oversight Board-Assigned Number:
3783

(4) If "yes" to (3) above, is the <i>independent public accountant</i> subject to regular inspection by the Public Company Accounting Oversight Board in accordance with its rules?	☐	☒
---	-----------------------	----------------------------------

(5) The *independent public accountant* is engaged to:

A. ☐ audit a pooled investment vehicle

B. ☒ perform a surprise examination of *clients'* assets

C. ☐ prepare an internal control report

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

☐ Yes

☐ No

☐ Report Not Yet Received

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

Item 10 Control Persons

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

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

A.	Does any <i>person</i> not named in Item 1.A. or Schedules A, B, or C, directly or indirectly, <i>control</i> your management or policies?	Yes	No
		☒	☐

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

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

SECTION 10.A. Control Persons

You must complete a separate Schedule D Section 10.A. for each *control person* not named in Item 1.A. or Schedules A, B, or C that directly or indirectly *controls* your management or policies.

Individual Name (if applicable) (Last, First, Middle)
Bundschuh, Russell, George

CRD Number (if any)
7504882

Effective Date	Termination Date
02/07/2022	

Business Address:	
Number and Street 1	Number and Street 2
1125 NW COUCH STREET #900, PORTLAND, OR 97209	

City PORTLAND	State Oregon	Country United States	ZIP+4/Postal Code 97209
If this address is a private residence, check this box: ☐			
Briefly describe the nature of the <i>control</i> : MR. BUNDSCHUH IS THE CEO OF M FINANCIAL HOLDINGS INC. (PARENT COMPANY OF M HOLDINGS SECURITIES, INC.) HAS DIRECT AUTHORITY OVER THE OFFICERS OF M HOLDINGS SECURITIES, INC.			

SECTION 10.B. Control Person Public Reporting Companies

No Information Filed

Item 11 Disclosure Information

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

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

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

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

	Yes	No
Do any of the events below involve you or any of your <i>supervised persons</i> ?	☒	☐
<u>For "yes" answers to the following questions, complete a Criminal Action DRP:</u>		
A. In the past ten years, have you or any <i>advisory affiliate</i> :	Yes	No
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	☐	☒
(2) been <i>charged</i> with any <i>felony</i> ?	☐	☒
<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.A.(2) to charges that are currently pending.</i>		
B. In the past ten years, have you or any <i>advisory affiliate</i> :		
(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?	☐	☒
(2) been <i>charged</i> with a <i>misdemeanor</i> listed in Item 11.B.(1)?	☐	☒
<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>		

<u>For "yes" answers to the following questions, complete a Regulatory Action DRP:</u>		Yes	No
C.	Has the SEC or the Commodity Futures Trading Commission (CFTC) ever:		
(1)	<i>found</i> you or any <i>advisory affiliate</i> to have made a false statement or omission?	☐	☒
(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?	☒	☐
(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?	☐	☒
(4)	entered an <i>order</i> against you or any <i>advisory affiliate</i> in connection with <i>investment-related</i> activity?	☒	☐
(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?	☒	☐
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?	☐	☒
(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?	☐	☒
(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?	☐	☒

(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?	☒	☐
(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?	☐	☒
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?	☐	☒
(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)?	☒	☐
(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?	☐	☒
(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?	☐	☒
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?	☐	☒
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.?	☐	☒
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?	☐	☒
(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?	☐	☒
(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> ?	☐	☒
(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)?	☐	☒

Item 12 Small Businesses

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

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

For purposes of this Item 12 only:

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

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

Schedule A

Direct Owners and Executive Officers

- 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.
- Direct Owners and Executive Officers. List below the names of:
 - each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer(Chief Compliance Officer is required if

(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.

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.

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

(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.

LL 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.
FINANCIAL HOLDINGS INCORPORATED	DE	EQUITY OWNER	03/1997	E	Y	N	
OGERS, MARIA RENEE	I	PRINCIPAL FINANCIAL OFFICER	09/2007	NA	N	N	2442526
HOONMAKER, MICHAEL SKI	I	CHIEF EXECUTIVE OFFICER	01/2023	NA	Y	N	2408456
DWIG, STEVEN CHARLES	I	CHIEF COMPLIANCE OFFICER	10/2023	NA	N	N	2440911
NEY-JACKSON, LAURA ELIZABETH	I	VICE PRESIDENT - PRINCIPAL OPERATIONS OFFICER	01/2024	NA	N	N	4771801

Indirect Owners

2. Indirect Owners. With respect to each owner listed on Schedule A (except individual owners), list below:

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

3. Continue up the chain of ownership listing all 25% owners at each level. Once a public reporting company (a company subject to Sections 12 or 15(d) of the Exchange Act) is reached, no further ownership information need be given.

5. Complete the Status column by entering the owner's status as partner, trustee, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).

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*.

(c) Complete each column.

No Information Filed

Schedule D - Miscellaneous

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

Schedule R

No Information Filed

DRP Pages

CRIMINAL DISCLOSURE REPORTING PAGE (ADV)

No Information Filed

REGULATORY ACTION DISCLOSURE REPORTING PAGE (ADV)

GENERAL INSTRUCTIONS

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

Regulatory Action

Check item(s) being responded to:

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

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

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

PART I

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

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

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

ADV DRP - ADVISORY AFFILIATE

CRD Number:

43285

Registered:

☒ Yes ☐ No

Name:

M HOLDINGS SECURITIES, INC.
(For individuals, Last, First, Middle)

This *advisory affiliate* is

☒ a Firm ☐ an Individual

- ☐ 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*)

FINRA
2. Principal Sanction:

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

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

07/09/2018 ☒ Exact ☐ Explanation

If not exact, provide explanation:
4. Docket/Case Number:

2017052293001
5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):
6. Principal Product Type:

Other

Other Product Types:

PRIVATE SECURITIES TRANSACTIONS
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:

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

07/09/2018 ☒ Exact ☐ Explanation

If not exact, provide explanation:
12. Resolution Detail:

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

☒ Monetary/Fine Amount: \$ 135,000.00

☐ Revocation/Expulsion/Denial

☐ Censure

☐ Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:

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

MONETARY FINE

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

ON JULY 9, 2018, WITHOUT ADMITTING OR DENYING THE FINDINGS, OUR BROKER DEALER CONSENTED TO SANCTIONS EQUAL TO \$135,000 AND TO THE ENTRY

OF FINDINGS FROM DECEMBER 2013 TO JUNE 2017, THAT SPECIFIED IT DID NOT ESTABLISH, MAINTAIN, AND ENFORCE A SUPERVISORY SYSTEM, INCLUDING WRITTEN SUPERVISORY PROCEDURES REASONABLY DESIGNED TO SUPERVISE REGISTERED REPRESENTATIVES' USE OF CONSOLIDATED REPORTS. THE FINDINGS STATED THAT DURING THIS PERIOD, ASSOCIATED PERSONS OF M SECURITIES CREATED AND DISSEMINATED CONSOLIDATED REPORTS TO CUSTOMERS, YET IT HAD NO PROCEDURES DIRECTLY ADDRESSING THE SUPERVISION OF CONSOLIDATED REPORTS. IN RESPONSE, WE CREATED PROCEDURES ADDRESSING THE USE AND DISSEMINATION OF CONSOLIDATED REPORTS BY OUR REPRESENTATIVES.

GENERAL INSTRUCTIONS

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

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

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

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

PART I

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

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

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

ADV DRP - *ADVISORY AFFILIATE*

No Information Filed

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

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

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

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

- ☐ Yes
- ☐ No

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

PART II

1. Regulatory Action initiated by:

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

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

SECURITIES AND EXCHANGE COMMISSION

2. Principal Sanction:

Cease and Desist

Other Sanctions:

REMEDIAL SANCTIONS AND CENSURE

3. Date Initiated (MM/DD/YYYY):
06/11/2018 ☒ Exact ☐ Explanation
If not exact, provide explanation:

4. Docket/Case Number:
3-19096

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):
ON MARCH 11, 2019, THE SECURITIES AND EXCHANGE COMMISSION (SEC) PUBLISHED IA RELEASE NO. 5193, AN ORDER INSTITUTING ADMINISTRATIVE AND CEASE AND DESIST PROCEEDINGS, PURSUANT TO SECTIONS 203(E) AND 203(K) OF THE INVESTMENT ADVISERS ACT OF 1940 (ADVISERS ACT), AGAINST M HOLDINGS SECURITIES, INC. (RESPONDENT). RESPONDENT SELF-REPORTED THE VIOLATIONS TO THE SEC. THE PROCEEDINGS ARISE OUT OF BREACHES OF FIDUCIARY DUTY AND INADEQUATE DISCLOSURES BY RESPONDENT IN CONNECTION WITH ITS MUTUAL FUND SHARE CLASS SELECTION PRACTICES AND THE 12B-1 FEES IT AND/OR ITS ASSOCIATED PERSONS RECEIVED. AT TIMES DURING THE RELEVANT PERIOD, RESPONDENT PURCHASED FOR, RECOMMENDED TO, 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 FAILED TO DISCLOSE IN ITS FORM ADV OR OTHERWISE CONFLICTS OF INTEREST RELATED TO THE COLLECTION OF SUCH FEES. 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*:

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:
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 PLUS INTEREST OF \$1,022,048.49 AND SHALL COMPLY WITH THE UNDERTAKINGS DESCRIBED 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).
WITHIN 30 DAYS OF THE ORDER'S ISSUANCE, M SECURITIES IS REQUIRED TO: DEPOSIT THE MONEY IN AN ESCROW ACCOUNT, UPDATE ITS DISCLOSURES, UPDATE ITS POLICIES AND PROCEDURES, CONVERT ELIGIBLE FUNDS TO A LOWER-COST SHARE CLASS AND PROVIDE AFFECTED CLIENTS WITH NOTIFICATION.

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.

Check item(s) being responded to:

☐ 11.C(1)

☐ 11.D(1)

☐ 11.E(1)

☐ 11.F.

☐ 11.C(2)

☐ 11.D(2)

☐ 11.E(2)

☐ 11.G.

☐ 11.C(3)

☐ 11.D(3)

☐ 11.E(3)

☐ 11.C(4)

☒ 11.D(4)

☐ 11.E(4)

☐ 11.C(5)

☐ 11.D(5)

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

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

PART I

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

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

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

ADV DRP - ADVISORY AFFILIATE

CRD Number:

44040

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

Registered:

☒ Yes ☐ No

Name:

CHAFFEE, RICHARD, JOHNSON
(For individuals, Last, First, Middle)

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

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

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

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

- ☒ Yes ☐ No

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

PART II

1. Regulatory Action initiated by:

☐ SEC ☐ Other Federal ☒ State ☐ SRO ☐ Foreign

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

STATE OF MINNESOTA DEPARTMENT OF COMMERCE
2. Principal Sanction:

Censure

Other Sanctions:

CEASE AND DISIST, AND CIVIL AND ADMINISTRATIVE PENALTY/FINE
3. Date Initiated (MM/DD/YYYY):

01/02/2020 ☒ Exact ☐ Explanation

If not exact, provide explanation:
4. Docket/Case Number:

2328

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):
M HOLDINGS SECURITIES, INC.
6. Principal Product Type:
Insurance
Other Product Types:
7. Describe the allegations related to this regulatory action (your response must fit within the space provided):
ALLEGATIONS THAT RESPONDENT MADE AN UNSUITABLE LIFE INSURANCE SALE TO MINNESOTA CONSUMER AND PROVIDED INACCURATE INFORMATION ABOUT THE POLICY'S FUNDING TO THE ISSUING INSURANCE CARRIER.
8. Current Status? ☐ Pending ☐ On Appeal ☒ Final
9. If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:

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

10. How was matter resolved:
Consent

11. Resolution Date (MM/DD/YYYY):
01/02/2020 ☒ Exact ☐ Explanation
If not exact, provide explanation:

12. Resolution Detail:

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

☒ Monetary/Fine Amount: \$ 4,225.00
☐ Revocation/Expulsion/Denial
☒ Censure
☐ Bar

☒ Disgorgement/Restitution
☒ Cease and Desist/Injunction
☐ Suspension

B. Other Sanctions *Ordered*:

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:
RESTITUTION OF \$10,000, CIVIL PENALTY OF \$4,000, MONETARY PENALTY OF \$225. ALL PAID 1/13/2020.

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).
IN ORDER TO AVOID THE TIME AND EXPENSE OF LITIGATION, REPRESENTATIVE CONSENTED WITH THE INSURANCE COMMISSIONER TO INFORMAL DISPOSITION FOLLOWING A CLIENT'S ALLEGATION REGARDING THE SALE OF A LIFE INSURANCE PRODUCT.

GENERAL INSTRUCTIONS

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

Regulatory Action

Check item(s) being responded to:

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

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

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

PART I

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

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

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

ADV *DRP* - *ADVISORY AFFILIATE*

No Information Filed

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

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

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

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

- ☐ Yes
- ☐ No

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

PART II

1. Regulatory Action initiated by:

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

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

2. Principal Sanction:

Civil and Administrative Penalt(ies) /Fine(s)
Other Sanctions:
CENSURE, CEASE AND DESIST

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

11/25/2025 ☒ Exact ☐ Explanation
If not exact, provide explanation:

4. Docket/Case Number:

3-22562

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

6. Principal Product Type:

Mutual Fund(s)
Other Product Types:

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

THE SECURITIES AND EXCHANGE COMMISSION ("SEC") FOUND THAT M HOLDINGS SECURITIES, INC. ("M HOLDINGS") FAILED TO (1) ADOPT WRITTEN POLICIES AND PROCEDURES REASONABLY DESIGNED TO PROTECT CUSTOMER RECORDS AND INFORMATION, IN VIOLATION OF RULE 30(A) OF REGULATION S-P (17 C.F.R. § 248.30(A)); AND (2) DEVELOP AND IMPLEMENT A WRITTEN IDENTITY THEFT PREVENTION PROGRAM THAT IS DESIGNED TO DETECT, PREVENT, AND MITIGATE IDENTITY THEFT IN CONNECTION WITH THE OPENING OF A COVERED ACCOUNT OR ANY EXISTING COVERED ACCOUNT, IN VIOLATION OF RULE 201 OF REGULATION S-ID (17 C.F.R. § 248.201).

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):
11/25/2025 ☒ Exact ☐ Explanation
If not exact, provide explanation:

12. Resolution Detail:

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

☒ Monetary/Fine Amount: \$ 325,000.00

☐ Revocation/Expulsion/Denial

☒ Censure

☐ Bar

☐ Disgorgement/Restitution

☒ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:
RESPONDENT M HOLDINGS CEASE AND DESIST FROM COMMITTING OR CAUSING ANY VIOLATIONS. RESPONDENT PAID CIVIL MONEY PENALTY OF \$325,000 ON DECEMBER 4, 2025.

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

ON NOVEMBER 25, 2025, THE SEC ENTERED INTO A SETTLED ADMINISTRATIVE PROCEEDING WITH M HOLDINGS FINDING THAT M HOLDINGS FAILED TO (1) ADOPT WRITTEN POLICIES AND PROCEDURES REASONABLY DESIGNED TO PROTECT CUSTOMER RECORDS AND INFORMATION; AND (2) DEVELOP AND IMPLEMENT A WRITTEN IDENTITY THEFT PREVENTION PROGRAM THAT IS DESIGNED TO DETECT, PREVENT, AND MITIGATE IDENTITY THEFT IN CONNECTION WITH THE OPENING OF A COVERED ACCOUNT OR ANY EXISTING COVERED ACCOUNT. WITHOUT ADMITTING OR DENYING THE FINDINGS, M HOLDINGS ENTERED INTO A SETTLEMENT WITH THE SEC, PURSUANT TO WHICH M HOLDINGS WAS (A) ORDERED TO CEASE-AND-DESIST FROM COMMITTING OR CAUSING ANY VIOLATIONS AND ANY FUTURE VIOLATIONS OF RULE 30(A) OF REGULATION S-P (17 C.F.R. § 248.30(A)) AND OF RULE 201 OF REGULATION S-ID (17 C.F.R. § 248.201), (B) CENSURED, AND (C) ORDERED TO PAY A CIVIL MONETARY PENALTY IN THE AMOUNT OF \$325,000. THE CIVIL MONETARY PENALTY HAS BEEN PAID IN ACCORDANCE WITH THE TERMS OF THE SETTLEMENT ORDER.

CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (ADV)

No Information Filed

Part 2

Exemption from brochure delivery requirements for SEC-registered advisers

SEC rules exempt SEC-registered advisers from delivering a firm brochure to some kinds of clients. If these exemptions excuse you from delivering a brochure to *all* of your advisory clients, you do not have to prepare a brochure.

Are you exempt from delivering a brochure to all of your clients under these rules?

Yes

No

If no, complete the ADV Part 2 filing below.

Amend, retire or file new brochures:

Brochure ID	Brochure Name	Brochure Type(s)
367420	WEALTHPURSUIT WRAP FEE PROGRAMS BROCHURE	Wrap program
367421	M HOLDINGS SECURITIES, INC. FORM 2A ADV FIRM BROCHURE	Individuals, Pension plans/profit sharing plans, Foundations/charities, Other institutional, Selection of Other Advisers/Solicitors

Part 3

CRS	Type(s)	Affiliate Info	Retire
-----	---------	----------------	--------



Execution Pages

DOMESTIC INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial submission of Form ADV to the SEC and all amendments.

Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint the Secretary of State or other legally designated officer, of the state in which you maintain your *principal office and place of business* and any other state in which you are submitting a *notice filing*, as your agents to receive service, and agree that such *persons* may accept service on your behalf, of any notice, subpoena, summons, *order* instituting *proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding*, or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is *founded*, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of the state in which you maintain your *principal office and place of business* or of any state in which you are submitting a *notice filing*.

Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having *custody* or possession of these books and records to make them available to federal and state regulatory representatives.

Signature:	Date: MM/DD/YYYY
REGINA SIMS	03/31/2026
Printed Name:	Title:
REGINA SIMS	MANAGER, COMPLIANCE
Adviser <i>CRD</i> Number:	
43285	

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 <i>CRD</i> Number:	
43285	