

**FORM ADV****UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION AND REPORT BY EXEMPT REPORTING ADVISERS****Primary Business Name: CIBC PRIVATE WEALTH ADVISORS, INC.****CRD Number: 109644****Other-Than-Annual Amendment - All Sections****Rev. 10/2021**

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

**Item 1 Identifying Information**

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

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

**CIBC PRIVATE WEALTH ADVISORS, INC.**

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

**CIBC PRIVATE WEALTH ADVISORS, INC.**

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

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

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

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

☐ your legal name or ☐ your primary business name:

D. (1) If you are registered with the SEC as an investment adviser, your SEC file number: **801-57986**

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

(3) If you have one or more Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:

No Information Filed

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

*If your firm does not have a CRD number, skip this Item 1.E. Do not provide the CRD number of one of your officers, employees, or affiliates.*

(2) If you have additional *CRD* Numbers, your additional *CRD* numbers:

No Information Filed

F. *Principal Office and Place of Business*

(1) Address (do not use a P.O. Box):

Number and Street 1:

181 WEST MADISON STREET

City:

CHICAGO

State:

Illinois

Number and Street 2:

36TH FLOOR

Country:

United States

ZIP+4/Postal Code:

60602

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

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

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

☒ Monday - Friday ☐ Other:

Normal business hours at this location:

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

(3) Telephone number at this location:

312-368-7700

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

312-368-7750

(5) What is the total number of offices, other than your *principal office and place of business*, at which you conduct investment advisory business as of



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

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

Name: CIBC PRIVATE WEALTH MANAGEMENT

Jurisdictions

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

SECTION 1.F. Other Offices

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

Number and Street 1:  
520 NEWPORT CENTER DRIVE

City:  
NEWPORT BEACH

State:  
California

Country:  
United States

Number and Street 2:  
SUITE 700

ZIP+4/Postal Code:  
92660

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

Telephone Number:  
949-660-0080

Facsimile Number, if any:  
949-720-0042

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

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

7

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

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

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

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

|                          |                      |               |                    |
|--------------------------|----------------------|---------------|--------------------|
| Number and Street 1:     | Number and Street 2: |               |                    |
| THREE EMBARCADERO CENTER | SUITE 1600           |               |                    |
| City:                    | State:               | Country:      | ZIP+4/Postal Code: |
| SAN FRANCISCO            | California           | United States | 94111              |

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

|                   |                           |
|-------------------|---------------------------|
| Telephone Number: | Facsimile Number, if any: |
| 415-433-5844      | 415-397-6639              |

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?

10

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

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

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

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

|                       |                      |               |                    |
|-----------------------|----------------------|---------------|--------------------|
| Number and Street 1:  | Number and Street 2: |               |                    |
| 100 SAINT PAUL STREET | SUITE 700            |               |                    |
| City:                 | State:               | Country:      | ZIP+4/Postal Code: |
| DENVER                | Colorado             | United States | 80206              |

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

Telephone Number:  
720-221-5000

Facsimile Number, if any:  
303-296-0111

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

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

1201 F STREET NW

City:

WASHINGTON

State:

District of Columbia

Number and Street 2:

SUITE 900

Country:

United States

ZIP+4/Postal Code:

20004

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

Telephone Number:  
202-783-4144

Facsimile Number, if any:  
202-727-5487

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

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

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

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

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

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

Number and Street 1:

Number and Street 2:

100 NORTH TAMPA ST

SUITE 1645

City:

State:

Country:

ZIP+4/Postal Code:

TAMPA

Florida

United States

33602

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

Telephone Number:

Facsimile Number, if any:

813-449-0205

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

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

2

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

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

525 OKEECHOBEE BLVD

SUITE 1630

City:

State:

Country:

ZIP+4/Postal Code:

WEST PALM BEACH

Florida

United States

33401

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

Telephone Number:

Facsimile Number, if any:

561-461-5150

844-238-1950

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

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

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 firmDescribe 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:<br>3290 NORTHSIDE PARKWAY NW | Number and Street 2:<br>7TH FLOOR |                           |                             |
| City:<br>ATLANTA                                  | State:<br>Georgia                 | Country:<br>United States | ZIP+4/Postal Code:<br>30327 |

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

|                                   |                                           |
|-----------------------------------|-------------------------------------------|
| Telephone Number:<br>404 881 3400 | Facsimile Number, if any:<br>404 816-7143 |
|-----------------------------------|-------------------------------------------|

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

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

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

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

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

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

|                                             |                                  |                           |                             |
|---------------------------------------------|----------------------------------|---------------------------|-----------------------------|
| Number and Street 1:<br>301 SEA ISLAND ROAD | Number and Street 2:<br>SUITE 16 |                           |                             |
| City:<br>ST. SIMONS ISLAND                  | State:<br>Georgia                | Country:<br>United States | ZIP+4/Postal Code:<br>31522 |

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

|                                   |                           |
|-----------------------------------|---------------------------|
| Telephone Number:<br>312-422-1721 | Facsimile Number, if any: |
|-----------------------------------|---------------------------|

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

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

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

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

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:  
100 FEDERAL STREET

Number and Street 2:  
37TH FLOOR

City:  
BOSTON

State:  
Massachusetts

Country:  
United States

ZIP+4/Postal Code:  
02110

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

Telephone Number:  
617-357-9600

Facsimile Number, if any:  
617-357-9602

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:  
551824

How many *employees* perform investment advisory functions from this office location?  
47

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:  
1401 S. BRENTWOOD BLVD

Number and Street 2:  
SUITE 200

City:  
ST. LOUIS

State:  
Missouri

Country:  
United States

ZIP+4/Postal Code:  
63144

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

Telephone Number:  
314-301-2200

Facsimile Number, if any:

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

How many *employees* perform investment advisory functions from this office location?  
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:<br>1177 AVENUE OF THE AMERICAS |                    | Number and Street 2:<br>42ND FLOOR |                             |
| City:<br>NEW YORK                                   | State:<br>New York | Country:<br>United States          | ZIP+4/Postal Code:<br>10036 |

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

|                                   |                                           |
|-----------------------------------|-------------------------------------------|
| Telephone Number:<br>212-259-3800 | Facsimile Number, if any:<br>212-259-3888 |
|-----------------------------------|-------------------------------------------|

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:  
551831

How many *employees* perform investment advisory functions from this office location?  
16

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:<br>425 LEXINGTON AVE |                    | Number and Street 2:<br>5TH FLOOR |                             |
| City:<br>NEW YORK                         | State:<br>New York | Country:<br>United States         | ZIP+4/Postal Code:<br>10017 |

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

|                                   |                           |
|-----------------------------------|---------------------------|
| Telephone Number:<br>646-278-1556 | Facsimile Number, if any: |
|-----------------------------------|---------------------------|

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

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

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

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

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

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

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

|                                   |                           |
|-----------------------------------|---------------------------|
| Telephone Number:<br>512-651-7800 | Facsimile Number, if any: |
|-----------------------------------|---------------------------|

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

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

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

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

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

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

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

|                                   |                           |
|-----------------------------------|---------------------------|
| Telephone Number:<br>214-743-8440 | Facsimile Number, if any: |
|-----------------------------------|---------------------------|

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

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

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

- ☐ (1) Broker-dealer (registered or unregistered)
- ☒ (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:<br>11 GREENWAY PLAZA | Number and Street 2:<br>SUITE 2625 |                           |                             |
| City:<br>HOUSTON                          | State:<br>Texas                    | Country:<br>United States | ZIP+4/Postal Code:<br>77046 |

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

|                                   |                                           |
|-----------------------------------|-------------------------------------------|
| Telephone Number:<br>832-941-5760 | Facsimile Number, if any:<br>832-308-3128 |
|-----------------------------------|-------------------------------------------|

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

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

#### SECTION 1.I. Website Addresses

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

Address of Website/Account on Publicly Available Social Media Platform: HTTP://WWW.LINKEDIN.COM/COMPANY/CIBC-PRIVATE-WEALTH-MANAGEMENT-US

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

Address of Website/Account on Publicly Available Social Media Platform: HTTPS://TWITTER.COM/CIBC\_PWM\_US

Address of Website/Account on Publicly Available Social Media Platform: HTTPS://VIMEO.COM/CIBCPRIVATEWEALTH

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

Address of Website/Account on Publicly Available Social Media Platform: HTTPS://WWW.INSTAGRAM.COM/CIBC\_PRIVATE\_WEALTH\_US

Address of Website/Account on Publicly Available Social Media Platform: HTTPS://WWW.YOUTUBE.COM/CHANNEL/UCOKK6SHMJHKG3CEK7IRD\_UA

Address of Website/Account on Publicly Available Social Media Platform: HTTPS://wealth.us.cibc.com

### SECTION 1.L. Location of Books and Records

Complete the following information for each location at which you keep your books and records, other than your *principal office and place of business*. You must complete a separate Schedule D, Section 1.L. for each location.

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

Number and Street 1:  
520 NEWPORT CENTER DRIVE

City:  
NEWPORT BEACH

State:  
California

Number and Street 2:  
SUITE 700

Country:  
United States

ZIP+4/Postal Code:  
92660

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

Telephone Number:  
949-660-0080

Facsimile number, if any:  
949-720-0042

This is (check one):

- ☒ one of your branch offices or affiliates.  
☐ a third-party unaffiliated recordkeeper.  
☐ other.

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

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

Number and Street 1:  
THREE EMBARCADERO CENTER

City:  
SAN FRANCISCO

State:  
California

Number and Street 2:  
SUITE 1600

Country:  
United States

ZIP+4/Postal Code:  
94111

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

Telephone Number:  
415-433-5844

Facsimile number, if any:  
415-397-6639

This is (check one):

- ☒ one of your branch offices or affiliates.  
☐ a third-party unaffiliated recordkeeper.  
☐ other.

Briefly describe the books and records kept at this location.

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

Name of entity where books and records are kept:

SCHICKS RECORD MANAGEMENT

Number and Street 1:

2721 MICHELLE DRIVE

Number and Street 2:

City:

TUSTIN

State:

California

Country:

United States

ZIP+4/Postal Code:

92780

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

Telephone Number:

714-731-5400

Facsimile number, if any:

714-669-4245

This is (check one):

- ☐ one of your branch offices or affiliates.  
☒ a third-party unaffiliated recordkeeper.  
☐ other.

Briefly describe the books and records kept at this location.

REQUIRED BOOKS AND RECORDS MORE THAN 2 YEARS OLD.

Name of entity where books and records are kept:

CIBC PRIVATE WEALTH MANAGEMENT

Number and Street 1:

100 SAINT PAUL STREET

Number and Street 2:

SUITE 2550

City:

DENVER

State:

Colorado

Country:

United States

ZIP+4/Postal Code:

80206

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

Telephone Number:

720 221 5000

Facsimile number, if any:

303 296 0111

This is (check one):

- ☒ one of your branch offices or affiliates.  
☐ a third-party unaffiliated recordkeeper.  
☐ other.

Briefly describe the books and records kept at this location.

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

Name of entity where books and records are kept:

IRON MOUNTAIN

Number and Street 1:

11333 E. 53RD AVENUE

Number and Street 2:

City:

DENVER

State:

Colorado

Country:

United States

ZIP+4/Postal Code:

80239

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

Telephone Number:

8009343453

Facsimile number, if any:

This is (check one):

- ☐ one of your branch offices or affiliates.  
☒ a third-party unaffiliated recordkeeper.  
☐ other.

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

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

Number and Street 1:  
1201 F STREETNW

City:  
WASHINGTON

State:  
District of Columbia

Number and Street 2:  
SUITE 900

Country:  
United States

ZIP+4/Postal Code:  
20004

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

Telephone Number:  
2027834144

Facsimile number, if any:  
2027375487

This is (check one):

- ☒ one of your branch offices or affiliates.  
☐ a third-party unaffiliated recordkeeper.  
☐ other.

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

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

Number and Street 1:  
525 OKEECHOBEE BLVD

City:  
WEST PALM BEACH

State:  
Florida

Number and Street 2:  
SUITE 1630

Country:  
United States

ZIP+4/Postal Code:  
33401

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

Telephone Number:  
516-461-5150

Facsimile number, if any:  
844-238-1950

This is (check one):

- ☒ one of your branch offices or affiliates.  
☐ a third-party unaffiliated recordkeeper.  
☐ other.

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

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

Number and Street 1:  
600 DISTRIBUTION DRIVE

City:

State:

Number and Street 2:

Country:

ZIP+4/Postal Code:

ATLANTA

Georgia

United States

30336

If this address is a private residence, check this box: ☐Telephone Number:  
8009343453

Facsimile number, if any:

This is (check one):

- ☐ one of your branch offices or affiliates.
- ☒ a third-party unaffiliated recordkeeper.
- ☐ other.

Briefly describe the books and records kept at this location.  
BOOKS AND RECORDS MORE THAN 2 YEARS OLDName of entity where books and records are kept:  
CIBC PRIVATE WEALTH MANAGEMENTNumber and Street 1:  
3290 NORTHSIDE PARKWAYNumber and Street 2:  
7TH FLOORCity:  
ATLANTAState:  
GeorgiaCountry:  
United StatesZIP+4/Postal Code:  
30327If this address is a private residence, check this box: ☐Telephone Number:  
404-881-3400Facsimile number, if any:  
404-881-3401

This is (check one):

- ☒ one of your branch offices or affiliates.
- ☐ a third-party unaffiliated recordkeeper.
- ☐ other.

Briefly describe the books and records kept at this location.  
TRADING RECORDS AND RECORDS WHICH ARE REQUIRED IN ACCORDANCE WITH RULE 204 OF THE ADVISERS ACTName of entity where books and records are kept:  
IRON MOUNTAINNumber and Street 1:  
333 S. SWIFT ROAD

Number and Street 2:

City:  
ADDISONState:  
IllinoisCountry:  
United StatesZIP+4/Postal Code:  
60101If this address is a private residence, check this box: ☐Telephone Number:  
8009343453

Facsimile number, if any:

This is (check one):

- ☐ one of your branch offices or affiliates.
- ☒ a third-party unaffiliated recordkeeper.
- ☐ other.

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

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

Number and Street 1:  
3815 CARNATION STREET

Number and Street 2:

City:  
FRANKLIN PARK

State:  
Illinois

Country:  
United States

ZIP+4/Postal Code:  
60131

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

Telephone Number:  
847-678-0002

Facsimile number, if any:  
847-678-0065

This is (check one):

- ☐ one of your branch offices or affiliates.  
☒ a third-party unaffiliated recordkeeper.  
☐ other.

Briefly describe the books and records kept at this location.  
BACKUP COPIES OF INFORMATION STORED IN ELECTRONIC FORM.

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

Number and Street 1:  
100 FEDERAL STREET

Number and Street 2:  
37TH FLOOR

City:  
BOSTON

State:  
Massachusetts

Country:  
United States

ZIP+4/Postal Code:  
02110

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

Telephone Number:  
617-357-9600

Facsimile number, if any:  
617-357-9602

This is (check one):

- ☒ one of your branch offices or affiliates.  
☐ a third-party unaffiliated recordkeeper.  
☐ other.

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

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

Number and Street 1:  
175 BEARFOOT ROAD

Number and Street 2:

City:  
NORTHBOROUGH

State:  
Massachusetts

Country:  
United States

ZIP+4/Postal Code:  
01532

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

Telephone Number:  
8009343453

Facsimile number, if any:

This is (check one):

- ☐ one of your branch offices or affiliates.



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

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

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

Number and Street 1:  
8200 PRESTON COURT

Number and Street 2:

City:  
JESSUP

State:  
Maryland

Country:  
United States

ZIP+4/Postal Code:  
20794

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

Telephone Number:  
8009343453

Facsimile number, if any:

This is (check one):

- ☐ one of your branch offices or affiliates.  
☒ a third-party unaffiliated recordkeeper.  
☐ other.

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

Name of entity where books and records are kept:  
ACCESS INFORMATION MANAGEMENT

Number and Street 1:  
631 LAMBERT POINTE DRIVE

Number and Street 2:

City:  
HAZELWOOD

State:  
Missouri

Country:  
United States

ZIP+4/Postal Code:  
63042

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

Telephone Number:  
314-595-5213

Facsimile number, if any:

This is (check one):

- ☐ one of your branch offices or affiliates.  
☒ a third-party unaffiliated recordkeeper.  
☐ other.

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

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

Number and Street 1:  
1401 S. BRENTWOOD BLVD

Number and Street 2:

City:  
ST. LOUIS

State:  
Missouri

Country:  
United States

ZIP+4/Postal Code:  
63144

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

Telephone Number:  
3143012200

Facsimile number, if any:

This is (check one):

- ☒ one of your branch offices or affiliates.  
☐ a third-party unaffiliated recordkeeper.  
☐ other.

Briefly describe the books and records kept at this location.

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

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

Number and Street 1:  
100 HARBOR DRIVE

Number and Street 2:

City:  
JERSEY CITY

State:  
New Jersey

Country:  
United States

ZIP+4/Postal Code:  
07305

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

Telephone Number:  
8009343453

Facsimile number, if any:

This is (check one):

- ☐ one of your branch offices or affiliates.  
☒ a third-party unaffiliated recordkeeper.  
☐ other.

Briefly describe the books and records kept at this location.

BOOKS AND RECORDS MORE THAN 2 YEARS OLD

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

Number and Street 1:  
1177 AVENUE OF THE AMERICAS

Number and Street 2:  
42ND FLOOR

City:  
NEW YORK

State:  
New York

Country:  
United States

ZIP+4/Postal Code:  
10036

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

Telephone Number:  
212-259-3800

Facsimile number, if any:  
212-259-3888

This is (check one):

- ☒ one of your branch offices or affiliates.  
☐ a third-party unaffiliated recordkeeper.  
☐ other.

Briefly describe the books and records kept at this location.

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

Name of entity where books and records are kept:  
GLOBE STORAGE & MOVING CO., INC.

Number and Street 1:  
36 BLEECKER STREET

Number and Street 2:

City:  
NEW YORK

State:  
New York

Country:  
United States

ZIP+4/Postal Code:  
10012

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

Telephone Number:  
212-925-3555

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 AND BUSINESS RECORDS MORE THAN 2 YEARS OLD

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

Number and Street 1:  
425 LEXINGTON AVE

Number and Street 2:  
5TH FLOOR

City:  
NEW YORK

State:  
New York

Country:  
United States

ZIP+4/Postal Code:  
10017

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

Telephone Number:  
6462781556

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 FILES

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

Number and Street 1:  
448 BROADWAY

Number and Street 2:

City:  
ULSTER PARK

State:  
New York

Country:  
United States

ZIP+4/Postal Code:  
12487

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

Telephone Number:  
8009343453

Facsimile number, if any:

This is (check one):

- ☐ one of your branch offices or affiliates.  
☒ a third-party unaffiliated recordkeeper.  
☐ other.

Briefly describe the books and records kept at this location.

## BOOKS AND RECORDS MORE THAN 2 YEARS OLD

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

Number and Street 1:  
111 CONGRESS AVE

Number and Street 2:  
SUITE 1830

City:  
AUSTIN

State:  
Texas

Country:  
United States

ZIP+4/Postal Code:  
78701

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

Telephone Number:  
5126517800

Facsimile number, if any:

This is (check one):

- ☒ one of your branch offices or affiliates.  
☐ a third-party unaffiliated recordkeeper.  
☐ other.

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

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

Number and Street 1:  
2121 N. PEARL STREET

Number and Street 2:  
SUITE 1230

City:  
DALLAS

State:  
Texas

Country:  
United States

ZIP+4/Postal Code:  
75201

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

Telephone Number:  
2144593411

Facsimile number, if any:

This is (check one):

- ☒ one of your branch offices or affiliates.  
☐ a third-party unaffiliated recordkeeper.  
☐ other.

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

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

Number and Street 1:  
5249 GLENMONT DRIVE

Number and Street 2:

City:  
HOUSTON

State:  
Texas

Country:  
United States

ZIP+4/Postal Code:  
77081

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

Telephone Number:  
8009343453

Facsimile number, if any:

This is (check one):

- ☐ one of your branch offices or affiliates.  
☒ a third-party unaffiliated recordkeeper.  
☐ other.

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

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

Number and Street 1:  
11 GREENWAY PLAZA

City:  
HOUSTON

State:  
Texas

Number and Street 2:  
SUITE 2625

Country:  
United States

ZIP+4/Postal Code:  
77046

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

Telephone Number:  
832-941-5760

Facsimile number, if any:

This is (check one):

- ☒ one of your branch offices or affiliates.  
☐ a third-party unaffiliated recordkeeper.  
☐ other.

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

#### SECTION 1.M. Registration with Foreign Financial Regulatory Authorities

No Information Filed

Item 2 SEC Registration/Reporting

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

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

You (the adviser):

- ☒ (1) are a **large advisory firm** that either:

(a) has regulatory assets under management of \$100 million (in U.S. dollars) or more; or

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

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

(b) not subject to examination by the *state securities authority* of the state where you maintain your *principal office and place of business*;  
*Click [HERE](#) for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.*
- ☐ (3) Reserved
- ☐ (4) have your *principal office and place of business* **outside the United States**;
- ☒ (5) are an **investment adviser (or subadviser) to an investment company** registered under the Investment Company Act of 1940;
- ☐ (6) are an **investment adviser to a company which has elected to be a business development company** pursuant to section 54 of the Investment Company Act of 1940 and has not withdrawn the election, and you have at least \$25 million of regulatory assets under management;
- ☐ (7) are a **pension consultant** with respect to assets of plans having an aggregate value of at least \$200,000,000 that qualifies for the exemption in rule 203A-2(a);
- ☐ (8) are a **related adviser** under rule 203A-2(b) that *controls*, is *controlled* by, or is under common *control* with, an investment adviser that is registered with the SEC, and your *principal office and place of business* is the same as the registered adviser;  
*If you check this box, complete Section 2.A.(8) of Schedule D.*
- ☐ (9) are an **adviser** relying on rule 203A-2(c) because you **expect to be eligible for SEC registration within 120 days**;  
*If you check this box, complete Section 2.A.(9) of Schedule D.*
- ☐ (10) are a **multi-state adviser** that is required to register in 15 or more states and is relying on rule 203A-2(d);  
*If you check this box, complete Section 2.A.(10) of Schedule D.*
- ☐ (11) are an **Internet adviser** relying on rule 203A-2(e);
- ☐ (12) have **received an SEC order** exempting you from the prohibition against registration with the SEC;  
*If you check this box, complete Section 2.A.(12) of Schedule D.*
- ☐ (13) are **no longer eligible** to remain registered with the SEC.

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

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

Jurisdictions

|                                        |                                        |                                        |                                        |
|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> AL | <input checked="" type="checkbox"/> IL | <input checked="" type="checkbox"/> NE | <input checked="" type="checkbox"/> SC |
| <input checked="" type="checkbox"/> AK | <input checked="" type="checkbox"/> IN | <input checked="" type="checkbox"/> NV | <input checked="" type="checkbox"/> SD |
| <input checked="" type="checkbox"/> AZ | <input checked="" type="checkbox"/> IA | <input checked="" type="checkbox"/> NH | <input checked="" type="checkbox"/> TN |
| <input checked="" type="checkbox"/> AR | <input checked="" type="checkbox"/> KS | <input checked="" type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input checked="" type="checkbox"/> KY | <input checked="" type="checkbox"/> NM | <input checked="" type="checkbox"/> UT |
| <input checked="" type="checkbox"/> CO | <input checked="" type="checkbox"/> LA | <input checked="" type="checkbox"/> NY | <input checked="" type="checkbox"/> VT |
| <input checked="" type="checkbox"/> CT | <input checked="" type="checkbox"/> ME | <input checked="" type="checkbox"/> NC | <input checked="" type="checkbox"/> VI |

|                                        |                                        |                                        |                                        |
|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> DE | <input checked="" type="checkbox"/> MD | <input checked="" type="checkbox"/> ND | <input checked="" type="checkbox"/> VA |
| <input checked="" type="checkbox"/> DC | <input checked="" type="checkbox"/> MA | <input checked="" type="checkbox"/> OH | <input checked="" type="checkbox"/> WA |
| <input checked="" type="checkbox"/> FL | <input checked="" type="checkbox"/> MI | <input checked="" type="checkbox"/> OK | <input checked="" type="checkbox"/> WV |
| <input checked="" type="checkbox"/> GA | <input checked="" type="checkbox"/> MN | <input checked="" type="checkbox"/> OR | <input checked="" type="checkbox"/> WI |
| <input type="checkbox"/> GU            | <input checked="" type="checkbox"/> MS | <input checked="" type="checkbox"/> PA | <input checked="" type="checkbox"/> WY |
| <input checked="" type="checkbox"/> HI | <input checked="" type="checkbox"/> MO | <input checked="" type="checkbox"/> PR |                                        |
| <input checked="" type="checkbox"/> ID | <input checked="" type="checkbox"/> MT | <input checked="" type="checkbox"/> RI |                                        |

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

#### SECTION 2.A.(8) Related Adviser

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

Name of Registered Investment Adviser

CRD Number of Registered Investment Adviser

SEC Number of Registered Investment Adviser

-

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

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

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

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

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

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

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

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

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

#### SECTION 2.A.(12) SEC Exemptive Order

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

Application Number:  
803-

Date of order:

**Item 3 Form of Organization**

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

**A. How are you organized?**

- ☒ Corporation  
☐ Sole Proprietorship  
☐ Limited Liability Partnership (LLP)  
☐ Partnership  
☐ Limited Liability Company (LLC)  
☐ Limited Partnership (LP)  
☐ Other (specify):

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

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

DECEMBER

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

State      Country  
Delaware   United States

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

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



Item 4 Successions

|                                                                                                                                                                                                                                   | Yes                   | No                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| A. Are you, at the time of this filing, succeeding to the business of a registered investment adviser, including, for example, a change of your structure or legal status (e.g., form of organization or state of incorporation)? | <input type="radio"/> | <input checked="" type="radio"/> |
| <i>If "yes", complete Item 4.B. and Section 4 of Schedule D.</i>                                                                                                                                                                  |                       |                                  |
| B. Date of Succession: (MM/DD/YYYY)                                                                                                                                                                                               |                       |                                  |
| <i>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.</i>                                                            |                       |                                  |

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.  
444
- B. (1) Approximately how many of the *employees* reported in 5.A. perform investment advisory functions (including research)?  
209
- (2) Approximately how many of the *employees* reported in 5.A. are registered representatives of a broker-dealer?  
66
- (3) Approximately how many of the *employees* reported in 5.A. are registered with one or more *state securities authorities* as *investment adviser representatives*?  
144
- (4) Approximately how many of the *employees* reported in 5.A. are registered with one or more *state securities authorities* as *investment adviser representatives* for an investment adviser other than you?  
0
- (5) Approximately how many of the *employees* reported in 5.A. are licensed agents of an insurance company or agency?  
0
- (6) Approximately how many firms or other *persons* solicit advisory *clients* on your behalf?  
18

*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?  
1%

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

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

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

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

| Type of Client                                                  | (1) Number of Client(s) | (2) Fewer than 5 Clients | (3) Amount of Regulatory Assets under Management |
|-----------------------------------------------------------------|-------------------------|--------------------------|--------------------------------------------------|
| (a) Individuals (other than <i>high net worth individuals</i> ) |                         | <input type="checkbox"/> | \$                                               |
| (b) <i>High net worth individuals</i>                           | 28321                   | <input type="checkbox"/> | \$ 49,667,569,219                                |
| (c) Banking or thrift institutions                              |                         | <input type="checkbox"/> | \$                                               |
| (d) Investment companies                                        | 6                       |                          | \$ 3,616,428,442                                 |

|                                                                                                     |      |                          |                   |
|-----------------------------------------------------------------------------------------------------|------|--------------------------|-------------------|
| (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)    | 913  | <input type="checkbox"/> | \$ 1,907,576,619  |
| (h) Charitable organizations                                                                        | 1285 | <input type="checkbox"/> | \$ 3,813,426,587  |
| (i) State or municipal <i>government entities</i> (including government pension plans)              | 18   | <input type="checkbox"/> | \$ 162,391,846    |
| (j) Other investment advisers                                                                       |      | <input type="checkbox"/> | \$                |
| (k) Insurance companies                                                                             |      | <input type="checkbox"/> | \$                |
| (l) Sovereign wealth funds and foreign official institutions                                        |      | <input type="checkbox"/> | \$                |
| (m) Corporations or other businesses not listed above                                               | 739  | <input type="checkbox"/> | \$ 14,510,440,944 |
| (n) Other: INDIAN TRIBE                                                                             | 6    | <input type="checkbox"/> | \$ 97,621,438     |

**Compensation Arrangements**

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

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

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

Yes No

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

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

|                    | U.S. Dollar Amount    | Total Number of Accounts |
|--------------------|-----------------------|--------------------------|
| Discretionary:     | (a) \$ 67,640,752,389 | (d) 30,790               |
| Non-Discretionary: | (b) \$ 6,134,702,706  | (e) 502                  |
| Total:             | (c) \$ 73,775,455,095 | (f) 31,292               |

*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?

\$ 119,554,112

**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.*

- |                                                                                                                                                | Yes                              | No                    |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|
| I. (1) Do you participate in a <i>wrap fee program</i> ?                                                                                       | <input checked="" type="radio"/> | <input type="radio"/> |
| (2) If you participate in a <i>wrap fee program</i> , what is the amount of your regulatory assets under management attributable to acting as: |                                  |                       |
| (a) <i>sponsor</i> to a <i>wrap fee program</i>                                                                                                |                                  |                       |
| \$ 0                                                                                                                                           |                                  |                       |
| (b) portfolio manager for a <i>wrap fee program</i> ?                                                                                          |                                  |                       |
| \$ 885,378,496                                                                                                                                 |                                  |                       |
| (c) <i>sponsor</i> to and portfolio manager for the same <i>wrap fee program</i> ?                                                             |                                  |                       |
| \$ 0                                                                                                                                           |                                  |                       |

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

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

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

- |                                                                                                                                                                                    | Yes                   | No                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| J. (1) In response to Item 4.B. of Part 2A of Form ADV, do you indicate that you provide investment advice only with respect to limited types of investments?                      | <input type="radio"/> | <input checked="" type="radio"/> |
| (2) Do you report <i>client</i> assets in Item 4.E. of Part 2A that are computed using a different method than the method used to compute your regulatory assets under management? | <input type="radio"/> | <input checked="" type="radio"/> |

K. Separately Managed Account *Clients*

- |                                                                                                                                                                                | 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> )? | <input checked="" type="radio"/> | <input type="radio"/> |

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

- |                                                                                                                                |                       |                                  |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| (2) Do you engage in borrowing transactions on behalf of any of the separately managed account <i>clients</i> that you advise? | <input type="radio"/> | <input checked="" type="radio"/> |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|

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

- |                                                                                                                                 |                                  |                       |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|
| (3) Do you engage in derivative transactions on behalf of any of the separately managed account <i>clients</i> that you advise? | <input checked="" type="radio"/> | <input type="radio"/> |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|

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

- |                                                                                                                                                                                                                                |                                  |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|
| (4) After subtracting the amounts in Item 5.D.(3)(d)-(f) above from your total regulatory assets under management, does any custodian hold ten percent or more of this remaining amount of regulatory assets under management? | <input checked="" type="radio"/> | <input type="radio"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|

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

L. Marketing Activities

- |                                                                                                                | Yes                   | No                    |
|----------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| (1) Do any of your <i>advertisements</i> include:                                                              |                       |                       |
| (a) Performance results?                                                                                       | <input type="radio"/> | <input type="radio"/> |
| (b) A reference to specific investment advice provided by you (as that phrase is used in rule 206(4)-1(a)(5))? | <input type="radio"/> | <input type="radio"/> |

(c) *Testimonials* (other than those that satisfy rule 206(4)-1(b)(4)(ii))?

☐ ☐

(d) *Endorsements* (other than those that satisfy rule 206(4)-1(b)(4)(ii))?

☐ ☐

(e) *Third-party ratings*?

☐ ☐

(2) If you answer "yes" to L(1)(c), (d), or (e) above, do you pay or otherwise provide cash or non-cash compensation, directly or indirectly, in connection with the use of *testimonials*, *endorsements*, or *third-party ratings*?

☐ ☐

(3) Do any of your *advertisements* include *hypothetical performance* ?

☐ ☐

(4) Do any of your *advertisements* include *predecessor performance* ?

☐ ☐

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

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

SEC File Number

811 - 06400

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

| Series ID  | Parallel Managed Account Regulatory assets under management |
|------------|-------------------------------------------------------------|
| S000041987 | \$ 1,811,260,449                                            |
| S000042154 | \$ 701,224,279                                              |
| S000059859 | \$ 226,801,956                                              |
| S000059860 | \$ 315,527,779                                              |
| S000065635 | \$ 407,640,591                                              |
| S000072153 | \$ 929,811,924                                              |

### 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*

BAIRD ADVISORY CHOICE

Name of *Sponsor*

ROBERT W. BAIRD & CO. INCORPORATED

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

801 - 7571

*Sponsor's* CRD Number (if any):

8158

Name of *Wrap Fee Program*

INVESTMENT MANAGEMENT SERVICES PLATFORM

Name of *Sponsor*

MORGAN STANLEY

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

801 - 70103

*Sponsor's CRD Number (if any):*

149777

*Name of Wrap Fee Program*

KIA CHOICE INVESTMENT MANAGEMENT PROGRAM

*Name of Sponsor*

KOVACK ADVISORS, INC.

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

801 - 63048

*Sponsor's CRD Number (if any):*

140808

*Name of Wrap Fee Program*

MANAGED 360 PROGRAM

*Name of Sponsor*

LOCKWOOD ADVISORS INC

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

801 - 52378

*Sponsor's CRD Number (if any):*

106108

*Name of Wrap Fee Program*

MANAGED ACCOUNT ACCESS PROGRAM

*Name of Sponsor*

CHARLES SCHWAB & CO., INC.

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

801 - 29938

*Sponsor's CRD Number (if any):*

5393

*Name of Wrap Fee Program*

MANAGED ACCOUNT PROGRAM

*Name of Sponsor*

RBC CAPITAL MARKETS, LLC

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

801 - 13059

*Sponsor's CRD Number (if any):*

31194

Name of *Wrap Fee Program*  
MANAGED ACCOUNT SELECT

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

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

*Sponsor's CRD Number (if any):*  
5393

Name of *Wrap Fee Program*  
PLATFORM OFFER BY ASSETMARK

Name of *Sponsor*  
ASSETMARK, INC.

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

*Sponsor's CRD Number (if any):*  
109018

Name of *Wrap Fee Program*  
STIFEL NICOLAUS OPPORTUNITY PROGRAM

Name of *Sponsor*  
STIFEL, NICOLAUS & COMPANY, INCORPORATED

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

*Sponsor's CRD Number (if any):*  
793

Name of *Wrap Fee Program*  
UBS MANAGED ACCOUNTS CONSULTING PROGRAM

Name of *Sponsor*  
UBS FINANCIAL SERVICES INC.

*Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):*  
801 - 7163

*Sponsor's CRD Number (if any):*  
8174

Name of *Wrap Fee Program*  
UNIFORM OVERLAY MANAGER PROGRAM

Name of *Sponsor*  
DYNASTY WEALTH MANAGEMENT, LLC

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

801 - 71301

Sponsor's CRD Number (if any):

153377

#### SECTION 5.K.(1) Separately Managed Accounts

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

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

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

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

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

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

| (a)    | Asset Type                                                                                                                     | Mid-year | End of year |
|--------|--------------------------------------------------------------------------------------------------------------------------------|----------|-------------|
| (i)    | Exchange-Traded Equity Securities                                                                                              | 72 %     | 71 %        |
| (ii)   | Non Exchange-Traded Equity Securities                                                                                          | 0 %      | 0 %         |
| (iii)  | U.S. Government/Agency Bonds                                                                                                   | 3 %      | 3 %         |
| (iv)   | U.S. State and Local Bonds                                                                                                     | 7 %      | 7 %         |
| (v)    | <i>Sovereign Bonds</i>                                                                                                         | 0 %      | 0 %         |
| (vi)   | Investment Grade Corporate Bonds                                                                                               | 3 %      | 2 %         |
| (vii)  | Non-Investment Grade Corporate Bonds                                                                                           | 0 %      | 0 %         |
| (viii) | Derivatives                                                                                                                    | 0 %      | 0 %         |
| (ix)   | Securities Issued by Registered Investment Companies or Business Development Companies                                         | 8 %      | 9 %         |
| (x)    | Securities Issued by Pooled Investment Vehicles (other than Registered Investment Companies or Business Development Companies) | 4 %      | 4 %         |
| (xi)   | Cash and Cash Equivalents                                                                                                      | 5 %      | 3 %         |
| (xii)  | Other                                                                                                                          | 0 %      | 0 %         |

Generally describe any assets included in "Other"

| (b)    | Asset Type                                                                                                                     | End of year |
|--------|--------------------------------------------------------------------------------------------------------------------------------|-------------|
| (i)    | Exchange-Traded Equity Securities                                                                                              | %           |
| (ii)   | Non Exchange-Traded Equity Securities                                                                                          | %           |
| (iii)  | U.S. Government/Agency Bonds                                                                                                   | %           |
| (iv)   | U.S. State and Local Bonds                                                                                                     | %           |
| (v)    | <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"



**SECTION 5.K.(2) Separately Managed Accounts - Use of Borrowings and Derivatives**

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

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

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

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

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

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

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

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

(i) Mid-Year

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

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

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

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

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

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

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

City:  
NEW YORK

State:  
New York

Country:  
United States

Yes

No

(d) Is the custodian a *related person* of your firm?

(e) If the custodian is a broker-dealer, provide its SEC registration number (if any)  
8 - 16514

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

(g) What amount of your regulatory assets under management attributable to separately managed accounts is held at the custodian?  
\$ 33,584,191,185

(a) Legal name of custodian:  
FIDELITY BROKERAGE SERVICES LLC

(b) Primary business name of custodian:  
FIDELITY BROKERAGE SERVICES LLC

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

City:  
NY

State:  
New York

Country:  
United States

Yes

No

(d) Is the custodian a *related person* of your firm?

(e) If the custodian is a broker-dealer, provide its SEC registration number (if any)  
8 - 23292

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

(g) What amount of your regulatory assets under management attributable to separately managed accounts is held at the custodian?  
\$ 11,293,563,841

(a) Legal name of custodian:  
CIBC MELLON GLOBAL SECURITIES SERVICES COMPANY

https://crd.finra.org/lad/Content/PrintHist/Adv/Sections/crd\_iad\_AdvAllSections.aspx?RefNum=8272289489197254&viewChanges=&FLNG\_PK=

34/79

(b) Primary business name of custodian:

CIBC MELLON

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

City:

TORONTO

State:

Country:

Canada

**Yes No**

(d) Is the custodian a *related person* of your firm?

☐ ☒

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

-

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

549300P770QLF69ZXS34

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

\$ 10,769,927,650

**Item 6 Other Business Activities**

In this Item, we request information about your firm's other business activities.

A. You are actively engaged in business as a (check all that apply):

- ☐ (1) broker-dealer (registered or unregistered)
- ☐ (2) registered representative of a broker-dealer
- ☐ (3) commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (4) futures commission merchant
- ☐ (5) real estate broker, dealer, or agent
- ☐ (6) insurance broker or agent
- ☐ (7) bank (including a separately identifiable department or division of a bank)
- ☐ (8) trust company
- ☐ (9) registered municipal advisor
- ☐ (10) registered security-based swap dealer
- ☐ (11) major security-based swap participant
- ☐ (12) accountant or accounting firm
- ☐ (13) lawyer or law firm
- ☐ (14) other financial product salesperson (specify):

*If you engage in other business using a name that is different from the names reported in Items 1.A. or 1.B.(1), complete Section 6.A. of Schedule D.*

**Yes No**

B. (1) Are you actively engaged in any other business not listed in Item 6.A. (other than giving investment advice)?

☐ ☒

(2) If yes, is this other business your primary business?

☐ ☐

*If "yes," describe this other business on Section 6.B.(2) of Schedule D, and if you engage in this business under a different name, provide that name.*

**Yes No**

(3) Do you sell products or provide services other than investment advice to your advisory clients?

☐ ☒

*If "yes," describe this other business on Section 6.B.(3) of Schedule D, and if you engage in this business under a different name, provide that name.*

**SECTION 6.A. Names of Your Other Businesses**

No Information Filed

**SECTION 6.B.(2) Description of Primary Business**

Describe your primary business (not your investment advisory business):

If you engage in that business under a different name, provide that name:

**SECTION 6.B.(3) Description of Other Products and Services**

Describe other products or services you sell to your *client*. You may omit products and services that you listed in Section 6.B.(2) above.

If you engage in that business under a different name, provide that name:

**Item 7 Financial Industry Affiliations**

In this Item, we request information about your financial industry affiliations and activities. This information identifies areas in which conflicts of interest may occur between you and your *clients*.

- A. This part of Item 7 requires you to provide information about you and your *related persons*, including foreign affiliates. Your *related persons* are all of your *advisory affiliates* and any *person* that is under common *control* with you.

You have a *related person* that is a (check all that apply):

- ☒ (1) broker-dealer, municipal securities dealer, or government securities broker or dealer (registered or unregistered)
- ☒ (2) other investment adviser (including financial planners)
- ☐ (3) registered municipal advisor
- ☐ (4) registered security-based swap dealer
- ☐ (5) major security-based swap participant
- ☒ (6) commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☒ (7) futures commission merchant
- ☒ (8) banking or thrift institution
- ☒ (9) trust company
- ☐ (10) accountant or accounting firm
- ☐ (11) lawyer or law firm
- ☐ (12) insurance company or agency
- ☐ (13) pension consultant
- ☐ (14) real estate broker or dealer
- ☒ (15) sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles
- ☒ (16) sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

*Note that Item 7.A. should not be used to disclose that some of your employees perform investment advisory functions or are registered representatives of a broker-dealer. The number of your firm's employees who perform investment advisory functions should be disclosed under Item 5.B.(1). The number of your firm's employees who are registered representatives of a broker-dealer should be disclosed under Item 5.B.(2).*

*Note that if you are filing an umbrella registration, you should not check Item 7.A.(2) with respect to your relying advisers, and you do not have to complete Section 7.A. in Schedule D for your relying advisers. You should complete a Schedule R for each relying adviser.*

*For each related person, including foreign affiliates that may not be registered or required to be registered in the United States, complete Section 7.A. of Schedule D.*

*You do not need to complete Section 7.A. of Schedule D for any related person if: (1) you have no business dealings with the related person in connection with advisory services you provide to your clients; (2) you do not conduct shared operations with the related person; (3) you do not refer clients or business to the related person, and the related person does not refer prospective clients or business to you; (4) you do not share supervised persons or premises with the related person; and (5) you have no reason to believe that your relationship with the related person otherwise creates a conflict of interest with your clients.*

*You must complete Section 7.A. of Schedule D for each related person acting as qualified custodian in connection with advisory services you provide to your clients (other than any mutual fund transfer agent pursuant to rule 206(4)-2(b)(1)), regardless of whether you have determined the related person to be operationally independent under rule 206(4)-2 of the Advisers Act.*

**SECTION 7.A. Financial Industry Affiliations**

Complete a separate Schedule D Section 7.A. for each *related person* listed in Item 7.A.

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

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

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

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

No Information Filed

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

- (a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer
- (b) ☐ other investment adviser (including financial planners)
- (c) ☐ registered municipal advisor

- (d) ☐ registered security-based swap dealer  
(e) ☐ major security-based swap participant  
(f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)  
(g) ☐ futures commission merchant  
(h) ☒ banking or thrift institution  
(i) ☐ trust company  
(j) ☐ accountant or accounting firm  
(k) ☐ lawyer or law firm  
(l) ☐ insurance company or agency  
(m) ☐ pension consultant  
(n) ☐ real estate broker or dealer  
(o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles  
(p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

Yes No

6. Do you *control* or are you *controlled* by the *related person*? ☒ ☐
7. Are you and the *related person* under common *control*? ☐ ☒
8. (a) Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*? ☐ ☒  
(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the *related person* and thus are not required to obtain a surprise examination for your *clients'* funds or securities that are maintained at the *related person*? ☐ ☒  
(c) If you have answered "yes" to question 8.(a) above, provide the location of the *related person's* office responsible for *custody* of your *clients'* assets:  
Number and Street 1: \_\_\_\_\_ Number and Street 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ ZIP+4/Postal Code: \_\_\_\_\_  
If this address is a private residence, check this box: ☐
9. (a) If the *related person* is an investment adviser, is it exempt from registration? ☐ ☒  
(b) If the answer is yes, under what exemption? \_\_\_\_\_
10. (a) Is the *related person* registered with a *foreign financial regulatory authority* ? ☒ ☐  
(b) If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.
- | Name of Country/English Name of Foreign Financial Regulatory Authority |
|------------------------------------------------------------------------|
| Other - OFFICE OF THE SUPERINTENDENT OF FINANCIAL INSTITUTIONS, CANADA |
| United Kingdom - Financial Conduct Authority                           |
11. Do you and the *related person* share any *supervised persons*? ☐ ☒
12. Do you and the *related person* share the same physical location? ☐ ☒

Yes No

1. Legal Name of *Related Person*:  
CIBC ASSET MANAGEMENT INC.
2. Primary Business Name of *Related Person*:  
CIBC ASSET MANAGEMENT INC.
3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)  
801 - 9707  
or  
Other
4. *Related Person's*  
(a) *CRD* Number (if any):  
106508  
(b) *CIK* Number(s) (if any):  
No Information Filed
5. *Related Person* is: (check all that apply)  
(a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer  
(b) ☒ other investment adviser (including financial planners)  
(c) ☐ registered municipal advisor  
(d) ☐ registered security-based swap dealer

- (e) ☐ major security-based swap participant
- (f) ☒ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- (g) ☐ futures commission merchant
- (h) ☐ banking or thrift institution
- (i) ☐ trust company
- (j) ☐ accountant or accounting firm
- (k) ☐ lawyer or law firm
- (l) ☐ insurance company or agency
- (m) ☐ pension consultant
- (n) ☐ real estate broker or dealer
- (o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles
- (p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

Yes No

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

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

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

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

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

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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

Yes No

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

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

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

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

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

Canada - Alberta Securities Commission

Canada - British Columbia Securities Commission

Canada - Manitoba Securities Commission

Canada - New Brunswick Securities Commission

Canada - Newfoundland and Labrador, Financial Services Regulation Division

Canada - Northwest Territories, Office of the Registrar of Securities

Canada - Nova Scotia Securities Commission

Canada - Nunavut, Registrar of Securities

Canada - Ontario Securities Commission

Canada - Prince Edward Island, Securities Office

Canada - Quebec, Financial Markets Authority

Canada - Saskatchewan Financial Services Commission

Canada - Yukon Territories, Registrar of Securities

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

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

1. Legal Name of *Related Person*:

CIBC BANK USA

2. Primary Business Name of *Related Person*:

CIBC BANK USA

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

-

or

Other

4. *Related Person's*

(a) CRD Number (if any):

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

No Information Filed

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

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

Yes No

6. Do you *control* or are you *controlled* by the *related person*?☐ ☒7. Are you and the *related person* under common *control*?☒ ☐8. (a) Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*?☐ ☒

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

☐ ☐

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

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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

Yes No

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

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

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

No Information Filed

11. Do you and the *related person* share any *supervised persons*?☐ ☒12. Do you and the *related person* share the same physical location?☒ ☐1. Legal Name of *Related Person*:

CIBC DELAWARE TRUST COMPANY

2. Primary Business Name of *Related Person*:

CIBC DELAWARE TRUST COMPANY

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

-

or

Other

4. *Related Person's*

(a) CRD Number (if any):

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



No Information Filed

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

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

Yes No

6. Do you *control* or are you *controlled* by the *related person*?☐ ☒7. Are you and the *related person* under common *control*?☒ ☐8. (a) Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*?☐ ☒

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

☐ ☐

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

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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

Yes No

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

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

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

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

No Information Filed

11. Do you and the *related person* share any *supervised persons*?☒ ☐12. Do you and the *related person* share the same physical location?☒ ☐1. Legal Name of *Related Person*:

CIBC INVESTOR SERVICES INC.

2. Primary Business Name of *Related Person*:

CIBC INVESTOR SERVICES INC.

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

-

or

Other

4. *Related Person's*

- (a) CRD Number (if any):

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

No Information Filed

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

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

Yes No

6. Do you *control* or are you *controlled* by the *related person*? ☐ ☒7. Are you and the *related person* under common *control*? ☒ ☐

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

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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

Yes No

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

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

10. (a) Is the *related person* registered with a *foreign financial regulatory authority* ? ☒ ☐(b) If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.**Name of Country/English Name of Foreign Financial Regulatory Authority**

Canada - Alberta Securities Commission

Canada - British Columbia Securities Commission

Canada - Manitoba Securities Commission

Canada - New Brunswick Securities Commission

Canada - Newfoundland and Labrador, Financial Services Regulation Division

Canada - Northwest Territories, Office of the Registrar of Securities

Canada - Nova Scotia Securities Commission

Canada - Nunavut, Registrar of Securities

Canada - Ontario Securities Commission

Canada - Prince Edward Island, Securities Office

Canada - Quebec, Financial Markets Authority

Canada - Saskatchewan Financial Services Commission

Canada - Yukon Territories, Registrar of Securities

Other - INVESTMENT INDUSTRY REGULATOR OF CANADA (IIROC)

11. Do you and the *related person* share any *supervised persons*? ☐ ☒12. Do you and the *related person* share the same physical location? ☐ ☒1. Legal Name of *Related Person*:

CIBC MELLON GLOBAL SECURITIES SERVICES COMPANY

2. Primary Business Name of *Related Person*:

CIBC MELLON

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

-

or

Other

4. *Related Person's*

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

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

No Information Filed

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

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

Yes No

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

☐ ☒

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

☒ ☐

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

☐ ☒

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

☐ ☐

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

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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

Yes No

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

☐ ☐

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

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

☐ ☒

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

No Information Filed

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

☐ ☒

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

☐ ☒

1. Legal Name of *Related Person*:

CIBC NATIONAL TRUST COMPANY

2. Primary Business Name of *Related Person*:

CIBC NATIONAL TRUST COMPANY

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

-

or

Other

975751

4. *Related Person's*

(a) CRD Number (if any):

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

No Information Filed

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

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

Yes No

6. Do you *control* or are you *controlled* by the *related person*?☐ ☒7. Are you and the *related person* under common *control*?☒ ☐8. (a) Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*?☐ ☒

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

☐ ☐

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

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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

Yes No

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

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

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

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

No Information Filed

11. Do you and the *related person* share any *supervised persons*?☒ ☐12. Do you and the *related person* share the same physical location?☒ ☐1. Legal Name of *Related Person*:

CIBC WORLD MARKETS CORP.

2. Primary Business Name of *Related Person*:

CIBC WORLD MARKETS CORP.

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

8 - 18333

or

Other

4. *Related Person's*

- (a) CRD Number (if any):  
630
- (b) CIK Number(s) (if any):

No Information Filed

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

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

Yes No

6. Do you *control* or are you *controlled* by the *related person*?☐ ☒7. Are you and the *related person* under common *control*?☒ ☐8. (a) Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*?☐ ☒

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

☐ ☐

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

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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

Yes No

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

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

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

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

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

Canada - Ontario Securities Commission

11. Do you and the *related person* share any *supervised persons*?☒ ☐12. Do you and the *related person* share the same physical location?☒ ☐**Item 7 Private Fund Reporting**

Yes No

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

If "yes," then for each *private fund* that you advise, you must complete a Section 7.B.(1) of Schedule D, except in certain circumstances described in the next sentence and in Instruction 6 of the Instructions to Part 1A. If you are registered or applying for registration with the SEC or reporting as an SEC exempt reporting adviser, and another SEC-registered adviser or SEC exempt reporting adviser reports this information with respect to any such *private fund* in Section 7.B.(1) of Schedule D of its Form ADV (e.g., if you are a subadviser), do not complete Section 7.B.(1) of Schedule D with respect to that *private fund*. You must, instead, complete Section 7.B.(2) of Schedule D.

In either case, if you seek to preserve the anonymity of a *private fund* client by maintaining its identity in your books and records in numerical or alphabetical code, or similar designation, pursuant to rule 204-2(d), you may identify the *private fund* in Section 7.B.(1) or 7.B.(2) of Schedule D using the same code or designation in place of the fund's name.

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

Funds per Page: 15 ▼ Total Funds: 2

**A. PRIVATE FUND****Information About the Private Fund**

1. (a) Name of the
- private fund*
- :

ATLAS POINT CAPITAL GROWTH FUND I, LLC

- (b)
- Private fund*
- identification number:

(include the "805-" prefix also)

805-4797878904

2. Under the laws of what state or country is the
- private fund*
- organized:

State:

Delaware

Country:

United States

3. (a) Name(s) of General Partner, Manager, Trustee, or Directors (or
- persons*
- serving in a similar capacity):

**Name of General Partner, Manager, Trustee, or Director**

CIBC PRIVATE WEALTH ADVISORS, INC.

- (b) If filing an
- umbrella registration*
- , identify the
- filing adviser*
- and/or
- relying adviser(s)*
- that sponsor(s) or manage(s) this
- private fund*
- .

No Information Filed

4. The
- private fund*
- (check all that apply; you must check at least one):

☒ (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940☒ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

5. List the name and country, in English, of each
- foreign financial regulatory authority*
- with which the
- private fund*
- is registered.

No Information Filed

**Yes No**

6. (a) Is this a "master fund" in a master-feeder arrangement?

☐ ☒

- (b) If yes, what is the name and
- private fund*
- identification number (if any) of the feeder funds investing in this
- private fund*
- ?

No Information Filed

**Yes No**

- (c) Is this a "feeder fund" in a master-feeder arrangement?

☐ ☒

- (d) If yes, what is the name and
- private fund*
- identification number (if any) of the master fund in which this
- private fund*
- invests?

Name of *private fund*:*Private fund* identification number:

(include the "805-" prefix also)

NOTE: You must complete question 6 for each master-feeder arrangement regardless of whether you are filing a single Schedule D, Section 7.B.(1) for the master-feeder arrangement or reporting on the funds separately.

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

No Information Filed

NOTE: For purposes of questions 6 and 7, in a master-feeder arrangement, one or more funds ("feeder funds") invest all or substantially all of their assets in a single fund ("master fund"). A fund would also be a "feeder fund" investing in a "master fund" for purposes of this question if it issued multiple classes (or series) of shares or interests, and each class (or series) invests substantially all of its assets in a single master fund.

Yes No

8. (a) Is this
- private fund*
- a "fund of funds"?

☒ ☐

NOTE: For purposes of this question only, answer "yes" if the fund invests 10 percent or more of its total assets in other pooled investment vehicles, regardless of whether they are also *private funds* or registered investment companies.

- (b) If yes, does the
- private fund*
- invest in funds managed by you or by a
- related person*
- ?

☐ ☒

Yes No

9. During your last fiscal year, did the
- private fund*
- invest in securities issued by investment companies registered under the Investment Company Act of 1940 (other than "money market funds," to the extent provided in Instruction 6.e.)?

☐ ☒

10. What type of fund is the
- private fund*
- ?

☐ hedge fund ☐ liquidity fund ☒ private equity fund ☐ real estate fund ☐ securitized asset fund ☐ venture capital fund ☐ Other *private fund*:

NOTE: For definitions of these fund types, please see Instruction 6 of the Instructions to Part 1A.

11. Current gross asset value of the
- private fund*
- :

\$ 5,907,899

**Ownership**

12. Minimum investment commitment required of an investor in the
- private fund*
- :

\$ 100,000

NOTE: Report the amount routinely required of investors who are not your *related persons* (even if different from the amount set forth in the organizational documents of the fund).

13. Approximate number of the
- private fund's*
- beneficial owners:

52

14. What is the approximate percentage of the
- private fund*
- beneficially owned by you and your
- related persons*
- :

13%

15. (a) What is the approximate percentage of the
- private fund*
- beneficially owned (in the aggregate) by funds of funds:

0%

Yes No

- (b) If the
- private fund*
- qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940, are sales of the fund limited to
- qualified clients*
- ?

☒ ☐

16. What is the approximate percentage of the
- private fund*
- beneficially owned by non-
- United States persons*
- :

0%

**Your Advisory Services**

Yes No

17. (a) Are you a subadviser to this
- private fund*
- ?

☐ ☒

- (b) If the answer to question 17.(a) is "yes," provide the name and SEC file number, if any, of the adviser of the
- private fund*
- . If the answer to question 17.(a) is "no," leave this question blank.

No Information Filed

Yes No

18. (a) Do any investment advisers (other than the investment advisers listed in Section 7.B.(1).A.3.(b)) advise the
- private fund*
- ?

☐ ☒

- (b) If the answer to question 18.(a) is "yes," provide the name and SEC file number, if any, of the other advisers to the
- private fund*
- . If the answer to question 18.(a) is "no," leave this question blank.

No Information Filed

Yes No

19. Are your
- clients*
- solicited to invest in the
- private fund*
- ?

☐ ☒

NOTE: For purposes of this question, do not consider feeder funds of the *private fund*.

20. Approximately what percentage of your
- clients*
- has invested in the
- private fund*
- ?

1%

**Private Offering**

Yes No

21. Has the *private fund* ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933?

☐ ☒

22. If yes, provide the *private fund's* Form D file number (if any):

No Information Filed

## B. SERVICE PROVIDERS

### Auditors

Yes No

23. (a) (1) Are the *private fund's* financial statements subject to an annual audit?

☒ ☐

(2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP?

☒ ☐

If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the *private fund* uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

#### Additional Auditor Information : 1 Record(s) Filed.

If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the *private fund* uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

(b) Name of the auditing firm:

PLANTE & MORAN PLLC

(c) The location of the auditing firm's office responsible for the *private fund's* audit (city, state and country):

City:

CHICAGO

State:

Illinois

Country:

United States

Yes No

(d) Is the auditing firm an *independent public accountant*?

☒ ☐

(e) Is the auditing firm registered with the Public Company Accounting Oversight Board?

☒ ☐

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

166

(f) If "yes" to (e) above, is the auditing firm subject to regular inspection by the Public Company Accounting Oversight Board in accordance with its rules?

☒ ☐

Yes No

(g) Are the *private fund's* audited financial statements for the most recently completed fiscal year distributed to the *private fund's* investors?

☒ ☐

(h) Do all of the reports prepared by the auditing firm for the *private fund* since your last *annual updating amendment* 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 report is available.

### Prime Broker

Yes No

24. (a) Does the *private fund* use one or more prime brokers?

☐ ☒

If the answer to question 24.(a) is "yes," respond to questions (b) through (e) below for each prime broker the *private fund* uses. If the *private fund* uses more than one prime broker, you must complete questions (b) through (e) separately for each prime broker.

No Information Filed

### Custodian

Yes No

25. (a) Does the *private fund* use any custodians (including the prime brokers listed above) to hold some or all of its assets?

☐ ☒

If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the *private fund* uses. If the *private*



*fund* uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

No Information Filed

### Administrator

Yes No

26. (a) Does the *private fund* use an administrator other than your firm?

☒ ☐

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the *private fund* uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

#### Additional Administrator Information : 1 Record(s) Filed.

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the *private fund* uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

- (b) Name of administrator:

NAV CONSULTING

- (c) Location of administrator (city, state and country):

City:

CHICAGO

State:

Illinois

Country:

United States

Yes No

- (d) Is the administrator a *related person* of your firm?

☐ ☒

- (e) Does the administrator prepare and send investor account statements to the *private fund's* investors?

☒ Yes (provided to all investors) ☐ Some (provided to some but not all investors) ☐ No (provided to no investors)

- (f) If the answer to question 26.(e) is "no" or "some," who sends the investor account statements to the (rest of the) *private fund's* investors? If investor account statements are not sent to the (rest of the) *private fund's* investors, respond "not applicable."

27. During your last fiscal year, what percentage of the *private fund's* assets (by value) was valued by a *person*, such as an administrator, that is not your *related person*?

100%

Include only those assets where (i) such *person* carried out the valuation procedure established for that asset, if any, including obtaining any relevant quotes, and (ii) the valuation used for purposes of investor subscriptions, redemptions or distributions, and fee calculations (including allocations) was the valuation determined by such *person*.

### Marketers

Yes No

28. (a) Does the *private fund* use the services of someone other than you or your *employees* for marketing purposes?

☐ ☒

You must answer "yes" whether the *person* acts as a placement agent, consultant, finder, introducer, municipal advisor or other solicitor, or similar *person*. If the answer to question 28.(a) is "yes," respond to questions (b) through (g) below for each such marketer the *private fund* uses. If the *private fund* uses more than one marketer you must complete questions (b) through (g) separately for each marketer.

No Information Filed

### A. PRIVATE FUND

#### Information About the *Private Fund*

1. (a) Name of the *private fund*:

ATLAS POINT CAPITAL GROWTH FUND II, LLC

- (b) *Private fund* identification number:  
(include the "805-" prefix also)

805-1138617315

2. Under the laws of what state or country is the *private fund* organized:

State:

Delaware

Country:

United States

3. (a) Name(s) of General Partner, Manager, Trustee, or Directors (or *persons* serving in a similar capacity):

**Name of General Partner, Manager, Trustee, or Director**

CIBC PRIVATE WEALTH ADVISORS, INC.

(b) If filing an *umbrella registration*, identify the *filing adviser* and/or *relying adviser(s)* that sponsor(s) or manage(s) this *private fund*.

No Information Filed

4. The *private fund* (check all that apply; you must check at least one):

☒ (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940

☒ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

5. List the name and country, in English, of each *foreign financial regulatory authority* with which the *private fund* is registered.

No Information Filed

Yes No

6. (a) Is this a "master fund" in a master-feeder arrangement?

☐ ☒

(b) If yes, what is the name and *private fund* identification number (if any) of the feeder funds investing in this *private fund*?

No Information Filed

Yes No

(c) Is this a "feeder fund" in a master-feeder arrangement?

☐ ☒

(d) If yes, what is the name and *private fund* identification number (if any) of the master fund in which this *private fund* invests?

Name of *private fund*:

*Private fund* identification number:

(include the "805-" prefix also)

NOTE: You must complete question 6 for each master-feeder arrangement regardless of whether you are filing a single Schedule D, Section 7.B.(1) for the master-feeder arrangement or reporting on the funds separately.

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

No Information Filed

NOTE: For purposes of questions 6 and 7, in a master-feeder arrangement, one or more funds ("feeder funds") invest all or substantially all of their assets in a single fund ("master fund"). A fund would also be a "feeder fund" investing in a "master fund" for purposes of this question if it issued multiple classes (or series) of shares or interests, and each class (or series) invests substantially all of its assets in a single master fund.

Yes No

8. (a) Is this *private fund* a "fund of funds"?

☒ ☐

NOTE: For purposes of this question only, answer "yes" if the fund invests 10 percent or more of its total assets in other pooled investment vehicles, regardless of whether they are also *private funds* or registered investment companies.

(b) If yes, does the *private fund* invest in funds managed by you or by a *related person*?

☐ ☒

Yes No

9. During your last fiscal year, did the *private fund* invest in securities issued by investment companies registered under the Investment Company Act of 1940 (other than "money market funds," to the extent provided in Instruction 6.e.)?

☐ ☒

10. What type of fund is the *private fund*?

☐ hedge fund ☐ liquidity fund ☒ private equity fund ☐ real estate fund ☐ securitized asset fund ☐ venture capital fund ☐ Other *private fund*:

NOTE: For definitions of these fund types, please see Instruction 6 of the Instructions to Part 1A.

11. Current gross asset value of the *private fund*:  
\$ 19,550,882

#### **Ownership**

12. Minimum investment commitment required of an investor in the *private fund*:  
\$ 100,000

NOTE: Report the amount routinely required of investors who are not your *related persons* (even if different from the amount set forth in the organizational documents of the fund).

13. Approximate number of the *private fund's* beneficial owners:  
54

14. What is the approximate percentage of the *private fund* beneficially owned by you and your *related persons*:  
7%

15. (a) What is the approximate percentage of the *private fund* beneficially owned (in the aggregate) by funds of funds:  
0%

Yes No

- (b) If the private fund qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940, are sales of the fund limited to *qualified clients*? ☒ ☐

16. What is the approximate percentage of the *private fund* beneficially owned by non-*United States persons*:  
0%

#### **Your Advisory Services**

Yes No

17. (a) Are you a subadviser to this *private fund*? ☐ ☒

- (b) If the answer to question 17.(a) is "yes," provide the name and SEC file number, if any, of the adviser of the *private fund*. If the answer to question 17.(a) is "no," leave this question blank.

No Information Filed

Yes No

18. (a) Do any investment advisers (other than the investment advisers listed in Section 7.B.(1).A.3.(b)) advise the *private fund*? ☐ ☒

- (b) If the answer to question 18.(a) is "yes," provide the name and SEC file number, if any, of the other advisers to the *private fund*. If the answer to question 18.(a) is "no," leave this question blank.

No Information Filed

Yes No

19. Are your *clients* solicited to invest in the *private fund*? ☐ ☒

NOTE: For purposes of this question, do not consider feeder funds of the *private fund*.

20. Approximately what percentage of your *clients* has invested in the *private fund*?  
1%

#### **Private Offering**

Yes No

21. Has the *private fund* ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933? ☒ ☐

22. If yes, provide the *private fund's* Form D file number (if any):

Form D file number

021-239252

#### **B. SERVICE PROVIDERS**

##### **Auditors**

Yes No

23. (a) (1) Are the *private fund's* financial statements subject to an annual audit? ☒ ☐

(2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP? ☒ ☐

If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the *private fund* uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

**Additional Auditor Information : 1 Record(s) Filed.**

If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the *private fund* uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

(b) Name of the auditing firm:

PLANTE & MORAN PLLC

(c) The location of the auditing firm's office responsible for the *private fund's* audit (city, state and country):

City:

CHICAGO

State:

Illinois

Country:

United States

**Yes No**

(d) Is the auditing firm an *independent public accountant*? ☒ ☐

(e) Is the auditing firm registered with the Public Company Accounting Oversight Board? ☒ ☐

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

166

(f) If "yes" to (e) above, is the auditing firm subject to regular inspection by the Public Company Accounting Oversight Board in accordance with its rules? ☒ ☐

**Yes No**

(g) Are the *private fund's* audited financial statements for the most recently completed fiscal year distributed to the *private fund's* investors? ☒ ☐

(h) Do all of the reports prepared by the auditing firm for the *private fund* since your last *annual updating amendment* 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 report is available.

**Prime Broker**

**Yes No**

24. (a) Does the *private fund* use one or more prime brokers? ☐ ☒

If the answer to question 24.(a) is "yes," respond to questions (b) through (e) below for each prime broker the *private fund* uses. If the *private fund* uses more than one prime broker, you must complete questions (b) through (e) separately for each prime broker.

No Information Filed

**Custodian**

**Yes No**

25. (a) Does the *private fund* use any custodians (including the prime brokers listed above) to hold some or all of its assets? ☐ ☒

If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the *private fund* uses. If the *private fund* uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

No Information Filed

**Administrator**

**Yes No**

26. (a) Does the *private fund* use an administrator other than your firm? ☒ ☐

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the *private fund* uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

**Additional Administrator Information : 1 Record(s) Filed.**

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the *private fund* uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

(b) Name of administrator:

NAV CONSULTING

(c) Location of administrator (city, state and country):

City:

CHICAGO

State:

Illinois

Country:

United States

**Yes No**

(d) Is the administrator a *related person* of your firm?

☐ ☒

(e) Does the administrator prepare and send investor account statements to the *private fund's* investors?

☒ Yes (provided to all investors) ☐ Some (provided to some but not all investors) ☐ No (provided to no investors)

(f) If the answer to question 26.(e) is "no" or "some," who sends the investor account statements to the (rest of the) *private fund's* investors? If investor account statements are not sent to the (rest of the) *private fund's* investors, respond "not applicable."

27. During your last fiscal year, what percentage of the *private fund's* assets (by value) was valued by a *person*, such as an administrator, that is not your *related person*?

100%

Include only those assets where (i) such *person* carried out the valuation procedure established for that asset, if any, including obtaining any relevant quotes, and (ii) the valuation used for purposes of investor subscriptions, redemptions or distributions, and fee calculations (including allocations) was the valuation determined by such *person*.

### Marketers

**Yes No**

28. (a) Does the *private fund* use the services of someone other than you or your *employees* for marketing purposes?

☐ ☒

You must answer "yes" whether the *person* acts as a placement agent, consultant, finder, introducer, municipal advisor or other solicitor, or similar *person*. If the answer to question 28.(a) is "yes," respond to questions (b) through (g) below for each such marketer the *private fund* uses. If the *private fund* uses more than one marketer you must complete questions (b) through (g) separately for each marketer.

No Information Filed

Funds per Page: 15 ▼ Total Funds: 2

### **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**

- |                                                                                                                                                                                                                                    | <b>Yes</b>                       | <b>No</b>                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|
| A. Do you or any <i>related person</i> :                                                                                                                                                                                           |                                  |                                  |
| (1) buy securities for yourself from advisory <i>clients</i> , or sell securities you own to advisory <i>clients</i> (principal transactions)?                                                                                     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (2) buy or sell for yourself securities (other than shares of mutual funds) that you also recommend to advisory <i>clients</i> ?                                                                                                   | <input checked="" type="radio"/> | <input type="radio"/>            |
| (3) recommend securities (or other investment products) to advisory <i>clients</i> in which you or any <i>related person</i> has some other proprietary (ownership) interest (other than those mentioned in Items 8.A.(1) or (2))? | <input checked="" type="radio"/> | <input type="radio"/>            |

**Sales Interest in *Client* Transactions**

- |                                                                                                                                                                                                                                                            | <b>Yes</b>                       | <b>No</b>                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|
| B. Do you or any <i>related person</i> :                                                                                                                                                                                                                   |                                  |                                  |
| (1) as a broker-dealer or registered representative of a broker-dealer, execute securities trades for brokerage customers in which advisory <i>client</i> securities are sold to or bought from the brokerage customer (agency cross transactions)?        | <input type="radio"/>            | <input checked="" type="radio"/> |
| (2) recommend to advisory <i>clients</i> , or act as a purchaser representative for advisory <i>clients</i> with respect to, the purchase of securities for which you or any <i>related person</i> serves as underwriter or general or managing partner?   | <input checked="" type="radio"/> | <input type="radio"/>            |
| (3) recommend purchase or sale of securities to advisory <i>clients</i> for which you or any <i>related person</i> has any other sales interest (other than the receipt of sales commissions as a broker or registered representative of a broker-dealer)? | <input checked="" type="radio"/> | <input type="radio"/>            |

**Investment or Brokerage Discretion**

- |                                                                                                                                                                                                                                                                       | <b>Yes</b>                       | <b>No</b>                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|
| C. Do you or any <i>related person</i> have <i>discretionary authority</i> to determine the:                                                                                                                                                                          |                                  |                                  |
| (1) securities to be bought or sold for a <i>client's</i> account?                                                                                                                                                                                                    | <input checked="" type="radio"/> | <input type="radio"/>            |
| (2) amount of securities to be bought or sold for a <i>client's</i> account?                                                                                                                                                                                          | <input checked="" type="radio"/> | <input type="radio"/>            |
| (3) broker or dealer to be used for a purchase or sale of securities for a <i>client's</i> account?                                                                                                                                                                   | <input checked="" type="radio"/> | <input type="radio"/>            |
| (4) commission rates to be paid to a broker or dealer for a <i>client's</i> securities transactions?                                                                                                                                                                  | <input checked="" type="radio"/> | <input type="radio"/>            |
| D. If you answer "yes" to C.(3) above, are any of the brokers or dealers <i>related persons</i> ?                                                                                                                                                                     | <input type="radio"/>            | <input checked="" type="radio"/> |
| E. Do you or any <i>related person</i> recommend brokers or dealers to <i>clients</i> ?                                                                                                                                                                               | <input checked="" type="radio"/> | <input type="radio"/>            |
| F. If you answer "yes" to E. above, are any of the brokers or dealers <i>related persons</i> ?                                                                                                                                                                        | <input type="radio"/>            | <input checked="" type="radio"/> |
| G. (1) Do you or any <i>related person</i> receive research or other products or services other than execution from a broker-dealer or a third party ("soft dollar benefits") in connection with <i>client</i> securities transactions?                               | <input checked="" type="radio"/> | <input type="radio"/>            |
| (2) If "yes" to G.(1) above, are all the "soft dollar benefits" you or any <i>related persons</i> receive eligible "research or brokerage services" under section 28(e) of the Securities Exchange Act of 1934?                                                       | <input checked="" type="radio"/> | <input type="radio"/>            |
| H. (1) Do you or any <i>related person</i> , directly or indirectly, compensate any <i>person</i> that is not an <i>employee</i> for <i>client</i> referrals?                                                                                                         | <input checked="" type="radio"/> | <input type="radio"/>            |
| (2) Do you or any <i>related person</i> , directly or indirectly, provide any <i>employee</i> compensation that is specifically related to obtaining <i>clients</i> for the firm (cash or non-cash compensation in addition to the <i>employee's</i> regular salary)? | <input checked="" type="radio"/> | <input type="radio"/>            |
| I. Do you or any <i>related person</i> , including any <i>employee</i> , directly or indirectly, receive compensation from any <i>person</i> (other than you or any <i>related person</i> ) for <i>client</i> referrals?                                              | <input checked="" type="radio"/> | <input type="radio"/>            |

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

*In responding to Items 8.H. and 8.I., consider all cash and non-cash compensation that you or a related person gave to (in answering Item 8.H.) or received from (in answering Item 8.I.) any person in exchange for client referrals, including any bonus that is based, at least in part, on the number or amount of client referrals.*

**Item 9 Custody**

In this Item, we ask you whether you or a *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*': **Yes No**
- (a) cash or bank accounts? ☐ ☐
- (b) securities? ☐ ☐

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

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

|                       |                                |
|-----------------------|--------------------------------|
| U.S. Dollar Amount    | Total Number of <i>Clients</i> |
| (a) \$ 73,775,455,095 | (b) 31,289                     |

*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*': **Yes No**
- (a) cash or bank accounts? ☐ ☒
- (b) securities? ☐ ☒

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

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

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

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

- (1) A qualified custodian(s) sends account statements at least quarterly to the investors in the pooled investment vehicle(s) you manage. ☐
- (2) An *independent public accountant* audits annually the pooled investment vehicle(s) that you manage and the audited financial statements are distributed to the investors in the pools. ☒
- (3) An *independent public accountant* conducts an annual surprise examination of *client* funds and securities. ☒
- (4) An *independent public accountant* prepares an internal control report with respect to custodial services when you or your *related persons* are qualified custodians for *client* funds and securities. ☐

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

- D. Do you or your *related person(s)* act as qualified custodians for your *clients* in connection with advisory services you provide to *clients*? **Yes No**
- (1) you act as a qualified custodian ☐ ☒
- (2) your *related person(s)* act as qualified custodian(s) ☐ ☒

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

- E. If you are filing your *annual updating amendment* and you were subject to a surprise examination by an *independent public accountant* during your last fiscal year, provide the date (MM/YYYY) the examination commenced:  
01/2021

- 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*?  
55

**SECTION 9.C. Independent Public Accountant**

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

(1) Name of the *independent public accountant*:  
ERNST AND YOUNG, LLP

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

Number and Street 1:

ONE COMMERCE SQUARE, SUITE 700

City:

PHILADELPHIA

State:

Pennsylvania

Number and Street 2:

2005 MARKET STREET

Country:

United States

ZIP+4/Postal Code:

19103

**Yes No**

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

☒ ☐

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

42

(4) If "yes" to (3) above, is the *independent public accountant* subject to regular inspection by the Public Company Accounting Oversight Board in accordance with its rules?

☒ ☐

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

A. ☐ audit a pooled investment vehicle

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

C. ☐ prepare an internal control report

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

☐ Yes

☐ No

☐ Report Not Yet Received

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

(1) Name of the *independent public accountant*:  
PLANTE & MORAN PLLC

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

Number and Street 1:

10 RIVERSIDE PLAZA

City:

CHICAGO

State:

Illinois

Number and Street 2:

SUITE 800

Country:

United States

ZIP+4/Postal Code:

60606

**Yes No**

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

☒ ☐

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

166

(4) If "yes" to (3) above, is the *independent public accountant* subject to regular inspection by the Public Company Accounting Oversight Board in accordance with its rules?

☒ ☐

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

A. ☒ audit a pooled investment vehicle

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

C. ☐ prepare an internal control report

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



- ☒ Yes
- ☐ No
- ☐ Report Not Yet Received

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

Item 10 Control Persons

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

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

- Yes

No
- A. Does any *person* not named in Item 1.A. or Schedules A, B, or C, directly or indirectly, *control* your management or policies?
- If yes, complete Section 10.A. of Schedule D.*
- B. If any *person* named in Schedules A, B, or C or in Section 10.A. of Schedule D is a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934, please complete Section 10.B. of Schedule D.

SECTION 10.A. Control Persons

No Information Filed

SECTION 10.B. Control Person Public Reporting Companies

- B. If any *person* named in Schedules A, B, or C, or in Section 10.A. of Schedule D is a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934, please provide the following information (you must complete a separate Schedule D Section 10.B. for each public reporting company):
- (1) Full legal name of the public reporting company:

CANADIAN IMPERIAL BANK OF COMMERCE
- (2) The public reporting company's CIK number (Central Index Key number that the SEC assigns to each reporting company):

16847

**Item 11 Disclosure Information**

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                             | Yes                              | No                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|
| Do any of the events below involve you or any of your <i>supervised persons</i> ?                                                                                                                                                                                                                                                                                                           | <input type="radio"/>            | <input checked="" type="radio"/> |
| <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> ?                                                                                                                                                                                                                                                     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (2) been <i>charged</i> with any <i>felony</i> ?                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/>            | <input checked="" type="radio"/> |
| <i>If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit your response to Item 11.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? | <input type="radio"/>            | <input checked="" type="radio"/> |
| (2) been <i>charged</i> with a <i>misdemeanor</i> listed in Item 11.B.(1)?                                                                                                                                                                                                                                                                                                                  | <input type="radio"/>            | <input checked="" type="radio"/> |
| <i>If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit your response to Item 11.B.(2) to charges that are currently pending.</i>                                                                                                                                                                                       |                                  |                                  |
| <u>For "yes" answers to the following questions, complete a Regulatory Action DRP:</u>                                                                                                                                                                                                                                                                                                      |                                  |                                  |
| C. Has the SEC or the Commodity Futures Trading Commission (CFTC) ever:                                                                                                                                                                                                                                                                                                                     | Yes                              | No                               |
| (1) <i>found</i> you or any <i>advisory affiliate</i> to have made a false statement or omission?                                                                                                                                                                                                                                                                                           | <input type="radio"/>            | <input checked="" type="radio"/> |
| (2) <i>found</i> you or any <i>advisory affiliate</i> to have been <i>involved</i> in a violation of SEC or CFTC regulations or statutes?                                                                                                                                                                                                                                                   | <input type="radio"/>            | <input checked="" type="radio"/> |
| (3) <i>found</i> you or any <i>advisory affiliate</i> to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?                                                                                                                                                                                      | <input type="radio"/>            | <input checked="" type="radio"/> |
| (4) entered an <i>order</i> against you or any <i>advisory affiliate</i> in connection with <i>investment-related</i> activity?                                                                                                                                                                                                                                                             | <input type="radio"/>            | <input checked="" type="radio"/> |
| (5) imposed a civil money penalty on you or any <i>advisory affiliate</i> , or <i>ordered</i> you or any <i>advisory affiliate</i> to cease and desist from any activity?                                                                                                                                                                                                                   | <input type="radio"/>            | <input checked="" type="radio"/> |
| D. Has any other federal regulatory agency, any state regulatory agency, or any <i>foreign financial regulatory authority</i> :                                                                                                                                                                                                                                                             |                                  |                                  |
| (1) ever <i>found</i> you or any <i>advisory affiliate</i> to have made a false statement or omission, or been dishonest, unfair, or unethical?                                                                                                                                                                                                                                             | <input type="radio"/>            | <input checked="" type="radio"/> |
| (2) ever <i>found</i> you or any <i>advisory affiliate</i> to have been <i>involved</i> in a violation of <i>investment-related</i> regulations or statutes?                                                                                                                                                                                                                                | <input type="radio"/>            | <input checked="" type="radio"/> |
| (3) ever <i>found</i> you or any <i>advisory affiliate</i> to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?                                                                                                                                                                                 | <input type="radio"/>            | <input checked="" type="radio"/> |
| (4) in the past ten years, entered an <i>order</i> against you or any <i>advisory affiliate</i> in connection with an <i>investment-related</i> activity?                                                                                                                                                                                                                                   | <input type="radio"/>            | <input checked="" type="radio"/> |
| (5) ever denied, suspended, or revoked your or any <i>advisory affiliate's</i> registration or license, or otherwise prevented you or any <i>advisory affiliate</i> , by <i>order</i> , from associating with an <i>investment-related</i> business or restricted your or any <i>advisory affiliate's</i> activity?                                                                         | <input type="radio"/>            | <input checked="" type="radio"/> |
| E. Has any <i>self-regulatory organization</i> or commodities exchange ever:                                                                                                                                                                                                                                                                                                                |                                  |                                  |
| (1) <i>found</i> you or any <i>advisory affiliate</i> to have made a false statement or omission?                                                                                                                                                                                                                                                                                           | <input type="radio"/>            | <input checked="" type="radio"/> |
| (2) <i>found</i> you or any <i>advisory affiliate</i> to have been <i>involved</i> in a violation of its rules (other than a violation designated as a " <i>minor rule violation</i> " under a plan approved by the SEC)?                                                                                                                                                                   | <input checked="" type="radio"/> | <input type="radio"/>            |
| (3) <i>found</i> you or any <i>advisory affiliate</i> to have been the cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?                                                                                                                                                                                    | <input type="radio"/>            | <input checked="" type="radio"/> |
| (4) disciplined you or any <i>advisory affiliate</i> by expelling or suspending you or the <i>advisory affiliate</i> from membership, barring or suspending                                                                                                                                                                                                                                 | <input type="radio"/>            | <input checked="" type="radio"/> |

you or the *advisory affiliate* from association with other members, or otherwise restricting your or the *advisory affiliate's* activities?

- F. Has an authorization to act as an attorney, accountant, or federal contractor granted to you or any *advisory affiliate* ever been revoked or suspended? ☐ ☒
- G. Are you or any *advisory affiliate* now the subject of any regulatory *proceeding* that could result in a "yes" answer to any part of Item 11.C., 11.D., or 11.E.? ☐ ☒

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

- | H. | (1) Has any domestic or foreign court:                                                                                                                                                                               | Yes                              | No                               |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|
|    | (a) in the past ten years, <i>enjoined</i> you or any <i>advisory affiliate</i> in connection with any <i>investment-related</i> activity?                                                                           | <input type="radio"/>            | <input checked="" type="radio"/> |
|    | (b) ever <i>found</i> that you or any <i>advisory affiliate</i> were <i>involved</i> in a violation of <i>investment-related</i> statutes or regulations?                                                            | <input type="radio"/>            | <input checked="" type="radio"/> |
|    | (c) ever dismissed, pursuant to a settlement agreement, an <i>investment-related</i> civil action brought against you or any <i>advisory affiliate</i> by a state or <i>foreign financial regulatory authority</i> ? | <input type="radio"/>            | <input checked="" type="radio"/> |
|    | (2) Are you or any <i>advisory affiliate</i> now the subject of any civil <i>proceeding</i> that could result in a "yes" answer to any part of Item 11.H.(1)?                                                        | <input checked="" type="radio"/> | <input type="radio"/>            |

**Item 12 Small Businesses**

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

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

For purposes of this Item 12 only:

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

**Yes No**

A. Did you have total assets of \$5 million or more on the last day of your most recent fiscal year?

☐ ☐

If "yes," you do not need to answer Items 12.B. and 12.C.

B. Do you:

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

☐ ☐

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

☐ ☐

C. Are you:

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

☐ ☐

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

☐ ☐

**Schedule A****Direct Owners and Executive Officers**

1. Complete Schedule A only if you are submitting an initial application or report. Schedule A asks for information about your direct owners and executive officers. Use Schedule C to amend this information.
2. Direct Owners and Executive Officers. List below the names of:
  - (a) each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer (Chief Compliance Officer is required if you are registered or applying for registration and cannot be more than one individual), director, and any other individuals with similar status or functions;
  - (b) if you are organized as a corporation, each shareholder that is a direct owner of 5% or more of a class of your voting securities, unless you are a public reporting company (a company subject to Section 12 or 15(d) of the Exchange Act);  
Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 5% or more of a class of your voting securities. For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.
  - (c) if you are organized as a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of your capital;
  - (d) in the case of a trust that directly owns 5% or more of a class of your voting securities, or that has the right to receive upon dissolution, or has contributed, 5% or more of your capital, the trust and each trustee; and
  - (e) if you are organized as a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 5% or more of your capital, and (ii) if managed by elected managers, all elected managers.
3. Do you have any indirect owners to be reported on Schedule B? ☒ Yes ☐ No
4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner or executive officer is an individual.
5. Complete the Title or Status column by entering board/management titles; status as partner, trustee, sole proprietor, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).
6. Ownership codes are: NA - less than 5% B - 10% but less than 25% D - 50% but less than 75%  
A - 5% but less than 10% C - 25% but less than 50% E - 75% or more
7. (a) In the *Control Person* column, enter "Yes" if the *person* has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.  
(b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.  
(c) Complete each column.

| FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name) | DE/FE/I | Title or Status                                | Date Title or Status Acquired MM/YYYY | Ownership Code | Control Person | PR | CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No. |
|-------------------------------------------------------------------|---------|------------------------------------------------|---------------------------------------|----------------|----------------|----|-----------------------------------------------------------------------------|
| KOZANDA, KENNETH, JOHN                                            | I       | DIRECTOR, CHIEF ADMINISTRATIVE OFFICER         | 03/2004                               | NA             | Y              | N  | 4357366                                                                     |
| MARKWALTER, JOHN, SHEEHAN                                         | I       | CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER | 03/2004                               | NA             | Y              | N  | 1385997                                                                     |
| CIBC PRIVATE WEALTH GROUP LLC                                     | DE      | SOLE SHAREHOLDER                               | 03/2004                               | E              | Y              | N  | 04-3173832                                                                  |
| CAMPBELL, GREGORY, BRENT                                          | I       | GENERAL COUNSEL & ASST SECRETARY               | 08/2022                               | NA             | N              | N  | 2777077                                                                     |
| PROPPER, ERIC, BROWN                                              | I       | DIRECTOR AND PRESIDENT                         | 05/2006                               | NA             | Y              | N  | 1016159                                                                     |
| DONABEDIAN, DAVID, LAZARUS                                        | I       | CHIEF INVESTMENT OFFICER                       | 06/2009                               | NA             | Y              | N  | 4348033                                                                     |
| Carey, Paul                                                       | I       | CHIEF FINANCIAL OFFICER                        | 02/2019                               | NA             | Y              | N  | 7091756                                                                     |
| BURNS, KEVIN, J                                                   | I       | DIRECTOR                                       | 10/2018                               | NA             | Y              | N  | 6114596                                                                     |
| CHRISTENSEN, ZACHARY, S                                           | I       | DIRECTOR & ASSISTANT SECRETARY                 | 03/2019                               | NA             | Y              | N  | 5979468                                                                     |
| CECIL, PHILIP, WAYNE                                              | I       | SECRETARY                                      | 02/2021                               | NA             | Y              | N  | 2470419                                                                     |
| WILSON, SCOTT, ANTHONY                                            | I       | CHIEF OPERATING OFFICER                        | 06/2020                               | NA             | Y              | N  | 7090850                                                                     |
| ANTUNES, MARY, ELIZABETH                                          | I       | CHIEF COMPLIANCE OFFICER                       | 08/2022                               | NA             | Y              | N  | 2684570                                                                     |

**Schedule B****Indirect Owners**

1. Complete Schedule B only if you are submitting an initial application or report. Schedule B asks for information about your indirect owners; you must first complete Schedule A, which asks for information about your direct owners. Use Schedule C to amend this information.

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

- (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;

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

- (b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;

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

- (d) in the case of an owner that is a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.

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

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

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

6. Ownership codes are: C - 25% but less than 50% E - 75% or more  
D - 50% but less than 75% F - Other (general partner, trustee, or elected manager)

7. (a) In the *Control Person* column, enter "Yes" if the *person* has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.

(b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.

(c) Complete each column.

| FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name) | DE/FE/I | Entity in Which Interest is Owned | Status           | Date Status Acquired MM/YYYY | Ownership Code | Control Person | PR | CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No. |
|-------------------------------------------------------------------|---------|-----------------------------------|------------------|------------------------------|----------------|----------------|----|-----------------------------------------------------------------------------|
| CANADIAN IMPERIAL BANK OF COMMERCE                                | FE      | CIBC BANCORP USA, INC.            | 100% SHAREHOLDER | 08/2008                      | E              | Y              | Y  | 13-1942440                                                                  |
| CIBC BANCORP USA, INC.                                            | DE      | CIBC PRIVATE WEALTH GROUP LLC     | 100% SHAREHOLDER | 12/2013                      | E              | Y              | N  | 13-3990004                                                                  |

**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:

- |                                  |                                             |                                  |                                  |                                  |
|----------------------------------|---------------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 11.C(1) | <input type="checkbox"/> 11.C(2)            | <input type="checkbox"/> 11.C(3) | <input type="checkbox"/> 11.C(4) | <input type="checkbox"/> 11.C(5) |
| <input type="checkbox"/> 11.D(1) | <input type="checkbox"/> 11.D(2)            | <input type="checkbox"/> 11.D(3) | <input type="checkbox"/> 11.D(4) | <input type="checkbox"/> 11.D(5) |
| <input type="checkbox"/> 11.E(1) | <input checked="" type="checkbox"/> 11.E(2) | <input type="checkbox"/> 11.E(3) | <input type="checkbox"/> 11.E(4) |                                  |
| <input type="checkbox"/> 11.F.   | <input type="checkbox"/> 11.G.              |                                  |                                  |                                  |

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

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

## PART I

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

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

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

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

## ADV DRP - ADVISORY AFFILIATE

|                |                                                                                                               |
|----------------|---------------------------------------------------------------------------------------------------------------|
| CRD<br>Number: | This <i>advisory affiliate</i> is <input checked="" type="radio"/> a Firm <input type="radio"/> an Individual |
| Registered:    | <input type="radio"/> Yes <input checked="" type="radio"/> No                                                 |
| Name:          | CANADIAN IMPERIAL BANK OF<br>COMMERCE<br>(For individuals, Last, First,<br>Middle)                            |

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

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

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

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

- ☐ Yes ☒ No

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

## PART II

## 1. Regulatory Action initiated by:

☐ SEC ☐ Other Federal ☐ State ☒ SRO ☐ Foreign

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

CHICAGO MERCANTILE EXCHANGE - CME

## 2. Principal Sanction:

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

Other Sanctions:

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

02/18/2015 ☒ Exact ☐ Explanation

If not exact, provide explanation:

## 4. Docket/Case Number:

NYMEX-13-9656-BC

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

## 6. Principal Product Type:

Derivative(s)

Other Product Types:

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

ON JULY 1, 2013 CIBC BROKERED AND ENTERED INTO TWO EXCHANGE FOR RELATED POSITIONS (EFRPS) WHICH DID NOT CONTAIN DOCUMENTATION OF THE RELATED OTC TRANSACTION AND THEREFORE, WERE NOT BONA FIDE EFRPS. THE NYMEX BUSINESS CONDUCT COMMITTEE PANEL FOUND THAT AS A RESULT CIBC VIOLATED LEGACY EXCHANGE RULE 538.H (RECORDKEEPING).

8. Current Status? ☐ Pending ☐ On Appeal ☒ Final

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

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

## 10. How was matter resolved:

Decision & Order of Offer of Settlement

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

02/20/2015 ☒ 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: \$ 15,000.00

☐ Revocation/Expulsion/Denial

☐ Censure

☐ Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:

NONE

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:

AT HEARING ON FEBRUARY 18, 2015 DURING WHICH CIBC NEITHER ADMITTED NOR DENIED A VIOLATION OF CME RULE 538.H, A PANEL OF THE NYMEX BUSINESS CONDUCT COMMITTEE ORDERED CIBC TO PAY A FINE OF \$15,000 TO THE CME FOR A VIOLATION OF CME RULE 538.H CIBC PAID THE FINE ON MARCH 5, 2015.

## 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).

AT HEARING ON FEBRUARY 18, 2015 DURING WHICH CIBC NEITHER ADMITTED NOR DENIED A VIOLATION OF CME RULE 538.H, A PANEL OF THE NYMEX BUSINESS CONDUCT COMMITTEE ORDERED CIBC TO PAY A FINE OF \$15,000 TO THE CME FOR A VIOLATION OF CME RULE 538.H CIBC PAID

THE FINE ON MARCH 5, 2015.

## GENERAL INSTRUCTIONS

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

## Regulatory Action

Check item(s) being responded to:

- |                                  |                                             |                                  |                                  |                                  |
|----------------------------------|---------------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 11.C(1) | <input type="checkbox"/> 11.C(2)            | <input type="checkbox"/> 11.C(3) | <input type="checkbox"/> 11.C(4) | <input type="checkbox"/> 11.C(5) |
| <input type="checkbox"/> 11.D(1) | <input type="checkbox"/> 11.D(2)            | <input type="checkbox"/> 11.D(3) | <input type="checkbox"/> 11.D(4) | <input type="checkbox"/> 11.D(5) |
| <input type="checkbox"/> 11.E(1) | <input checked="" type="checkbox"/> 11.E(2) | <input type="checkbox"/> 11.E(3) | <input type="checkbox"/> 11.E(4) |                                  |
| <input type="checkbox"/> 11.F.   | <input type="checkbox"/> 11.G.              |                                  |                                  |                                  |

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

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

## PART I

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

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

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

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

## ADV DRP - ADVISORY AFFILIATE

|             |                                                                    |                                                                                                               |
|-------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| CRD Number: | 630                                                                | This <i>advisory affiliate</i> is <input checked="" type="radio"/> a Firm <input type="radio"/> an Individual |
| Registered: | <input checked="" type="radio"/> Yes <input type="radio"/> No      |                                                                                                               |
| Name:       | CIBC WORLD MARKETS CORP.<br>(For individuals, Last, First, Middle) |                                                                                                               |

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

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

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

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

- ☐ Yes ☒ No

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

## PART II

1. Regulatory Action initiated by:

- ☐ SEC ☐ Other Federal ☐ State ☒ SRO ☐ Foreign  
(Full name of regulator, *foreign financial regulatory authority*, federal, state, or SRO)  
CHICAGO BOARD OF OPTIONS, INC.

## 2. Principal Sanction:

Censure

Other Sanctions:

MONETARY FINE \$100,000

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

05/06/2019 ☒ Exact ☐ Explanation

If not exact, provide explanation:

## 4. Docket/Case Number:

20160502034

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

## 6. Principal Product Type:

Options

Other Product Types:

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

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

8. Current Status? ☐ Pending ☐ On Appeal ☒ Final

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

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

## 10. How was matter resolved:

Consent

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

06/07/2019 ☒ Exact ☐ Explanation

If not exact, provide explanation:

## 12. Resolution Detail:

A. Were any of the following Sanctions *Ordered* (check all appropriate items)?☒ Monetary/Fine Amount: \$ 100,000.00☐ Revocation/Expulsion/Denial☒ Censure☐ Bar☐ Disgorgement/Restitution☐ Cease and Desist/Injunction☐ SuspensionB. Other Sanctions *Ordered*:

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:  
FINE OF \$100,000

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

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

AND (4) FAILED TO SUPERVISE THE ACTIVITY OF ITS ASSOCIATED PERSON TO ASSURE COMPLIANCE WITH EXCHANGE RULES 4.1, 4.2, 4.24, 6.9 AND 15.1; SECTION 17(A) OF THE EXCHANGE ACT AND RULE 17A-3 THEREUNDER.

## GENERAL INSTRUCTIONS

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

## Regulatory Action

Check item(s) being responded to:

- |                                  |                                             |                                  |                                  |                                  |
|----------------------------------|---------------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 11.C(1) | <input type="checkbox"/> 11.C(2)            | <input type="checkbox"/> 11.C(3) | <input type="checkbox"/> 11.C(4) | <input type="checkbox"/> 11.C(5) |
| <input type="checkbox"/> 11.D(1) | <input type="checkbox"/> 11.D(2)            | <input type="checkbox"/> 11.D(3) | <input type="checkbox"/> 11.D(4) | <input type="checkbox"/> 11.D(5) |
| <input type="checkbox"/> 11.E(1) | <input checked="" type="checkbox"/> 11.E(2) | <input type="checkbox"/> 11.E(3) | <input type="checkbox"/> 11.E(4) |                                  |
| <input type="checkbox"/> 11.F.   | <input type="checkbox"/> 11.G.              |                                  |                                  |                                  |

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

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

## PART I

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

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

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

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

## ADV DRP - ADVISORY AFFILIATE

|             |                                                                    |                                                                                                               |
|-------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| CRD Number: | 630                                                                | This <i>advisory affiliate</i> is <input checked="" type="radio"/> a Firm <input type="radio"/> an Individual |
| Registered: | <input checked="" type="radio"/> Yes <input type="radio"/> No      |                                                                                                               |
| Name:       | CIBC WORLD MARKETS CORP.<br>(For individuals, Last, First, Middle) |                                                                                                               |

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

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

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

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

- ☐ Yes ☒ No

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

## PART II

1. Regulatory Action initiated by:

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

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

## 2. Principal Sanction:

Censure

Other Sanctions:

FINE

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

10/28/2019 ☒ Exact ☐ Explanation

If not exact, provide explanation:

## 4. Docket/Case Number:

2017053128902

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

## 6. Principal Product Type:

Options

Other Product Types:

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

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

8. Current Status? ☐ Pending ☐ On Appeal ☒ Final9. If on appeal, regulatory action appealed to (SEC, *SRO*, Federal or State Court) and Date Appeal Filed:

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

## 10. How was matter resolved:

Acceptance, Waiver & Consent(AWC)

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

10/28/2019 ☒ Exact ☐ Explanation

If not exact, provide explanation:

## 12. Resolution Detail:

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

☒ Monetary/Fine Amount: \$ 33,333.33

☐ Revocation/Expulsion/Denial

☒ 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:

FINE OF \$33,333.33

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

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

## GENERAL INSTRUCTIONS

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

## Regulatory Action

Check item(s) being responded to:

- |                                  |                                             |                                  |                                  |                                  |
|----------------------------------|---------------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 11.C(1) | <input type="checkbox"/> 11.C(2)            | <input type="checkbox"/> 11.C(3) | <input type="checkbox"/> 11.C(4) | <input type="checkbox"/> 11.C(5) |
| <input type="checkbox"/> 11.D(1) | <input type="checkbox"/> 11.D(2)            | <input type="checkbox"/> 11.D(3) | <input type="checkbox"/> 11.D(4) | <input type="checkbox"/> 11.D(5) |
| <input type="checkbox"/> 11.E(1) | <input checked="" type="checkbox"/> 11.E(2) | <input type="checkbox"/> 11.E(3) | <input type="checkbox"/> 11.E(4) |                                  |
| <input type="checkbox"/> 11.F.   | <input type="checkbox"/> 11.G.              |                                  |                                  |                                  |

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

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

## PART I

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

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

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

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

## ADV DRP - ADVISORY AFFILIATE

|                                                                                                                                                                          |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| CRD Number: 630<br>Registered: <input checked="" type="radio"/> Yes <input type="radio"/> No<br>Name: CIBC WORLD MARKETS CORP.<br>(For individuals, Last, First, Middle) | This <i>advisory affiliate</i> is <input checked="" type="radio"/> a Firm <input type="radio"/> 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)  
NASDQ ISE, LLC (ISE)

2. Principal Sanction:



Censure  
Other Sanctions:  
FINE

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

02/13/2017 ☒ Exact ☐ Explanation

If not exact, provide explanation:

## 4. Docket/Case Number:

2017053128903

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

## 6. Principal Product Type:

Options

Other Product Types:

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

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

8. Current Status? ☐ Pending ☐ On Appeal ☒ Final

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

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

## 10. How was matter resolved:

Acceptance, Waiver & Consent(AWC)

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

10/28/2019 ☒ Exact ☐ Explanation

If not exact, provide explanation:

## 12. Resolution Detail:

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

☒ Monetary/Fine Amount: \$ 33,333.33

☐ Revocation/Expulsion/Denial

☒ 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:  
\$33,333.33

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

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

## GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☐ INITIAL **OR** ☒ AMENDED response used to report details for affirmative responses to Item 11.H. of Part 1A or Item 2.F. of Part 1B of Form ADV.

## Civil Judicial

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

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

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

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

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

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

## PART I

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

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

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

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

## ADV DRP - ADVISORY AFFILIATE

|             |                                                               |                                                                                                               |
|-------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| CRD Number: | 4592303                                                       | This <i>advisory affiliate</i> is <input type="radio"/> a Firm <input checked="" type="radio"/> an Individual |
| Registered: | <input checked="" type="radio"/> Yes <input type="radio"/> No |                                                                                                               |
| Name:       | EKMEKJIAN, VICKEN<br>(For individuals, Last, First, Middle)   |                                                                                                               |

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

If you are registered or registering with a *state securities authority*, you may remove a DRP for an event you reported only in response to Item 11.H.(1)(a), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

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

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

☐ Yes ☒ No

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

## PART II

- Court Action initiated by: (Name of regulator, *foreign financial regulatory authority*, SRO, commodities exchange, agency, firm, private plaintiff, etc.)  
RACHEL RENDEL AS GENERAL PARTNER OF THE RENDEL FAMILY LTD. PARTNERSHIP I
- Principal Relief Sought:  
Money Damages (Private/Civil Complaint)  
Other Relief Sought:
- Filing Date of Court Action (MM/DD/YYYY):

09/22/2021 ☒ Exact ☐ Explanation

If not exact, provide explanation:

4. Principal Product Type:  
Equity Listed (Common & Preferred Stock)  
Other Product Types:
5. Formal Action was brought in (include name of Federal, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case Number):  
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO CASE #: CGC-21-595440
6. *Advisory Affiliate* Employing Firm when activity occurred which led to the civil judicial action (if applicable):  
CIBC PRIVATE WEALTH ADVISORS, INC.
7. Describe the allegations related to this civil action (your response must fit within the space provided):  
THE COMPLAINT ALLEGES THAT CIBC PRIVATE WEALTH ADVISORS, INC. AND ITS ADVISORY AFFILIATE (THE "DEFENDANT") BREACHED THEIR FIDUCIARY DUTY AND FAILED TO EXERCISE REASONABLE CARE AND TO ACT WITH REASONABLE DILIGENCE IN THE COURSE OF PROVIDING DISCRETIONARY INVESTMENT ADVISORY SERVICES TO THE PLAINTIFF. THE COMPLAINT CLAIMS THAT DEFENDANT FAILED TO DISCLOSE MATERIAL INFORMATION ABOUT THE COURSE OF ACTION RECOMMENDED BY THE DEFENDANT, FAILED TO EXPLAIN THE NATURE, RISKS, AND IMPLICATIONS OF THE INVESTMENT DECISIONS RECOMMENDED BY THE DEFENDANT, AND MADE INVESTMENT DECISIONS IN MARCH 2020 THAT WERE CONTRARY TO THE BEST INTEREST, OBJECTIVES, AND RECOMMENDED ASSET ALLOCATION FOR THE PLAINTIFF'S ACCOUNT.
8. Current Status? ☒ Pending ☐ On Appeal ☐ Final
9. If on appeal, action appealed to (provide name of court) and Date Appeal Filed (MM/DD/YYYY):
10. If pending, date notice/process was served (MM/DD/YYYY):  
10/20/2021 ☒ Exact ☐ Explanation  
If not exact, provide explanation:

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

11. How was matter resolved:
12. Resolution Date (MM/DD/YYYY):  
☐ Exact ☐ Explanation  
If not exact, provide explanation:
13. Resolution Detail:
- A. Were any of the following Sanctions Ordered or Relief Granted (check appropriate items)?
- |                                                      |                                                      |
|------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Monetary/Fine Amount: \$    | <input type="checkbox"/> Disgorgement/Restitution    |
| <input type="checkbox"/> Revocation/Expulsion/Denial | <input type="checkbox"/> Cease and Desist/Injunction |
| <input type="checkbox"/> Censure                     | <input type="checkbox"/> Suspension                  |
| <input type="checkbox"/> Bar                         |                                                      |
- B. Other Sanctions:
- C. Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement, or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:
14. Provide a brief summary of circumstances related to the action(s), allegation(s), disposition(s) and/or finding(s) disclosed above (your response must fit within the space provided).  
THE COMPLAINT ALLEGES THAT CIBC PRIVATE WEALTH ADVISORS, INC. AND ITS ADVISORY AFFILIATE (THE "DEFENDANT") BREACHED THEIR FIDUCIARY DUTY AND FAILED TO EXERCISE REASONABLE CARE AND TO ACT WITH REASONABLE DILIGENCE IN THE COURSE OF PROVIDING DISCRETIONARY INVESTMENT ADVISORY SERVICES TO THE PLAINTIFF. THE COMPLAINT CLAIMS THAT DEFENDANT FAILED TO DISCLOSE MATERIAL INFORMATION ABOUT THE COURSE OF ACTION RECOMMENDED BY THE DEFENDANT, FAILED TO EXPLAIN THE NATURE, RISKS, AND IMPLICATIONS OF THE INVESTMENT DECISIONS RECOMMENDED BY THE DEFENDANT, AND MADE INVESTMENT DECISIONS IN MARCH 2020 THAT WERE CONTRARY TO THE BEST INTEREST, OBJECTIVES, AND RECOMMENDED ASSET ALLOCATION FOR THE PLAINTIFF'S ACCOUNT.

Part 2

Exemption from brochure delivery requirements for SEC-registered advisers

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

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

If no, complete the ADV Part 2 filing below.



Yes No

☐ ☒

Amend, retire or file new brochures:

| Brochure ID | Brochure Name                         | Brochure Type(s)                                                                                                                                                                                                                                                             | Action    |
|-------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 367469      | CIBC PRIVATE WEALTH ADVISORS BROCHURE | Individuals, High net worth individuals, Pension plans/profit sharing plans, Pension consulting, Foundations/charities, Government/municipal, Other institutional, Private funds or pools, Wrap program, Financial Planning Services, Selection of Other Advisers/Solicitors | No Change |

Part 3

| CRS                                                                               | Type(s)            | Affiliate Info | Retire |
|-----------------------------------------------------------------------------------|--------------------|----------------|--------|
|  | Investment Adviser |                |        |
|  | Investment Adviser |                |        |
|                                                                                   |                    |                |        |

**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:

MARY ANTUNES

Date: MM/DD/YYYY

08/04/2022

Printed Name:

MARY ANTUNES

Title:

INTERIM CHIEF COMPLIANCE OFFICER

Adviser CRD Number:

109644

**NON-RESIDENT INVESTMENT ADVISER EXECUTION PAGE**

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

**1. Appointment of Agent for Service of Process**

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

**2. Appointment and Consent: Effect on Partnerships**

If you are organized as a partnership, this irrevocable power of attorney and consent to service of process will continue in effect if any partner withdraws from or is admitted to the partnership, provided that the admission or withdrawal does not create a new partnership. If the partnership dissolves, this irrevocable power of attorney and consent shall be in effect for any action brought against you or any of your former partners.

**3. Non-Resident Investment Adviser Undertaking Regarding Books and Records**

By signing this Form ADV, you also agree to provide, at your own expense, to the U.S. Securities and Exchange Commission at its principal office in Washington D.C., at any Regional or District Office of the Commission, or at any one of its offices in the United States, as specified by the Commission, correct, current, and complete copies of any or all records that you are required to maintain under Rule 204-2 under the Investment Advisers Act of 1940. This undertaking shall be binding upon you, your heirs, successors and assigns, and any *person* subject to your written irrevocable consents or powers of attorney or any of your general partners and *managing agents*.

**Signature**

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the *non-resident* investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits

and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

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

Signature:

Date: MM/DD/YYYY

Printed Name:

Title:

Adviser *CRD* Number:  
109644