

**FORM ADV****UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION AND REPORT BY EXEMPT REPORTING ADVISERS****Primary Business Name: EPOCH INVESTMENT PARTNERS, INC.****CRD Number: 131556****Annual Amendment - All Sections****Rev. 10/2021****1/29/2026 7:19:00 AM**

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

**Item 1 Identifying Information**

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

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

**EPOCH INVESTMENT PARTNERS, INC.**

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

**EPOCH INVESTMENT PARTNERS, 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: **801-63118**

(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: **131556**

*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:

1 VANDERBILT AVENUE

City:

NEW YORK

State:

New York

Number and Street 2:

23RD FLOOR

Country:

United States

ZIP+4/Postal Code:

10017

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 AM - 5:30 PM

(3) Telephone number at this location:

212-303-7200

(4) Facsimile number at this location, if any:  
212-202-4948

(5) What is the total number of offices, other than your *principal office and place of business*, at which you conduct investment advisory business as of the end of your most recently completed fiscal year?  
2

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

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

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

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

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

Yes No

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

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

J. Chief Compliance Officer

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

Name:	Other titles, if any:
DAVID BARNETT	CHIEF COMPLIANCE OFFICER
Telephone number:	Facsimile number, if any:
212-991-5408	
Number and Street 1:	Number and Street 2:
1 VANDERBILT AVENUE	23RD FLOOR
City:	State:
NEW YORK	New York
Country:	ZIP+4/Postal Code:
United States	10017

Electronic mail (e-mail) address, if Chief Compliance Officer has one:  
DBARNETT@EIPNY.COM

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

Name:  
IRS Employer Identification Number:

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

Name:	Titles:
DAVID SHAGAWAT	DIRECTOR, DEPUTY CHIEF COMPLIANCE OFFICER
Telephone number:	Facsimile number, if any:
212-303-7200	
Number and Street 1:	Number and Street 2:
1 VANDERBILT AVENUE	23RD FLOOR
City:	State:
NEW YORK	New York
Country:	ZIP+4/Postal Code:
United States	10017

Electronic mail (e-mail) address, if contact person has one:  
DSHAGAWAT@EIPNY.COM

Yes No

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

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

Yes No

M. Are you registered with a *foreign financial regulatory authority*?☒ ☐

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

Yes No

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

☐ ☒

Yes No

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

☐ ☒

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

- ☐ \$1 billion to less than \$10 billion
- ☐ \$10 billion to less than \$50 billion
- ☐ \$50 billion or more

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

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

549300FT720Z0BVCWS87

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: TD ASSET 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 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 type="checkbox"/> PR	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> ID	<input checked="" type="checkbox"/> MT	<input checked="" type="checkbox"/> RI	

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: TD EPOCH

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 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 type="checkbox"/> PR	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> ID	<input checked="" type="checkbox"/> MT	<input checked="" type="checkbox"/> RI	

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: TD GLOBAL INVESTMENT SOLUTIONS ("TDGIS")

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 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 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: LEVEL 3, 11-19 BANK PLACE	Number and Street 2:		
City: MELBOURNE	State:	Country: Australia	ZIP+4/Postal Code: VIC 3000

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

Telephone Number: 61 405 136 461	Facsimile Number, if any:
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If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:

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:		Number and Street 2:	
161 BAY STREET		35TH FLOOR, TD CANADA TRUST TOWER	
City:	State:	Country:	ZIP+4/Postal Code:
TORONTO		Canada	M5J 2T2

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

Telephone Number:	Facsimile Number, if any:
888-834-6339	

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?  
77

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

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

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

#### SECTION 1.I. Website Addresses

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

Address of Website/Account on Publicly Available Social Media Platform: <https://TWITTER.COM/EPOCHINVEST>

Address of Website/Account on Publicly Available Social Media Platform: <https://www.TDASSETMANAGEMENT.COM>

Address of Website/Account on Publicly Available Social Media Platform: <http://TDGIS.COM>

Address of Website/Account on Publicly Available Social Media Platform: <http://www.LINKEDIN.COM/COMPANY/EPOCHINVEST>

#### 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:

TD ASSET MANAGEMENT

Number and Street 1:

79 WELLINGTON STREET WEST

City:

TORONTO, ONTARIO

State:

Number and Street 2:

8TH FLOOR, TD TOWER

Country:

Canada

ZIP+4/Postal Code:

M5K 1A2

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

Telephone Number:

416-982-3457

Facsimile number, if any:

This is (check one):

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

Briefly describe the books and records kept at this location.

COMPLIANCE RECORDS

Name of entity where books and records are kept:

IRON MOUNTAIN

Number and Street 1:

195 SUMMERLEA ROAD

City:

BRAMPTON, ONTARIO

State:

Number and Street 2:

Country:

Canada

ZIP+4/Postal Code:

L6T4P6

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

Telephone Number:

800-327-8345

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 NO LONGER REQUIRED TO BE MAINTAINED ON SITE.

Name of entity where books and records are kept:

INSTITUTIONAL SHAREHOLDER SERVICES

Number and Street 1:

1 CHASE MANHATTAN PLAZA

City:

NEW YORK

State:

New York

Number and Street 2:

Country:

United States

ZIP+4/Postal Code:

10005

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

Telephone Number:

6467784190

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 RELATED TO PROXY VOTING.

Name of entity where books and records are kept:  
STATE STREET BANK AND TRUST

Number and Street 1:  
ONE LINCOLN STREET

Number and Street 2:

City:  
BOSTON

State:  
Massachusetts

Country:  
United States

ZIP+4/Postal Code:  
02111

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

Telephone Number:  
0

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.  
STATE STREET SERVES AS ADMINISTRATOR TO SEVERAL PRIVATE INVESTMENT VEHICLES MANAGED BY EPOCH. STATE STREET MAINTAINS ACCOUNTING RECORDS AND INVESTOR FILES FOR THESE PRIVATE INVESTMENT VEHICLES.

Name of entity where books and records are kept:  
PAGEFREEZER

Number and Street 1:  
311 WATER STREET

Number and Street 2:

City:  
VANCOUVER

State:

Country:  
Canada

ZIP+4/Postal Code:  
V6B 1B8

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

Telephone Number:  
888-916-3999

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.  
WEBSITE AND SOCIAL MEDIA ARCHIVING

Name of entity where books and records are kept:  
NEW YORK LIFE INVESTMENT MANAGEMENT LLC

Number and Street 1:  
30 HUDSON STREET

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
JERSEY CITY	New Jersey	United States	07302

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

Telephone Number:	Facsimile number, if any:
973-394-4460	973-394-4635

This is (check one):

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

Briefly describe the books and records kept at this location.

INFORMATION RELATED TO WRAP FEE AND MANAGED ACCOUNT PROGRAMS INCLUDING PARTICIPANT DATA, POSITION DATA, AND TRADING DATA.

Name of entity where books and records are kept:  
TORONTO-DOMINON BANK

Number and Street 1:	Number and Street 2:		
66 WELLINGTON STREET WEST			
City:	State:	Country:	ZIP+4/Postal Code:
TORONTO		Canada	M5K1A2

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

Telephone Number:	Facsimile number, if any:
416-944-6367	

This is (check one):

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

Briefly describe the books and records kept at this location.

CUSTODIAN RECORDS

Name of entity where books and records are kept:  
TD ASSET MANAGEMENT

Number and Street 1:	Number and Street 2:		
161 BAY STREET	35TH FLOOR		
City:	State:	Country:	ZIP+4/Postal Code:
TORONTO, ONTARIO		Canada	M5K2T2

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

Telephone Number:	Facsimile number, if any:
888-834-3857	

This is (check 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, PORTFOLIO MANAGEMENT, PROXY VOTING, COMPLIANCE RECORDS, VARIOUS JOURNALS.



Name of entity where books and records are kept:  
BLOOMBERG

Number and Street 1:  
181 BAY STREET

Number and Street 2:  
SUITE 330

City:  
TORONTO, ONTARIO

State:

Country:  
Canada

ZIP+4/Postal Code:  
M5J 2T3

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

Telephone Number:  
416-203-5788

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 RELATING TO CLIENT TRADING

Name of entity where books and records are kept:  
STARCOMPLIANCE

Number and Street 1:  
60 EAST 42ND STREET

Number and Street 2:  
SUITE 2340

City:  
NEW YORK

State:  
New York

Country:  
United States

ZIP+4/Postal Code:  
10165

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

Telephone Number:  
301-340-3900

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.  
EMPLOYEE RECORDS FOR CODE OF ETHICS AND PERSONAL TRADING

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

Number and Street 1:  
ONE PERSHING PLAZA

Number and Street 2:

City:  
JERSEY CITY

State:  
New Jersey

Country:  
United States

ZIP+4/Postal Code:  
07399

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

Telephone Number:  
201-413-2000

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.  
CUSTODIAN RECORDS

Name of entity where books and records are kept:  
TD BANK N.A.

Number and Street 1:  
1006 ASTORIA BLVD

Number and Street 2:

City:  
CHERRY HILL

State:  
New Jersey

Country:  
United States

ZIP+4/Postal Code:  
08034

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

Telephone Number:  
856-685-5148

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.  
CUSTODIAN RECORDS, VARIOUS REPORT.

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

Number and Street 1:  
136 MADISON AVENUE

Number and Street 2:

City:  
NEW YORK

State:  
New York

Country:  
United States

ZIP+4/Postal Code:  
10016

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

Telephone Number:  
212-327-1533

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.  
EMPLOYEE RECORDS FOR CODE OF ETHICS AND PERSONAL TRADING

Name of entity where books and records are kept:  
STATE STREET FUND SERVICES IRELAND LIMITED

Number and Street 1:  
78 SIR JOHN ROGERSON'S QUAY

Number and Street 2:

City:  
DUBLIN

State:

Country:  
Ireland

ZIP+4/Postal Code:

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

Telephone Number:  
353 1 776 4172

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.

TRANSFER AGENT AND CUSTODIAN OF UCIT FUNDS

Name of entity where books and records are kept:  
CHARLES RIVER INVESTMENT MANAGEMENT SOLUTION

Number and Street 1:  
700 DISTRICT AVENUE

Number and Street 2:

City:  
BURLINGTON

State:  
Massachusetts

Country:  
United States

ZIP+4/Postal Code:  
01803

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

Telephone Number:  
1 781 238 0099

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 RELATING TO CLIENT TRADING

Name of entity where books and records are kept:  
SS&C ADVENT

Number and Street 1:  
4 TIMES SQUARE

Number and Street 2:

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:  
212 298 1188

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 RELATING TO PORTFOLIO ACCOUNTING AND OPERATIONAL RECONCILIATIONS

Name of entity where books and records are kept:  
SEI TRUST COMPANY

Number and Street 1:  
1 FREEDOM VALLEY DRIVE

City:  
OAKS

State:  
Pennsylvania

Number and Street 2:  
PO BOX 1100

Country:  
United States

ZIP+4/Postal Code:  
19456

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

Telephone Number:  
610-676-1000

Facsimile number, if any:

This is (check one):

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

Briefly describe the books and records kept at this location.

SEI TRUST COMPANY IS THE TRUSTEE OF THE EPOCH INVESTMENT PARTNERS COLLECTIVE INVESTMENT TRUST. SEI TRUST COMPANY MAINTAINS ACCOUNTING RECORDS AND INVESTOR FILES FOR THE EPOCH COLLECTIVE INVESTMENT TRUST.

Name of entity where books and records are kept:  
THE BANK OF NEW YORK MELLON

Number and Street 1:  
225 LIBERTY STREET

City:  
NEW YORK

State:  
New York

Number and Street 2:

Country:  
United States

ZIP+4/Postal Code:  
10286

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

Telephone Number:  
212-635-6314

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.

CUSTODIAN RECORDS.

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

Number and Street 1:  
286 MADISON AVENUE

City:  
NEW YORK

State:  
New York

Number and Street 2:  
7TH FLOOR

Country:  
United States

ZIP+4/Postal Code:  
10017

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

Telephone Number:  
866-484-6630

Facsimile number, if any:

This is (check one):

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

Briefly describe the books and records kept at this location.  
ELECTRONIC CORRESPONDENCE ARCHIVING

Name of entity where books and records are kept:  
COMMONWEALTH SHAREHOLDER SERVICES, INC.

Number and Street 1:  
8730 STONY POINT PARKWAY

Number and Street 2:  
SUITE 205

City:  
RICHMOND

State:  
Virginia

Country:  
United States

ZIP+4/Postal Code:  
23235

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

Telephone Number:  
804-267-7400

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.  
COMMONWEALTH SERVES AS ADMINISTRATOR OF A PRIVATE INVESTMENT VEHICLE MANAGED BY EPOCH. COMMONWEALTH MAINTAINS ACCOUNTING RECORDS AND INVESTOR FILES FOR THE PRIVATE INVESTMENT VEHICLE.

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:  
845-338-2993

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 NO LONGER REQUIRED TO BE MAINTAINED ON SITE.

Name of entity where books and records are kept:  
SMARSH

Number and Street 1:  
110 WILLIAM STREET

Number and Street 2:  
SUITE 1804

City:  
NEW YORK

State:  
New York

Country:  
United States

ZIP+4/Postal Code:  
10038

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

Telephone Number:  
1-866-762-7741

Facsimile number, if any:

This is (check one):

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

Briefly describe the books and records kept at this location.  
ELECTRONIC CORRESPONDENCE ARCHIVING

Name of entity where books and records are kept:  
FINANCIAL TRACKING TECHNOLOGIES, LLC

Number and Street 1:  
111 EAST PUTNAM AVENUE

City:  
RIVERSIDE

State:  
Connecticut

Number and Street 2:  
SUITE 304

Country:  
United States

ZIP+4/Postal Code:  
06878

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

Telephone Number:  
203-340-2356

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.  
PERSONAL TRADING RECORDS

Name of entity where books and records are kept:  
SPRINKLR

Number and Street 1:  
29 WEST 35TH STREET

City:  
NEW YORK

State:  
New York

Number and Street 2:

Country:  
United States

ZIP+4/Postal Code:  
10001

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

Telephone Number:  
917-933-7800

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 RELATING TO MARKETING AND SOCIAL MEDIA CAMPAIGNS

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

Number and Street 1:  
THE LANDMARK @ ONE MARKET STREET

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:
SAN FRANCISCO	California	United States	94015

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

Telephone Number:	Facsimile number, if any:
415-901-7000	

This is (check 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 RELATIONSHIP MANAGEMENT SOLUTIONS

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

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

Name of Country/*Foreign Financial Regulatory Authority*:

Australia - Australian Securities and Investments Commission

Other:

Name of Country/*Foreign Financial Regulatory Authority*:

Ireland - Central Bank of Ireland

Other:

Name of Country/*Foreign Financial Regulatory Authority*:

South Africa - Financial Services Board

Other:

**Item 2 SEC Registration/Reporting**

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

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

You (the adviser):

- ☒ (1) are a **large advisory firm** that either:
- (a) has regulatory assets under management of \$100 million (in U.S. dollars) or more; or
  - (b) has regulatory assets under management of \$90 million (in U.S. dollars) or more at the time of filing its most recent *annual updating amendment* and is registered with the SEC;
- ☐ (2) are a **mid-sized advisory firm** that has regulatory assets under management of \$25 million (in U.S. dollars) or more but less than \$100 million (in U.S. dollars) and you are either:
- (a) not required to be registered as an adviser with the *state securities authority* of the state where you maintain your *principal office and place of business*; or
  - (b) not subject to examination by the *state securities authority* of the state where you maintain your *principal office and place of business*;  
Click **HERE** for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.
- ☐ (3) Reserved
- ☐ (4) have your *principal office and place of business* **outside the United States**;
- ☒ (5) are an **investment adviser (or subadviser) to an investment company** registered under the Investment Company Act of 1940;
- ☐ (6) are an **investment adviser to a company which has elected to be a business development company** pursuant to section 54 of the Investment Company Act of 1940 and has not withdrawn the election, and you have at least \$25 million of regulatory assets under management;
- ☐ (7) are a **pension consultant** with respect to assets of plans having an aggregate value of at least \$200,000,000 that qualifies for the exemption in rule 203A-2(a);
- ☐ (8) are a **related adviser** under rule 203A-2(b) that *controls*, is *controlled* by, or is under common *control* with, an investment adviser that is registered with the SEC, and your *principal office and place of business* is the same as the registered adviser;  
If you check this box, complete Section 2.A.(8) of Schedule D.
- ☐ (9) are an **adviser** relying on rule 203A-2(c) because you **expect to be eligible for SEC registration within 120 days**;  
If you check this box, complete Section 2.A.(9) of Schedule D.
- ☐ (10) are a **multi-state adviser** that is required to register in 15 or more states and is relying on rule 203A-2(d);  
If you check this box, complete Section 2.A.(10) of Schedule D.
- ☐ (11) are an **Internet adviser** relying on rule 203A-2(e);  
If you check this box, complete Section 2.A.(11) of Schedule D.
- ☐ (12) have **received an SEC order** exempting you from the prohibition against registration with the SEC;  
If you check this box, complete Section 2.A.(12) of Schedule D.
- ☐ (13) are **no longer eligible** to remain registered with the SEC.

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

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

Jurisdictions

<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 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 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.(11) Internet Adviser

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

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

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

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

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

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

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

Application Number:

803-

Date of *order*:

**Item 3 Form of Organization**

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

**A. How are you organized?**

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

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

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

OCTOBER

**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.

176

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

130

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

0

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

0

(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?

1

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

**Clients**

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

C. (1) To approximately how many *clients* for whom you do not have regulatory assets under management did you provide investment advisory services during your most recently completed fiscal year?

0

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

63%

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>	690	<input type="checkbox"/>	\$ 1,892,256,175
(c) Banking or thrift institutions	1	<input checked="" type="checkbox"/>	\$ 1,701,958,739
(d) Investment companies	9		\$ 8,728,445,067

(e) Business development companies			\$
(f) Pooled investment vehicles (other than investment companies and business development companies)	24		\$ 12,464,826,766
(g) Pension and profit sharing plans (but not the plan participants or government pension plans)	17	<input type="checkbox"/>	\$ 3,971,574,228
(h) Charitable organizations		<input type="checkbox"/>	\$
(i) State or municipal <i>government entities</i> (including government pension plans)	2	<input checked="" type="checkbox"/>	\$ 166,194,504
(j) Other investment advisers		<input type="checkbox"/>	\$
(k) Insurance companies	4	<input checked="" type="checkbox"/>	\$ 227,708,098
(l) Sovereign wealth funds and foreign official institutions		<input type="checkbox"/>	\$
(m) Corporations or other businesses not listed above	10	<input type="checkbox"/>	\$ 576,964,455
(n) Other:		<input type="checkbox"/>	\$

**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) \$ 29,729,928,032	(d) 757
Non-Discretionary:	(b) \$ 0	(e) 0
Total:	(c) \$ 29,729,928,032	(f) 757

*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*?  
\$ 17,810,901,259

**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): CASH MANAGEMENT, INVESTMENT ADVICE TO POOLED INVESTMENT VEHICLES, & MODEL PORTFOLIOS TO OTHER ADVISERS

*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 *wrap fee program*?

☐ ☐

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

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

\$ 0

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

\$ 1,892,256,175

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

\$ 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?

☐ ☒

(2) Do you report *client* assets in Item 4.E. of Part 2A that are computed using a different method than the method used to compute your regulatory assets under management?

☐ ☒

K. Separately Managed Account *Clients*

**Yes No**

(1) Do you have regulatory assets under management attributable to *clients* other than those listed in Item 5.D.(3)(d)-(f) (separately managed account *clients*)?

☒ ☐

*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 *clients* that you advise?

☐ ☒

*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 *clients* that you advise?

☐ ☒

*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?

☒ ☐

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

L. Marketing Activities

**Yes No**

(1) Do any of your *advertisements* include:

(a) Performance results?

☒ ☐

(b) A reference to specific investment advice provided by you (as that phrase is used in rule 206(4)-1(a)(5))?



(c) *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 - 21777

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.

No Information Filed

SEC File Number  
811 - 22321

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.

No Information Filed

### SECTION 5.I.(2) Wrap Fee Programs

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

Name of *Wrap Fee Program*  
ADHESION WEALTH ADVISORS

Name of *Sponsor*  
ADHESION WEALTH ADVISORS

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

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



*Name of Wrap Fee Program*

ADVISORY SOLUTIONS UNIFIED MANAGED ACCOUNT PROGRAM

*Name of Sponsor*

EDWARD JONES &amp; CO., L.P.

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

-

*Sponsor's CRD Number (if any):**Name of Wrap Fee Program*

ENVESTNET GENERAL DISTRIBUTION

*Name of Sponsor*

ENVESTNET

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

-

*Sponsor's CRD Number (if any):**Name of Wrap Fee Program*

FREEDOM UNIFIED MANAGED ACCOUNT (UMA), RAYMOND JAMES CONSULTING SERVICES

*Name of Sponsor*

RAYMOND JAMES

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

-

*Sponsor's CRD Number (if any):**Name of Wrap Fee Program*

IAS UMA

*Name of Sponsor*

OPPENHEIMER ASSET MANAGEMENT, INC.

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

-

*Sponsor's CRD Number (if any):**Name of Wrap Fee Program*

MANAGED ACCOUNT PROGRAM

Name of *Sponsor*

SAWTOOTH SOLUTIONS, LLC

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

-

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

Name of *Wrap Fee Program*

MANAGER SELECT, MANAGER ACCESS SELECT

Name of *Sponsor*

LPL FINANCIAL, LLC

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

-

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

Name of *Wrap Fee Program*

MERRILL LYNCH INVESTMENT ADVISORY PROGRAM (IAP), US TRUST SPS

Name of *Sponsor*

MERRILL LYNCH

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

-

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

Name of *Wrap Fee Program*

MSSB SELECT UMA

Name of *Sponsor*

MORGAN STANLEY

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

-

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

Name of *Wrap Fee Program*

ORION PORTFOLIO SOLUTIONS, LLC

Name of *Sponsor*

ORION PORTFOLIO SOLUTIONS, LLC

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

-

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

Name of *Wrap Fee Program*

PNC BANK UMA

Name of *Sponsor*

PNC BANK UMA

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

-

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

Name of *Wrap Fee Program*

SMARTX ADVISORY SOLUTIONS LLC

Name of *Sponsor*

SMARTX ADVISORY SOLUTIONS LLC

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

-

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

Name of *Wrap Fee Program*

TD GUIDED PORTFOLIO NON-DISCRETIONARY PROGRAM

Name of *Sponsor*

TD PRIVATE CLIENT WEALTH LLC |ENVESTNET|PMC

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

-

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

Name of *Wrap Fee Program*

TD GUIDED PORTFOLIOS PROGRAM

Name of *Sponsor*

TD PRIVATE CLIENT WEALTH LLC |ENVESTNET|PMC

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

-

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

Name of *Wrap Fee Program*

TD PREMIER GUIDED PORTFOLIOS PROGRAM

Name of *Sponsor*

TD PRIVATE CLIENT WEALTH LLC |ENVESTNET|PMC

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

-

*Sponsor's* CRD Number (if any):Name of *Wrap Fee Program*

TD WATERHOUSE PRIVATE INVESTMENT ADVICE

Name of *Sponsor*

TD WATERHOUSE PRIVATE INVESTMENT ADVICE

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

-

*Sponsor's* CRD Number (if any):Name of *Wrap Fee Program*

TD WATERHOUSE PRIVATE INVESTMENT COUNSEL INC.

Name of *Sponsor*

TD WATERHOUSE PRIVATE INVESTMENT COUNSEL INC.

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

-

*Sponsor's* CRD Number (if any):Name of *Wrap Fee Program*

UNIFIED PORTFOLIO

Name of *Sponsor*

RBC WEALTH MANAGEMENT

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

-

*Sponsor's* CRD Number (if any):Name of *Wrap Fee Program*

WILLIAM BLAIR LLC

Name of *Sponsor*

SYSTEM WEALTH SOLUTIONS LLC,

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

-

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

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

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

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

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

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

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

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

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

Generally describe any assets included in "Other"

(b)	Asset Type	End of year
	(i) Exchange-Traded Equity Securities	83 %
	(ii) Non Exchange-Traded Equity Securities	0 %
	(iii) U.S. Government/Agency Bonds	12 %
	(iv) U.S. State and Local Bonds	0 %
	(v) <i>Sovereign Bonds</i>	0 %
	(vi) Investment Grade Corporate Bonds	5 %
	(vii) Non-Investment Grade Corporate Bonds	0 %
	(viii) Derivatives	0 %
	(ix) Securities Issued by Registered Investment Companies or Business Development Companies	0 %
	(x) Securities Issued by Pooled Investment Vehicles (other than Registered Investment Companies or Business Development Companies)	0 %
	(xi) Cash and Cash Equivalents	0 %
	(xii) Other	0 %

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 subadvisor 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 subadvisor 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:

THE BANK OF NEW YORK MELLON

(b) Primary business name of custodian:

THE BANK OF NEW YORK MELLON

(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)

-

(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)

HPFHU00Q28E4N0NFVK49

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

\$ 3,853,946,564

(a) Legal name of custodian:

CIBC MELLON

(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)

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

\$ 13,452,242,738

(a) Legal name of custodian:

STATE STREET

(b) Primary business name of custodian:

STATE STREET

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

City:  
BOSTON

State:  
Massachusetts

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)

-

(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?

\$ 4,521,765,481

(a) Legal name of custodian:

JP MORGAN

(b) Primary business name of custodian:

JP MORGAN

(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)

-

(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?

\$ 5,627,000,789



**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*:  
TD PRIVATE CLIENT WEALTH LLC
2. Primary Business Name of *Related Person*:  
TD PRIVATE CLIENT WEALTH LLC
3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)  
801 - 77771  
or  
Other
4. *Related Person's*
  - (a) CRD Number (if any):  
164484
  - (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*:

EPOCH INVESTMENT PARTNERS UK, LTD

2. Primary Business Name of *Related Person*:

EPOCH INVESTMENT PARTNERS UK, LTD

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

-

or

Other

4. *Related Person's*

(a) CRD Number (if any):

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

No Information Filed

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

- (a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer  
 (b) ☒ other investment adviser (including financial planners)  
 (c) ☐ registered municipal advisor  
 (d) ☐ registered security-based swap dealer  
 (e) ☐ major security-based swap participant

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

Yes No

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

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

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

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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

Yes No

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

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

UNITED KINGDOM.INVESTMENT ADVISER

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

United Kingdom - Financial Conduct Authority

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

TD SECURITIES (USA) LLC

2. Primary Business Name of *Related Person*:

TD SECURITIES (USA) LLC

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

8 - 36747

or

Other

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

18476

(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.  
 No Information Filed
11. Do you and the *related person* share any *supervised persons*? ☐ ☒
12. Do you and the *related person* share the same physical location? ☐ ☒

Yes No

1. Legal Name of *Related Person*:  
 TD WATERHOUSE PRIVATE INVESTMENT COUNSEL INC.
2. Primary Business Name of *Related Person*:  
 TD WATERHOUSE PRIVATE INVESTMENT COUNSEL 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: ☐
9. (a) If the *related person* is an investment adviser, is it exempt from registration? ☒ ☐  
 (b) If the answer is yes, under what exemption?  
 - INVESTMENT INDUSTRY REGULATORY AUTHORITY OF CANADA (IIROC)
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*:  
TD ASSET MANAGEMENT INC.
2. Primary Business Name of *Related Person*:  
TD ASSET MANAGEMENT
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?

CANADIAN INVESTMENT ADVISOR

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*:

TD SECURITIES INC.

2. Primary Business Name of *Related Person*:  
TD SECURITIES INC.

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

-

or

Other

NRD #85860

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



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

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 REGULATORY AUTHORITY 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*:

TORONTO-DOMINION BANK

2. Primary Business Name of *Related Person*:

TD BANK

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:

66 WELLINGTON STREET WEST

City:

State:

Country:

ZIP+4/Postal Code:

TORONTO

Canada

M5K 1A2

If this address is a private residence, check this box: ☐**Yes No**9. (a) If the *related person* is an investment adviser, is it exempt from registration?☐ ☒

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

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

☐ ☐

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

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

Other - OTHER - OFFICE OF THE SUPERINTENDENT OF FINANCIAL INSTITUTIONS

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*:

TORONTO-DOMINION (SOUTH EAST ASIA) LIMITED

2. Primary Business Name of *Related Person*:

TORONTO-DOMINION (SOUTH EAST ASIA) LIMITED

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

-

or

Other

4. *Related Person's*

(a) CRD Number (if any):

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

No Information Filed

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

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

Yes No

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

☐ ☐

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

☐ ☐

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

☐ ☐

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

☐ ☐

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

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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

Yes No

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

☐ ☐

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

10. (a) Is the *related person* registered with a *foreign financial regulatory authority* ? ☒ ☐
- (b) If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.
- | Name of Country/English Name of Foreign Financial Regulatory Authority |
|--|
| Singapore - Monetary Authority of Singapore                            |
11. Do you and the *related person* share any *supervised persons*? ☐ ☐
12. Do you and the *related person* share the same physical location? ☐ ☒

1. Legal Name of *Related Person*:  
TD BANK HONG KONG BRANCH
2. Primary Business Name of *Related Person*:  
TD BANK HONG KONG BRANCH
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:                | Country:             |
| State:               | ZIP+4/Postal Code:   |
- If this address is a private residence, check this box: ☐
- Yes No
9. (a) If the *related person* is an investment adviser, is it exempt from registration? ☒ ☐
- (b) If the answer is yes, under what exemption?
10. (a) Is the *related person* registered with a *foreign financial regulatory authority* ? ☒ ☐
- (b) If the answer is yes, list the name and country, in English of each *foreign financial regulatory authority* with which the *related person* is registered.

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

Other - HONG KONG MONETARY AUTHORITY

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

TD BANK, NATIONAL ASSOCIATION

2. Primary Business Name of *Related Person*:

TD BANK NA

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:

1006 ASTORIA BOULEVARD

Number and Street 2:

City:

CHERRY HILL

State:

New Jersey

Country:

United States

ZIP+4/Postal Code:

08034

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*:  
TD FINANCIAL PRODUCTS LLC2. Primary Business Name of *Related Person*:  
TD FINANCIAL PRODUCTS LLC3. *Related Person's* SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)  
8 - 68677  
or  
Other4. *Related Person's*(a) CRD Number (if any):  
154838

(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*:  
TD WATERHOUSE CANADA INC.

2. Primary Business Name of *Related Person*:  
TD WATERHOUSE CANADA 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

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

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 REGULATORY AUTHORITY 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*:

TD SECURITIES (JAPAN) CO., LTD.

2. Primary Business Name of *Related Person*:

TD SECURITIES (JAPAN) CO., LTD.

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

-

or

Other

4. *Related Person's*

(a) CRD Number (if any):

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

No Information Filed

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

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

**Yes No**6. Do you *control* or are you *controlled* by the *related person*?☐ ☒7. Are you and the *related person* under common *control*?☒ ☐8. (a) Does the *related person* act as a qualified custodian for your *clients* in connection with advisory services you provide to *clients*?☐ ☒

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

☐ ☐

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

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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

Yes No

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

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

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

Other - JAPAN SECURITIES DEALERS ASSOCIATION

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: 1

##### A. PRIVATE FUND

##### Information About the Private Fund

1. (a) Name of the *private fund*:  
AEON GLOBAL EQUITY SHAREHOLDER YIELD FUND, LLC
- (b) *Private fund* identification number:  
(include the "805-" prefix also)  
805-8477578591

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

EPOCH INVESTMENT PARTNERS, 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*:  
LONG-ONLY 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*:  
\$ 17,881,808

### **Ownership**

12. Minimum investment commitment required of an investor in the *private fund*:  
\$ 5,000,000

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:  
3

14. What is the approximate percentage of the *private fund* beneficially owned by you and your *related persons*:  
0%

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*?  
0%

**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

021-199903

**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:  
ERNST & YOUNG

- (c) The location of the auditing firm's office responsible for the *private fund's* audit (city, state and country):  
City: NEW YORK State: New York 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:

42

(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.

#### **Additional Custodian Information : 1 Record(s) Filed.**

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.

(b) Legal name of custodian:

STATE STREET BANK & TRUST

(c) Primary business name of custodian:

STATE STREET BANK & TRUST

(d) The location of the custodian's office responsible for *custody* of the *private fund's* assets (city, state and country):

City:

BOSTON

State:

Massachusetts

Country:

United States

**Yes No**

(e) Is the custodian a *related person* of your firm? ☐ ☒

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

-

CRD Number (if any):

(g) 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)

#### 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:

STATE STREET BANK & TRUST

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

City:

BOSTON

State:

Massachusetts

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: 1

**SECTION 7.B.(2) Private Fund Reporting**

No Information Filed

**Item 8 Participation or Interest in *Client* Transactions**

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

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

**Proprietary Interest in *Client* Transactions**

- | A. Do you or any <i>related person</i> :   | Yes                              | No                    |
|--|----------------------------------|-----------------------|
| (1) buy securities for yourself from advisory <i>clients</i> , or sell securities you own to advisory <i>clients</i> (principal transactions)?   | <input checked="" type="radio"/> | <input 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. Do you or any <i>related person</i> :   | Yes                              | No                               |
|--|----------------------------------|----------------------------------|
| (1) as a broker-dealer or registered representative of a broker-dealer, execute securities trades for brokerage customers in which advisory <i>client</i> securities are sold to or bought from the brokerage customer (agency cross transactions)?        | <input type="radio"/>            | <input checked="" type="radio"/> |
| (2) recommend to advisory <i>clients</i> , or act as a purchaser representative for advisory <i>clients</i> with respect to, the purchase of securities for which you or any <i>related person</i> serves as underwriter or general or managing partner?   | <input 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**

- | C. Do you or any <i>related person</i> have <i>discretionary authority</i> to determine the:  | Yes                              | No                               |
|---|----------------------------------|----------------------------------|
| (1) securities to be bought or sold for a <i>client's</i> account?  | <input checked="" type="radio"/> | <input type="radio"/>            |
| (2) amount of securities to be bought or sold for a <i>client's</i> account?  | <input checked="" type="radio"/> | <input type="radio"/>            |
| (3) broker or dealer to be used for a purchase or sale of securities for a <i>client's</i> account?   | <input checked="" type="radio"/> | <input type="radio"/>            |
| (4) commission rates to be paid to a broker or dealer for a <i>client's</i> securities transactions?  | <input checked="" type="radio"/> | <input type="radio"/>            |
| D. If you answer "yes" to C.(3) above, are any of the brokers or dealers <i>related persons</i> ?   |                                  |                                  |
| 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> ?  |                                  |                                  |
| 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 type="radio"/>            | <input checked="" type="radio"/> |

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

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

**Item 9 Custody**

In this Item, we ask you whether you or a *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) \$ 23,300,236	(b) 2

*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) \$ 1,637,503,170	(b) 581

- 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:
- 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*?

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

No Information Filed

**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:   | THE TORONTO-DOMINION BANK |
| (2) The public reporting company's CIK number (Central Index Key number that the SEC assigns to each reporting company): | 947263                    |



**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.

	<b>Yes</b>	<b>No</b>
Do any of the events below involve you or any of your <i>supervised persons</i> ?	<input checked="" type="radio"/>	<input type="radio"/>

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

A. In the past ten years, have you or any <i>advisory affiliate</i> :	<b>Yes</b>	<b>No</b>
(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 checked="" type="radio"/>	<input type="radio"/>
(2) been <i>charged</i> with any <i>felony</i> ?	<input checked="" type="radio"/>	<input type="radio"/>

*If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit your response to Item 11.A.(2) to charges that are currently pending.*

B. In the past ten years, have you or any <i>advisory affiliate</i> :	<b>Yes</b>	<b>No</b>
(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"/>

*If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit your response to Item 11.B.(2) to charges that are currently pending.*

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

C. Has the SEC or the Commodity Futures Trading Commission (CFTC) ever:	<b>Yes</b>	<b>No</b>
(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 checked="" type="radio"/>	<input type="radio"/>
(3) <i>found</i> you or any <i>advisory affiliate</i> to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="radio"/>	<input checked="" type="radio"/>
(4) entered an <i>order</i> against you or any <i>advisory affiliate</i> in connection with <i>investment-related</i> activity?	<input checked="" type="radio"/>	<input type="radio"/>
(5) imposed a civil money penalty on you or any <i>advisory affiliate</i> , or <i>ordered</i> you or any <i>advisory affiliate</i> to cease and desist from any activity?	<input checked="" type="radio"/>	<input type="radio"/>

D. Has any other federal regulatory agency, any state regulatory agency, or any <i>foreign financial regulatory authority</i> :	<b>Yes</b>	<b>No</b>
(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 checked="" type="radio"/>	<input type="radio"/>
(3) ever <i>found</i> you or any <i>advisory affiliate</i> to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="radio"/>	<input checked="" type="radio"/>
(4) in the past ten years, entered an <i>order</i> against you or any <i>advisory affiliate</i> in connection with an <i>investment-related</i> activity?	<input checked="" type="radio"/>	<input type="radio"/>
(5) ever denied, suspended, or revoked your or any <i>advisory affiliate's</i> registration or license, or otherwise prevented you or any <i>advisory affiliate</i> , by <i>order</i> , from associating with an <i>investment-related</i> business or restricted your or any <i>advisory affiliate's</i> activity?	<input type="radio"/>	<input checked="" type="radio"/>

E. Has any <i>self-regulatory organization</i> or commodities exchange ever:	<b>Yes</b>	<b>No</b>
(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"/>

<p>(4) disciplined you or any <i>advisory affiliate</i> by expelling or suspending you or the <i>advisory affiliate</i> from membership, barring or suspending you or the <i>advisory affiliate</i> from association with other members, or otherwise restricting your or the <i>advisory affiliate's</i> activities?</p>	<input type="radio"/>	<input checked="" type="radio"/>
<p>F. Has an authorization to act as an attorney, accountant, or federal contractor granted to you or any <i>advisory affiliate</i> ever been revoked or suspended?</p>	<input type="radio"/>	<input checked="" type="radio"/>
<p>G. Are you or any <i>advisory affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of Item 11.C., 11.D., or 11.E.?</p>	<input type="radio"/>	<input checked="" type="radio"/>
<p><u>For "yes" answers to the following questions, complete a Civil Judicial Action DRP:</u></p>		
<p>H. (1) Has any domestic or foreign court:</p> <p>(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?</p> <p>(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?</p> <p>(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>?</p> <p>(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)?</p>	<p><b>Yes</b></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<p><b>No</b></p> <p><input checked="" type="radio"/></p> <p><input checked="" type="radio"/></p> <p><input checked="" type="radio"/></p> <p><input checked="" type="radio"/></p> <p><input checked="" type="radio"/></p>

**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.
BARNETT, DAVID, ANDREW	I	CHIEF COMPLIANCE OFFICER	12/2010	NA	Y	N	2323454
TD BANK US HOLDING COMPANY	DE	SHAREHOLDER	11/2013	E	Y	N	01-0437984
BOOTH, WILLIAM, JAMES	I	CHIEF INVESTMENT OFFICER	01/2025	NA	Y	N	4593543
COOPER, BRUCE	I	CHIEF EXECUTIVE OFFICER	10/2022	NA	Y	N	6609064
SHARKEY, MARYANNE	I	CHIEF FINANCIAL OFFICER	01/2025	NA	Y	N	8031699

**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.
THE TORONTO-DOMINION BANK	FE	TD GROUP US HOLDINGS LLC	DIRECT OWNER	03/2013	E	Y	Y	13-5640479
TD GROUP US HOLDINGS LLC	DE	TD BANK US HOLDING COMPANY	DIRECT OWNER	07/2015	E	Y	N	47-4435262

**Schedule D - Miscellaneous**

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

Consistent with Instructions for the Part 1A of Form ADV, the total regulatory assets under management in item 5.F does not include certain assets in Unified Managed Accounts ("UMAS") for which TD Epoch does not "provide continuous and regular supervisory or management services" of the underling UMA clients. TD Epoch does however include certain assets in item 5.F for those UMAS for which TD Epoch is responsible for placing transactions for the underlying UMA accounts and has included these underlying UMA clients (and not the plan sponsors) even though TD Epoch does not have any direct relationships with these underlying UMA clients. These clients are categorized as high net worth. The total assets under management in all wrap accounts are included in TD Epoch's total assets under management in item 5.F. The number of clients in item 5.D and 5.F reflect the number of individual wrap fee accounts. With respect to item 5.F, TD Epoch considers each strategy maintained with the wrap fee sponsor to be an account. With respect to Item 7. A of Schedule D, Financial Industry Affiliates, we list the Affiliates that we have business relationships with and/or those we may have a conflict of interest with. A supplementary list of related persons is available upon request. Certain client accounts of TD Epoch are managed and supported by employees of an affiliate, TD Asset Management Inc. These employees, who perform investment advisory services to TD Epoch clients, are deemed TD Epoch employees and subject to the supervision and oversight by TD Epoch based on guidance from the SEC Staff.

**Schedule R**

No Information Filed

## DRP Pages

## CRIMINAL 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.A. or 11.B. of Form ADV.

Criminal

Check item(s) being responded to:

☒ 11.A(1)

☒ 11.A(2)

☐ 11.B(1)

☐ 11.B(2)

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.

Multiple counts of the same charge arising out of the same event(s) should be reported on the same DRP. Unrelated criminal actions, including separate cases arising out of the same event, must be reported on separate DRPs. Use this DRP to report all charges arising out of the same event. One event may result in more than one affirmative answer to the items listed above.

## 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	This <i>advisory affiliate</i> is <input checked="" type="radio"/> a Firm <input type="radio"/> an Individual
Number:	
Registered:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Name:	TD BANK U.S. HOLDING COMPANY (TDBUSH) (For individuals, Last, First, Middle)

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

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

☐ Yes ☒ No

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

## PART II

- If charge(s) were brought against an organization over which you or an *advisory affiliate* exercise(d) *control*: Enter organization name, whether or not the organization was an *investment-related* business and your or the *advisory affiliate's* position, title, or relationship.  
TDBUSH IS A HOLDING COMPANY AND AN ADVISORY AFFILIATE OF THE ADVISER.
- Formal Charge(s) were brought in: (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).  
U.S. DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY LOCATED IN NEWARK, NEW JERSEY. (CRIM. NO. 24-668)
- Event Disclosure Detail (Use this for both organizational and individual charges.)



## A. Date First Charged (MM/DD/YYYY):

10/10/2024 ☒ Exact ☐ Explanation

If not exact, provide explanation:

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

ON OCTOBER 10, 2024, THE U.S. DEPARTMENT OF JUSTICE, CRIMINAL DIVISION, MONEY LAUNDERING AND ASSET RECOVERY SECTION ("MLARS") AND THE UNITED STATES ATTORNEY'S OFFICE FOR THE DISTRICT OF NEW JERSEY ("THE USAO-DNJ") FILED A CRIMINAL INFORMATION IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY (THE "DISTRICT COURT") CHARGING TDBUSH WITH ONE COUNT OF FAILING TO MAINTAIN AN ADEQUATE AML PROGRAM IN VIOLATION OF TITLE 31, UNITED STATES CODE, SECTIONS 5318(H) AND 5322 AND ONE COUNT OF FAILING TO FILE ACCURATE CTRS IN VIOLATION OF TITLE 31, UNITED STATES CODE, SECTIONS 5313 AND 5324. ALL CHARGES ARE FELONIES.

C. Did any of the Charge(s) within the Event involve a *felony*? ☒ Yes ☐ NoD. Current status of the Event? ☐ Pending ☐ On Appeal ☒ Final

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

10/10/2024 ☒ Exact ☐ Explanation

If not exact, provide explanation:

## 4. Disposition Disclosure Detail:

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

TDBUSH ENTERED A GUILTY PLEA FOR ONE COUNT OF FAILING TO MAINTAIN AN ADEQUATE AML PROGRAM IN VIOLATION OF TITLE 31, UNITED STATES CODE, SECTIONS 5318(H) AND 5322 AND ONE COUNT OF FAILING TO FILE ACCURATE CTRS IN VIOLATION OF TITLE 31, UNITED STATES CODE, SECTIONS 5313 AND 5324. TDBUSH MADE AN ADMISSION OF GUILT TO THE DISTRICT COURT AND WILL PAY, TOGETHER WITH ITS WHOLLY OWNED SUBSIDIARY TD BANK, N.A. ("TDBNA"), MONETARY PENALTIES AND FORFEITURE OF APPROXIMATELY \$1.9 BILLION. PENALTY WAS PAID IN FULL ON NOVEMBER 7, 2024

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

THE DOJ ALLEGED THAT BETWEEN JANUARY 2014 AND OCTOBER 2023 (THE "RELEVANT PERIOD"), TDBUSH AND ITS WHOLLY OWNED SUBSIDIARY, TDBNA, FAILED TO IMPLEMENT AN AML PROGRAM THAT COMPLIED WITH THE BSA, AND AS A RESULT, FAILED TO REMEDIATE DEFICIENCIES IN THE AML PROGRAM, INCLUDING (A) FAILING TO SUBSTANTIVELY UPDATE TDBNA'S TRANSACTION MONITORING SYSTEM BETWEEN 2014 AND 2022, AND (B) FAILING TO ADEQUATELY TRAIN ITS AML AND RETAIL EMPLOYEES. THESE FAILURES ENABLED, AMONG OTHER THINGS, THREE MONEY LAUNDERING NETWORKS TO LAUNDER OVER \$600 MILLION IN CRIMINAL PROCEEDS THROUGH TDBNA BETWEEN 2019 AND 2023. THE DOJ FURTHER ALLEGED THAT TDBNA'S SENIOR AML EXECUTIVES KNEW THERE WERE DEFICIENCIES IN THE ENTITIES' U.S. AML POLICIES, PROCEDURES, AND CONTROLS. IN ADDITION, DURING THE RELEVANT PERIOD, TDBNA OMITTED ALMOST ALL DOMESTIC AUTOMATED CLEARINGHOUSE TRANSACTIONS, MOST CHECK ACTIVITY, AND NUMEROUS OTHER TRANSACTION TYPES FROM MONITORING BY ITS AUTOMATED TRANSACTION MONITORING SYSTEM. DUE TO THIS FAILURE, TDBNA DID NOT MONITOR APPROXIMATELY \$18.3 TRILLION IN ACTIVITY BETWEEN JANUARY 1, 2018, THROUGH APRIL 12, 2024. NEITHER EPOCH NOR ITS EMPLOYEES WERE INVOLVED IN THE UNDERLYING CONDUCT AT ISSUE NOR DID THIS MATTER INVOLVE THE PROVISION OF INVESTMENT ADVISORY SERVICES BY EPOCH OR ITS EMPLOYEES.

## 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

<i>CRD</i> Number:	164484	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:	TD PRIVATE CLIENT WEALTH LLC (For individuals, Last, First, Middle)	

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

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

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

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

☒ Yes ☐ No

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

#### PART II

1. Regulatory Action initiated by:

☐ SEC ☐ Other Federal ☐ State ☐ SRO ☐ Foreign

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

2. Principal Sanction:

Other Sanctions:

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

☐ Exact ☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:

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

6. Principal Product Type:

Other Product Types:

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

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

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

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

10. How was matter resolved:

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

☐ Exact ☐ Explanation

If not exact, provide explanation:

12. Resolution Detail:

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

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

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

B. Other Sanctions *Ordered*:

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

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

#### GENERAL INSTRUCTIONS

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

#### Regulatory Action

Check item(s) being responded to:

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

No Information Filed

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

adviser's or *advisory affiliate's* favor.

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

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

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

☐ Yes ☐ No

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

## PART II

1. Regulatory Action initiated by:

☒ SEC ☐ Other Federal ☐ State ☐ SRO ☐ Foreign

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

SECURITIES AND EXCHANGE COMMISSION

2. Principal Sanction:

Cease and Desist

Other Sanctions:

CENSURE CIVIL AND ADMINISTRATIVE PENALTIE(S)/FINE(S) UNDERTAKING

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

08/14/2024 ☒ Exact ☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:

AP 3-22008

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

6. Principal Product Type:

No Product

Other Product Types:

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

FAILURE TO PRESERVE OFF-CHANNEL BUSINESS RELATED COMMUNICATIONS; AND, FAILURE TO REASONABLY SUPERVISE THEIR EMPLOYEES WITH A VIEW TO PREVENTING THESE VIOLATIONS.

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:

Settled

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

08/14/2024 ☒ 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: \$ 30,000,000.00

☐ Revocation/Expulsion/Denial

☒ Censure

☐ Disgorgement/Restitution

☒ Cease and Desist/Injunction

☐ Bar☐ Suspension

## B. Other Sanctions Ordered:

## UNDERTAKINGS

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:

UNDERTAKINGS AS DESCRIBED IN THE SETTLED ADMINISTRATIVE ORDER, INCLUDING RETENTION OF AN INDEPENDENT COMPLIANCE CONSULTANT. WITH REGARD TO THE MONETARY/FINE AMOUNT RESPONSE IN ITEM 12.A ABOVE, THE AMOUNT IS IMPOSED JOINTLY AND SEVERALLY WITH TD SECURITIES USA LLC AND TD PRIVATE CLIENT WEALTH LLC. THE CIVIL MONETARY PENALTY WAS PAID ON AUGUST 21, 2024.

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

ON AUGUST 14, 2024, THE SEC ISSUED AN ORDER, WHICH FOUND THAT TD EPOCH, TD SECURITIES (USA) LLC (TD SECURITIES), AND TD PRIVATE CLIENT WEALTH LLC (TDPCW) (COLLECTIVELY THE TD ENTITIES): (1) FAILED TO PRESERVE OFF-CHANNEL COMMUNICATIONS RELATED TO THEIR BUSINESSES; AND, (2) FAILED TO REASONABLY SUPERVISE THEIR EMPLOYEES WITH A VIEW TO PREVENTING THESE VIOLATIONS. THIS SETTLEMENT WAS A PART OF THE SEC'S LONGSTANDING INDUSTRYWIDE INVESTIGATION INTO WHETHER BROKER-DEALERS AND INVESTMENT ADVISERS WERE PROPERLY RETAINING BUSINESS RELATED MESSAGES SENT AND RECEIVED ON PERSONAL ELECTRONIC DEVICES. THE TD ENTITIES ADMITTED TO THE FACTS IN THE SEC'S ORDER, ACKNOWLEDGED THAT ITS CONDUCT VIOLATED THE FEDERAL SECURITIES LAWS, AND AGREED TO: (1) CEASE AND DESIST FROM COMMITTING OR CAUSING VIOLATIONS OF THE RECORD RETENTION REQUIREMENTS IN THE FEDERAL SECURITIES LAW AND RULES; (2) BE CENSURED; (3) JOINTLY AND SEVERALLY PAY A CIVIL MONETARY PENALTY IN THE AMOUNT OF \$30,000,000, IN THIS REGARD, PURSUANT TO AN INTERNAL ASSESSMENT OF THE VOLUME OF OFF CHANNEL COMMUNICATIONS ATTRIBUTABLE TO TD EPOCH, THE TD ENTITIES AGREED THAT THE AMOUNT OF \$895,000 OF THE MONETARY PENALTY WOULD BE ALLOCATED TO TD EPOCH; AND (4) COMPLY WITH CERTAIN UNDERTAKINGS. IN ITS ORDER, THE SEC ACKNOWLEDGED THE COOPERATION AND THE REMEDIAL EFFORTS TAKEN BY TD EPOCH AND ITS AFFILIATES.

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

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

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

## PART I

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

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

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

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

## ADV DRP - ADVISORY AFFILIATE

CRD

Number:

This *advisory affiliate* is ☒ a Firm ☐ an IndividualRegistered: ☐ Yes ☒ NoName: TD GROUP U.S. HOLDINGS,  
LLC (TDGUS)

(For individuals, Last, First,  
Middle)

CRD

Number:

This advisory affiliate is ☒ a Firm ☐ an IndividualRegistered: ☐ Yes ☒ No

Name: TD BANK U.S. HOLDING  
COMPANY (TDBUSH)  
(For individuals, Last, First,  
Middle)

CRD

Number:

This advisory affiliate is ☒ a Firm ☐ an IndividualRegistered: ☐ Yes ☒ No

Name: TORONTO-DOMINION BANK  
(TD BANK)  
(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)

BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM ("FEDERAL RESERVE BOARD")

2. Principal Sanction:

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

Other Sanctions:

UNDERTAKING

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

10/09/2024 ☒ Exact ☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:

24-027-B-FB, 24-027-CMP-FB, 24-027-B-HC, 24-027-CMP-HC

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

6. Principal Product Type:

No Product

Other Product Types:

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

THE FEDERAL RESERVE BOARD ENTERED A CEASE-AND-DESIST ORDER AND ORDER OF ASSESSMENT OF A CIVIL MONETARY PENALTY (THE "FRB ORDER") ON OCTOBER 9, 2024 AGAINST TD BANK, TDBUSH AND TDGUS, THE DIRECT PARENT OF TDBUSH AND THE ULTIMATE U.S. HOLDING

COMPANY FOR TD BANK'S U.S. OPERATIONS, UNDER SECTIONS 8(B) AND 8(I)(2)(B) OF THE FEDERAL DEPOSIT INSURANCE ACT. THE FRB ORDER REQUIRES TD BANK, TDBUSH AND TDGUS TO (I) SUBMIT WRITTEN PLANS TO OVERSEE REMEDIATION; (II) RETAIN A THIRD PARTY TO ASSESS THE EFFECTIVENESS OF CORPORATE GOVERNANCE, BOARD AND U.S. MANAGEMENT STRUCTURE, AND STAFFING NEEDS; (III) ESTABLISH A U.S. REMEDIATION OFFICE; (IV) SUBMIT COMPLIANCE PROGRAMS THAT INCLUDE RELOCATION OF BSA AND AML COMPLIANCE FUNCTIONS TO THE U.S.; (V) TO APPOINT AN INDEPENDENT CONSULTANT TO CONDUCT AN ASSESSMENT OF THE BSA AND AML PROGRAMS; (VI) PRIOR TO PAYING DIVIDENDS OR BUYING BACK SHARES, OBTAINING THE CERTIFICATION OF THE BOARD OF DIRECTORS THAT TDBNA HAVE SUFFICIENT RESOURCES TO CONDUCT REMEDIATION; AND (VII) NOT RE-HIRE EMPLOYEES INVOLVED IN MISCONDUCT. THE CIVIL MONEY PENALTY ASSOCIATED WITH THE FRB ORDER AMOUNTS TO \$123.5 MILLION.

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):

10/09/2024 ☒ Exact ☐ Explanation

If not exact, provide explanation:

ORDER TO CEASE AND DESIST AND ORDER OF ASSESSMENT OF A CIVIL MONEY PENALTY ISSUED UPON CONSENT, PURSUANT TO THE FEDERAL DEPOSIT INSURANCE ACT, AS AMENDED.

12. Resolution Detail:

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

☒ Monetary/Fine Amount: \$ 123,500,000.00

☐ Revocation/Expulsion/Denial

☐ Censure

☐ Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:

THE FRB ORDER REQUIRES TD BANK, TDBUSH AND TDGUS TO (I) SUBMIT WRITTEN PLANS TO OVERSEE REMEDIATION; (II) RETAIN A THIRD PARTY TO ASSESS THE EFFECTIVENESS OF CORPORATE GOVERNANCE, BOARD AND U.S. MANAGEMENT STRUCTURE, AND STAFFING NEEDS; (III) ESTABLISH A U.S. REMEDIATION OFFICE; (IV) SUBMIT COMPLIANCE PROGRAMS THAT INCLUDE RELOCATION OF BSA AND AML COMPLIANCE FUNCTIONS TO THE U.S.; (V) TO APPOINT AN INDEPENDENT CONSULTANT TO CONDUCT AN ASSESSMENT OF THE BSA AND AML PROGRAMS; (VI) PRIOR TO PAYING DIVIDENDS OR BUYING BACK SHARES, OBTAINING THE CERTIFICATION OF THE BOARD OF DIRECTORS THAT TDBNA HAVE SUFFICIENT RESOURCES TO CONDUCT REMEDIATION; AND (VII) NOT RE-HIRE EMPLOYEES INVOLVED IN MISCONDUCT. Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:

THE ORDER REQUIRED THE PARTIES TO PAY A CIVIL MONEY PENALTY IN THE AMOUNT OF \$123.5 MILLION, WHICH WAS PAID ON OCTOBER 10, 2024.

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 FEDERAL RESERVE BOARD ENTERED A CEASE-AND-DESIST ORDER AND ORDER OF ASSESSMENT OF A CIVIL MONETARY PENALTY ON OCTOBER 9, 2024 AGAINST TD BANK, TDBUSH AND TD GUS, UNDER SECTIONS 8(B) AND 8(I)(2)(B) OF THE FEDERAL DEPOSIT INSURANCE ACT, REQUIRING TD BANK, TDBUSH AND TDGUS TO (I) SUBMIT WRITTEN PLANS TO OVERSEE REMEDIATION; (II) RETAIN A THIRD PARTY TO ASSESS THE EFFECTIVENESS OF CORPORATE GOVERNANCE, BOARD AND U.S. MANAGEMENT STRUCTURE, AND STAFFING NEEDS; (III) ESTABLISH A U.S. REMEDIATION OFFICE; (IV) SUBMIT COMPLIANCE PROGRAMS THAT INCLUDE RELOCATION OF BSA AND AML COMPLIANCE FUNCTIONS TO THE U.S.; (V) TO APPOINT AN INDEPENDENT CONSULTANT TO CONDUCT AN ASSESSMENT OF THE BSA AND AML PROGRAMS; (VI) PRIOR TO PAYING DIVIDENDS OR BUYING BACK SHARES, OBTAINING THE CERTIFICATION OF THE BOARD OF DIRECTORS THAT TDBNA HAVE SUFFICIENT RESOURCES TO CONDUCT REMEDIATION; AND (VII) NOT RE-HIRE EMPLOYEES INVOLVED IN MISCONDUCT. THE CIVIL MONEY PENALTY ASSOCIATED WITH THE FRB ORDER AMOUNTS TO \$123.5 MILLION. NEITHER EPOCH NOR ITS EMPLOYEES WERE INVOLVED IN THE UNDERLYING CONDUCT AT ISSUE NOR DID THIS MATTER INVOLVE THE PROVISION OF INVESTMENT ADVISORY SERVICES BY EPOCH OR ITS EMPLOYEES.

#### 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:	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:	TORONTO DOMINION BANK (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 MERCANTILE EXCHANGE

2. Principal Sanction:

Other

Other Sanctions:

FINE OF \$25,000

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

09/12/2025 ☒ Exact ☐ Explanation



If not exact, provide explanation:

4. Docket/Case Number:  
CBOT 24-1744-BC

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

6. Principal Product Type:  
Futures - Commodity  
Other Product Types:

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

ON SEPTEMBER 12, 2025, THE CHICAGO MERCANTILE EXCHANGE ("CME") MADE FINDINGS INVOLVING THE TORONTO-DOMINION BANK ("TD") RELATED TO A TRANSACTION EFFECTED ON THE CHICAGO BOARD OF TRADE ("CBOT") IN JUNE 2023. THE CME DETERMINED THAT THE TRANSACTION WAS EXECUTED IN ORDER TO TRANSFER A FUTURES POSITION BETWEEN ACCOUNTS WITH COMMON BENEFICIAL OWNERSHIP IN VIOLATION OF CBOT RULES 534 AND 538.C. WITHOUT ADMITTING OR DENYING ANY VIOLATIONS OR FACTUAL FINDINGS, TD CONSENTED TO THE ENTRY OF FINDINGS BY THE CME AND PAID A PENALTY OF \$25,000.

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:  
Settled

11. Resolution Date (MM/DD/YYYY):  
09/12/2025 ☒ Exact ☐ Explanation  
If not exact, provide explanation:

12. Resolution Detail:

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

☒ Monetary/Fine Amount: \$ 25,000.00

☐ Revocation/Expulsion/Denial

☐ Censure

☐ Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:

N/A

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:

N/A

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

ON SEPTEMBER 12, 2025, THE CHICAGO MERCANTILE EXCHANGE ("CME") MADE FINDINGS INVOLVING THE TORONTO-DOMINION BANK ("TD") RELATED TO A TRANSACTION EFFECTED ON THE CHICAGO BOARD OF TRADE ("CBOT") IN JUNE 2023. THE CME DETERMINED THAT THE TRANSACTION WAS EXECUTED IN ORDER TO TRANSFER A FUTURES POSITION BETWEEN ACCOUNTS WITH COMMON BENEFICIAL OWNERSHIP IN VIOLATION OF CBOT RULES 534 AND 538.C. WITHOUT ADMITTING OR DENYING ANY VIOLATIONS OR FACTUAL FINDINGS, TD CONSENTED TO THE ENTRY OF FINDINGS BY THE CME. TD PAID THE FINE ON SEPTEMBER 18, 2025.

#### CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (ADV)

No Information Filed

Part 2

Exemption from brochure delivery requirements for SEC-registered advisers

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

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

If no, complete the ADV Part 2 filing below.



Yes No

☐ ☒

Amend, retire or file new brochures:

Brochure ID	Brochure Name	Brochure Type(s)
85723	EPOCH INVESTMENT PARTNERS FORM ADV PART 2A	High net worth individuals, Pension plans/profit sharing plans, Pension consulting, Foundations/charities, Government/municipal, Other institutional, Private funds or pools, Wrap program
422372	EPOCH INVESTMENT PARTNERS FORM ADV PART 2A	High net worth individuals, Pension plans/profit sharing plans, Government/municipal, Other institutional, Private funds or pools, Wrap program

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:

DAVID BARNETT

Date: MM/DD/YYYY

01/28/2026

Printed Name:

DAVID BARNETT

Title:

CHIEF COMPLIANCE OFFICER

Adviser CRD Number:

131556

**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:  
131556