FORM ADV

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

Prin	nary Business Name: BENJAMIN F. EDWARD	S & COMPANY, INCORPO	ORATED	CRD Number: 146936
Oth	er-Than-Annual Amendment - All Sections			Rev. 10/202
6/2	5/2025 6:05:52 PM			
WA	ARNING: Complete this form truthfully. False s prosecution. You must keep this form			tion, revocation of your registration, or criminal neral Instruction 4.
Iter	n 1 Identifying Information			
	ponses to this Item tell us who you are, where remation in Item 1 should be provided for the f			you are filing an <i>umbrella registration</i> , the to assist you with filing an <i>umbrella registration</i> .
A.	Your full legal name (if you are a sole proprie BENJAMIN F. EDWARDS & COMPANY, INC	•	iddle names):	
B.	(1) Name under which you primarily conduct BENJAMIN F. EDWARDS & COMPANY, INC		different from Item 1.A.	
	List on Section 1.B. of Schedule D any addition	nal names under which you	conduct your advisory business.	
	(2) If you are using this Form ADV to register	r more than one investme	nt adviser under an <i>umbrella regi</i> s	tration, check this box \square
	If you check this box, complete a Schedule R fo	or each relying adviser.		
C.	If this filing is reporting a change in your legal name change is of \square your legal name or \square your primary business	•	nary business name (Item 1.B.(1))), enter the new name and specify whether the
D.	(1) If you are registered with the SEC as an i(2) If you report to the SEC as an exempt rep(3) If you have one or more Central Index Ke	porting adviser, your SEC fil	le number:	ır CIK numbers:
	1445065			
	1110000			
E.	(1) If you have a number ("CRD Number") as	signed by the FINRA's CRI) system or by the IARD system w	our CRD number: 146936
	•			
	If your firm does not have a CRD number, skip	this Item 1.E. Do not provi	ide the CRD number of one of your	officers, employees, or affiliates.
	(2) If you have additional CRD Numbers, you	r additional <i>CRD</i> numbers:		
		No I	nformation Filed	
F.	Principal Office and Place of Business			
	(1) Address (do not use a P.O. Box): Number and Street 1:		Number and Street 2:	
	ONE NORTH BRENTWOOD BOULEVARD		SUITE 850	
	City:	State:	Country:	ZIP+4/Postal Code:
	ST. LOUIS	Missouri	United States	63105
	If this address is a private residence, che	eck this box: \square		
	you are applying for registration, or are re which you are applying for registration or w	egistered, with one or more with whom you are register	state securities authorities, you mo ed. If you are applying for SEC regi	nich you conduct investment advisory business. If ust list all of your offices in the state or states to stration, if you are registered only with the SEC, or ns of numbers of employees as of the end of your
	(2) Days of week that you normally conduct • Monday - Friday • Other:	business at your principal	office and place of business:	
	Normal business hours at this location:			
	8:00 - 5:00			
	(3) Telephone number at this location: 314-726-1600			

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

314-726-1601

		ber of offices, other than your <i>prir</i> recently completed fiscal year?	ncipal office and place of busir	ness, at which you conduct investment advisory busine	ess as of	r I
G.	Mailing address, if differen	it from your <i>principal office and plac</i>	ce of business address:			
	Number and Street 1:		Number and Street 2:			
	City:	State:	Country:	ZIP+4/Postal Code:		
	•		oodinay.	Zii i ii ii ostali oodo.		
	If this address is a private	e residence, check this box: 🗆				
Н.	If you are a sole proprieto	or, state your full residence addres	s, if different from your <i>princ</i>	cipal 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 LinkedIn)?	websites or accounts on publicly a	vailable social media platfor	ms (including, but not limited to, Twitter, Facebook ar	nd 👩	0
	If a website address serves addresses for all of the other available social media platfo	s as a portal through which to acces er information. You may need to list	s other information you have more than one portal addres content. Do not provide the inc	ublicly available social media platforms on Section 1.1. of published on the web, you may list the portal without li es. Do not provide the addresses of websites or accounts dividual electronic mail (e-mail) addresses of employees	isting s on publi	
J.		•		e an <i>exempt reporting adviser</i> , you must provide the co	ontact	
	information for your Chief Name:	Compliance Officer, if you have on	Ţ	Item 1.K. below.		
			Other titles, if any: Facsimile number, if an	24		
	Telephone number: Number and Street 1:		Number and Street 2:	y.		
		State		ZID : 4/Postal Codo:		
	City:	State:	Country:	ZIP+4/Postal Code:		
	(2) If your Chief Complian	npany Act of 1940 that you advise imber (if any):	oyed by any <i>person</i> other tha	an you, a <i>related person</i> or an investment company re ce officer services to you, provide the <i>person's</i> name a	_	
K.	•	tact Person: If a person other that may provide that information here	·	er is authorized to receive information and respond to	o questi	ons
	Name:		Titles:			
	Telephone number:		Facsimile number, if an	v :		
	Number and Street 1:		Number and Street 2:			
	City:	State:	Country:	ZIP+4/Postal Code:		
	Electronic mail (e-mail) a	ddress, if contact person has one:				
					Yes	No
L.	•	all of the books and records you a our <i>principal office and place of busir</i>	·	ection 204 of the Advisers Act, or similar state law,	•	0
	If "yes," complete Section	1.L. of Schedule D.			Yes	Na
M.	Are you registered with a	foreign financial regulatory authorit	y?		O	⊙
	•	registered with a foreign financial re s," complete Section 1.M. of Schedu		ou have an affiliate that is registered with a foreign financ	cial	
					Yes	No
N.	Are you a public reporting	company under Sections 12 or 15	(d) of the Securities Exchang	ge Act of 1934?	0	\odot
					Yes	No
Ο.	•	more in assets on the last day of yimate amount of your assets:	your most recent fiscal year?	?	0	•

\$10 billion to less than \$50 bil\$50 billion or more	lion					
For purposes of Item 1.0. only, "ass the total assets shown on the balanc	_	_	nage on behalf of clients. Determine your total assets us	sing		
P. Provide your <i>Legal Entity Identifier</i> i 2549003FIOJT37PTTC29	f you have one:					
A legal entity identifier is a unique ni identifier.	umber that companies use to ider	ntify each other in the financ	cial marketplace. You may not have a legal entity			
SECTION 1.B. Other Business Names						
List your other business names and the name.	e jurisdictions in which you use th	nem. You must complete a so	eparate Schedule D Section 1.B. for each business			
Name: BENJAMIN F. EDWARDS						
Jurisdictions ☑ AL	☑ IL	☑ NE	☑ SC			
✓ AK	☑ IN	☑ NV	☑ SD			
✓ AZ ✓ AR	☑ IA ☑ KS	₩ NH	▼ TN			
☑ CA	☑ KY	☑ NM	☑ UT			
☑ co	₽ LA	☑ NY	☑ ∨T			
☑ СТ	☑ ME	☑ NC	✓VI			
☑ DE	☑ MD	☑ ND	☑ VA			
☑ DC	™ MA	☑ OH	☑ WA			
☑ FL ☑ GA	☑ MI ☑ MN	☑ OK ☑ OR	₩V ₩I			
☑ GU	MS MS	✓ OR ✓ PA	₩ WY			
☑ HI	☑ MO	₽ PR	□ Other:			
☑ ID	☑ MT	☑ RI				
SECTION 1.F. Other Offices						
	e D Section 1.F. for each location.	. If you are applying for SEC	ess, at which you conduct investment advisory business registration, if you are registered only with the SEC, of employees).			
Number and Street 1: 5832 NORTH KNOXVILLE AVENUE		Number and Street 2: SUITE B				
City: PEORIA	State: Illinois	Country: United States	ZIP+4/Postal Code: 61614			
If this address is a private residence, c	heck this box:					
Telephone Number: Facsimile Number, if any: 309-693-5760 309-693-5731						
If this office location is also required to adviser on the Uniform Branch Office Re 424949		•	branch office location for a broker-dealer or investmer umber here:	nt		
How many <i>employees</i> perform investments	ent advisory functions from this of	ffice location?				
Are other business activities conducted ✓ (1) Broker-dealer (registered or unre		that apply)				

(2) Bank (including a separately identifiable	department or divis	sion of a bank)			
☑ (3) Insurance broker or agent					
\square (4) Commodity pool operator or commodity	trading advisor (wh	ether registered or exempt t	from registration)		
\square (5) Registered municipal advisor					
\square (6) Accountant or accounting firm					
\square (7) Lawyer or law firm					
Describe any other investment-related busines	s activities conducte	ed from this office location:			
	tion 1.F. for each lo	cation. If you are applying fo	business, at which you conduct investment advisory business. or SEC registration, if you are registered only with the SEC, or bers of <i>employees</i>).		
Number and Street 1: ONE RESERVE ROAD		Number and Stre	eet 2:		
City:	State:	Country:	ZIP+4/Postal Code:		
DANBURY	Connecticut	United States	06810		
If this address is a private residence, check th	is box:				
Telephone Number: 203-790-8700	Facsimile Number 203-748-3900	r, if any:			
If this office location is also required to be reg adviser on the Uniform Branch Office Registrat 457926		•	as a branch office location for a broker-dealer or investment nch Number here:		
How many <i>employees</i> perform investment advis	isory functions from	this office location?			
Are other business activities conducted at this ✓ (1) Broker-dealer (registered or unregistered or unregist	ed)	., .			
(3) Insurance broker or agent					
\square (4) Commodity pool operator or commodity	trading advisor (wh	ether registered or exempt t	from registration)		
\square (5) Registered municipal advisor					
\square (6) Accountant or accounting firm					
\square (7) Lawyer or law firm					
Describe any other <i>investment-related</i> business activities conducted from this office location:					
	tion 1.F. for each lo	cation. If you are applying fo	business, at which you conduct investment advisory business. or SEC registration, if you are registered only with the SEC, or bers of employees).		
Number and Street 1: 2884 N.MONROE STREET		Number and Street 2:			
City:	State:	Country:	ZIP+4/Postal Code:		
DECATUR	Illinois	United States	62526		
If this address is a private residence, check th	is box: \square				
Telephone Number: 217-876-0649	Facsimile Nur	mber, if any:			
If this office location is also required to be reg adviser on the Uniform Branch Office Registrat 446070		•	as a branch office location for a broker-dealer or investment nch Number here:		

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

11						
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm						
Describe any other investment-related business a	etivities conducted from t	ins office location.				
	n 1.F. for each location. I	f you are applying for SEC re	at which you conduct investment advisory business. gistration, if you are registered only with the SEC, or mployees).			
Number and Street 1: 111 S. CALVERT ST.		Number and Street 2: SUITE 2020				
City: BALTIMORE	State: Maryland	Country: United States	ZIP+4/Postal Code: 21202			
If this address is a private residence, check this I	oox:					
Telephone Number: 410-347-5559	Facsimile Number, if an 410-347-5659	y:				
If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here: 549672						
How many <i>employees</i> perform investment advisory functions from this office location?						
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:						
	n 1.F. for each location. I	f you are applying for SEC re	at which you conduct investment advisory business. gistration, if you are registered only with the SEC, or <i>mployees</i>).			
Number and Street 1: 440 SCIENCE DRIVE		Number and Street 2: SUITE 402				
City: MADISON	State: Wisconsin	Country: United States	ZIP+4/Postal Code: 53711			
If this address is a private residence, check this I	рох: П					
Telephone Number: 608-233-1000	Facsimile Number, if any 608-233-1085	r:				

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 <i>CRD</i> Branch Number here: 429592								
How many <i>employees</i> perform investment advisory functions from this office location? 7								
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent								
 (3) Insulance broker of 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 act	civities conducted fro	om this office location:						
	1.F. for each locatio	on. If you are applying for SEC re	at which you conduct investment advisory business. egistration, if you are registered only with the SEC, or employees).					
Number and Street 1: 5250 W. 116TH PLACE		Number and Street 2: SUITE 320						
City: LEAWOOD	State: Kansas	Country: United States	ZIP+4/Postal Code: 66211					
If this address is a private residence, check this bo	x: 🗖							
Telephone Number: 913-253-1400	Facsimile Number, 913-253-1499	if any:						
If this office location is also required to be register adviser on the Uniform Branch Office Registration F 513410		_	anch office location for a broker-dealer or investment ober here:					
How many <i>employees</i> perform investment advisory 6	functions from this	office location?						
Are other business activities conducted at this office ✓ (1) Broker-dealer (registered or unregistered)	e location? (check a	all that apply)						
☐ (2) Bank (including a separately identifiable dep ☐ (3) Insurance broker or agent	artment or division (of a bank)						
\square (4) Commodity pool operator or commodity trad \square (5) Registered municipal advisor	ling advisor (whethe	r registered or exempt from reg	istration)					
☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm								
Describe any other <i>investment-related</i> business activities conducted from this office location:								
Complete the following information for each office	other than your pri	ncinal office and place of business	at which you conduct investment advisory business.					
	1.F. for each locatio	n. If you are applying for SEC re	egistration, if you are registered only with the SEC, or					
Number and Street 1: 99 MONROE AVENUE, NW		Number and Street 2: SUITE 975						
City: GRAND RAPIDS	State: Michigan	Country: United States	ZIP+4/Postal Code: 49503					
If this address is a private residence, check this bo	ox: 🗖							

If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here: 560209						
How many <i>employees</i> perform investment advisory functions from this office location? 6						
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm						
Complete the following information for each office, other than your <i>principal office and place of business</i> , 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 <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).						
Number and Street 1: 11621 CATALPA LANE		Number and Street 2:	:			
City: WOODSTOCK	State: Illinois	Country: United States	ZIP+4/Postal Code: 60098			
If this address is a private residence, check this box	α : □					
Telephone Number: 815-337-4485	Facsimile Number 815-337-5865	er, if any:				
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here: 527028						
How many <i>employees</i> perform investment advisory 1	functions from thi	s office location?				
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 active	vities conducted f	rom this office location:				
	I.F. for each locat	ion. If you are applying	of business, at which you conduct investment advisory business. If for SEC registration, if you are registered only with the SEC, or imbers of employees).			

Number and Street 2:

ZIP+4/Postal Code:

SUITE 140

Country:

State:

Facsimile Number, if any:

616-974-9027

Telephone Number:

Number and Street 1:

City:

400 SOUTH COUNTY ROAD

616-974-3000

If this address is a private residence, check this box:								
Telephone Number: Facsimile Number, if any: 630-871-2673 630-692-8076								
If this office location is also required to be registered adviser on the Uniform Branch Office Registration Fo			a branch office location for a broker-dealer or investment Number here:					
How many <i>employees</i> perform investment advisory f	How many <i>employees</i> perform investment advisory functions from this office location? 22							
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm								
Describe any other <i>investment-related</i> business active	vities conducted f	rom this office location:						
Complete the following information for each office, other than your <i>principal office and place of business</i> , 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 <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).								
Number and Street 1: 475 REGENCY PARK DRIVE		Number and Street 2: SUITE 125						
City: O'FALLON	State: Illinois	Country: United States	ZIP+4/Postal Code: 62269					
If this address is a private residence, check this box	: 🗖							
Telephone Number: 618-624-1500	Facsimile Number 618-624-1501	er, if any:						
If this office location is also required to be registered adviser on the Uniform Branch Office Registration Fo		•	a branch office location for a broker-dealer or investment Number here:					
How many <i>employees</i> perform investment advisory f	unctions from thi	s office location?						
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 active	vities conducted f	rom this office location:						
,	.F. for each locat	ion. If you are applying for SE	ness, at which you conduct investment advisory business. EC registration, if you are registered only with the SEC, or of employees).					

Number and Street 2:

Illinois

United States

60187

WHEATON

Number and Street 1:

Telephone Number: 773-254-5880 973-25 If this office location is also required to be registered wit adviser on the Uniform Branch Office Registration Form (How many <i>employees</i> perform investment advisory functions Are other business activities conducted at this office local (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading activities (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm Complete the following information for each office, other you must complete a separate Schedule D Section 1.F. for	ille Number, if any: 64-5899 th FINRA or a state securities auth (Form BR), please provide the CRD cions from this office location? ation? (check all that apply) ent or division of a bank) dvisor (whether registered or exer	nority as a branch office location for a broker-dealer or investment D Branch Number here:
If this office location is also required to be registered wit adviser on the Uniform Branch Office Registration Form (How many <i>employees</i> perform investment advisory functions of the Uniform Branch Office Registration Form (How many <i>employees</i> perform investment advisory functions of the Uniform Branch Office Registration Form (How many <i>employees</i> perform investment advisory functions of the Uniform Investment advisor (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department (2) Bank (including a separately identifiable department (3) Insurance broker or agent (4) Commodity pool operator or commodity trading at (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm (7) Describe any other <i>investment-related</i> business activities (1) Complete the following information for each office, other (You must complete a separate Schedule D Section 1.F. for the How Investment (2) Bank (3) Insurance broker (4) Complete the following information for each office, other (You must complete a separate Schedule D Section 1.F. for the How Investment (3) Insurance broker (4) Complete the following information for each office, other (You must complete a separate Schedule D Section 1.F. for the How Investment (4) Complete (4) Complet	ile Number, if any: 64-5899 th FINRA or a state securities auth (Form BR), please provide the CRE cions from this office location? ation? (check all that apply) ent or division of a bank) dvisor (whether registered or exer	D Branch Number here: mpt from registration)
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Are other business activities conducted at this office local (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable departme (3) Insurance broker or agent (4) Commodity pool operator or commodity trading activities) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm Describe any other <i>investment-related</i> business activities (2) Complete the following information for each office, other (3) You must complete a separate Schedule D Section 1.F. for	ation? (check all that apply) ent or division of a bank) dvisor (whether registered or exer	
 ✓ (1) Broker-dealer (registered or unregistered) ☐ (2) Bank (including a separately identifiable departme ✓ (3) Insurance broker or agent ☐ (4) Commodity pool operator or commodity trading acceptable (5) Registered municipal advisor ☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm Describe any other <i>investment-related</i> business activities Complete the following information for each office, other You must complete a separate Schedule D Section 1.F. for 	ent or division of a bank) dvisor (whether registered or exer	
 □ (2) Bank (including a separately identifiable departme □ (3) Insurance broker or agent □ (4) Commodity pool operator or commodity trading accounting (5) Registered municipal advisor □ (6) Accountant or accounting firm □ (7) Lawyer or law firm □ Describe any other <i>investment-related</i> business activities □ Complete the following information for each office, other You must complete a separate Schedule D Section 1.F. for 	dvisor (whether registered or exer	
 ✓ (3) Insurance broker or agent ✓ (4) Commodity pool operator or commodity trading action ✓ (5) Registered municipal advisor ✓ (6) Accountant or accounting firm ✓ (7) Lawyer or law firm Describe any other <i>investment-related</i> business activities Complete the following information for each office, other You must complete a separate Schedule D Section 1.F. for 	dvisor (whether registered or exer	
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(6) Accountant or accounting firm (7) Lawyer or law firm Describe any other <i>investment-related</i> business activities Complete the following information for each office, other you must complete a separate Schedule D Section 1.F. for	s conducted from this office location	
(7) Lawyer or law firm Describe any other <i>investment-related</i> business activities Complete the following information for each office, other you must complete a separate Schedule D Section 1.F. for	conducted from this office locatio	
Describe any other <i>investment-related</i> business activities Complete the following information for each office, other You must complete a separate Schedule D Section 1.F. for	s conducted from this office location	
Complete the following information for each office, other You must complete a separate Schedule D Section 1.F. fo	s conducted from this office location	
You must complete a separate Schedule D Section 1.F. fo		UII:
You must complete a separate Schedule D Section 1.F. fo		
f you are an <i>exempt reporting adviser</i> , list only the larges Number and Street 1: 2056 WESTINGS AVE.		
City: Sta	te: Country:	ZIP+4/Postal Code:
NAPERVILLE IIIin	nois United States	60563
If this address is a private residence, check this box: \Box		
·	esimile Number, if any: 1-814-2596	
If this office location is also required to be registered wit adviser on the Uniform Branch Office Registration Form (640423		nority as a branch office location for a broker-dealer or investment D Branch Number here:
How many <i>employees</i> perform investment advisory functi 10	ions from this office location?	
Are other business activities conducted at this office loca (1) Broker-dealer (registered or unregistered)	ation? (check all that apply)	
(2) Bank (including a separately identifiable departme	nt or division of a bank)	
√ (3) Insurance broker or agent √ (4) Commodity pool operator or commodity trading ac √ (4) Commodity pool operator or commodity trading ac √ (4) Commodity pool operator or commodity trading ac √ (5) Insurance broker or agent √ (8) Insurance broker or agent ✓ (8) Insurance broker or a	duisor (whather registered or ever	mnt from registration)
(4) Commodity pool operator of commodity trading action (5) Registered municipal advisor	avisor (whether registered or exer	mpt from registration)
(6) Accountant or accounting firm		
(6) Accountant or accounting firm (7) Lawyer or law firm		
Describe any other <i>investment-related</i> business activities	s conducted from this office location	on:

if you are an exempt reporting adviser, list only the	largest twenty-five	offices (in terms of numbers of	of employees).				
Number and Street 1: 1605 MARTHA BERRY BOULEVARD NW		Number and Street	2:				
City: ROME	State: Georgia	Country: United States	ZIP+4/Postal Code: 30165				
If this address is a private residence, check this bo	x: 🗖						
Felephone Number: Facsimile Number, if any: 706-292-3600 706-292-3601							
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:							
How many <i>employees</i> perform investment advisory functions from this office location? 15							
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 act	ivities conducted fro	om this office location:					
,	1.F. for each location	on. If you are applying for SEC	ess, at which you conduct investment advisory business. registration, if you are registered only with the SEC, or of employees).				
Number and Street 1: 12600 DEERFIELD PARKWAY		Number and Street 2: SUITE 180					
City: ALPHARETTA	State: Georgia	Country: United States	ZIP+4/Postal Code: 30004				
If this address is a private residence, check this bo	x: 🗖						
Telephone Number: 770-619-3004	Facsimile Number, 770-619-3979	if any:					
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here: 447658							
How many <i>employees</i> perform investment advisory functions from this office location? 8							
Are other business activities conducted at this office location? (check all that apply) [(1) Broker-dealer (registered or unregistered)							
(2) Bank (including a separately identifiable depart (3) Insurance broker or agent	artificition division	or a barrey					
(4) Commodity pool operator or commodity trad	ing advisor (whethe	er registered or exempt from r	egistration)				
(6) Accountant or accounting firm (7) Lawyer or law firm							
Describe any other <i>investment-related</i> business activities conducted from this office location:							

	n 1.F. for each location	on. If you are applying for SE	ness, at which you conduct investment advisory business. C registration, if you are registered only with the SEC, or of employees).			
Number and Street 1: 751 E PORTER AVE		Number and Street 2: SUITE 6				
City: CHESTERTON	State: Indiana	Country: United States	ZIP+4/Postal Code: 46304			
If this address is a private residence, check this I	box: 🗖					
Telephone Number: 219-250-3240	Facsimile Number, 219-250-3252	if any:				
If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here: 695938						
How many <i>employees</i> perform investment advisor	ry functions from this	office location?				
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 a	activities conducted fro	om this office location:				
Complete the following information for each office, other than your <i>principal office and place of business</i> , 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 <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).						
Number and Street 1: 1101 BROAD STREET		Number and Street 2: SUITE 105				
City: CHATTANOOGA	State: Tennessee	Country: United States	ZIP+4/Postal Code: 37402			
If this address is a private residence, check this I	box: 🗖					
Telephone Number: 423-668-5411	Facsimile Number, if 423-668-5412	any:				
If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here: 479036						
How many <i>employees</i> perform investment advisory functions from this office location? 7						
Are other business activities conducted at this of ✓ (1) Broker-dealer (registered or unregistered)		all that apply)				
□ (2) Bank (including a separately identifiable de☑ (3) Insurance broker or agent	epartment or division	of a bank)				
\square (4) Commodity pool operator or commodity tra	ading advisor (whethe	er 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 <i>principal office and place of business</i> , 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 <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).							
Number and Street 1: 1112 WINDOVER ROAD		Number and Street 2:					
City: JONESBORO	State: Arkansas	Country: United States	ZIP+4/Postal Code: 72401				
If this address is a private residence, check this bo	ox:						
Telephone Number: Facsimile Number, if any: 870-520-7000 870-520-7001							
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: 644743							
How many <i>employees</i> perform investment advisory	/ functions from this off	ice location?					
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 <i>principal office and place of business</i> , 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 <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).							
Number and Street 1:		Number and Street 2	:				
ONE NORTH BRENBTWOOD BLVD City:	State:	SUITE 510 Country:	ZIP+4/Postal Code:				
CLAYTON	Missouri	United States	63105				
If this address is a private residence, check this bo	ox:						
Telephone Number: Facsimile Number, if any: 314-854-9900 314-727-1388							
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:							
How many <i>employees</i> perform investment advisory	/ functions from this off	ice location?					
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							
\square (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)							

(5) Registered municipal advisor				
\square (6) Accountant or accounting firm				
\square (7) Lawyer or law firm				
Describe any other investment-related	business activities conducted	from this office location:		
	ile D Section 1.F. for each loca	ation. If you are applying for SE	ness, at which you conduct investment advisory busines C registration, if you are registered only with the SEC, of employees).	
Number and Street 1: 6555 US HIGHWAY 98-WEST		Number and Street 2: SUITE B		
City:	State:	Country:	ZIP+4/Postal Code:	
HATTIESBURG	Mississippi	United States	39402	
If this address is a private residence, o	check this box:			
,				
Telephone Number: 061-271-7110	Facsimile Number,	, if any:		
If this office location is also required to adviser on the Uniform Branch Office F 622838			branch office location for a broker-dealer or investmer Number here:	۱t
How many <i>employees</i> perform investm 11	nent advisory functions from th	his office location?		
Are other business activities conducted (1) Broker-dealer (registered or uni (2) Bank (including a separately ide (3) Insurance broker or agent (4) Commodity pool operator or cor	registered) entifiable department or divisio	on of a bank)	registration)	
(5) Registered municipal advisor				
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other <i>investment-related</i>	business activities conducted	from this office location:		
	lle D Section 1.F. for each loca	ation. If you are applying for SE	ness, at which you conduct investment advisory busines C registration, if you are registered only with the SEC, of <i>employees</i>).	
Number and Street 1: 400 ASHMAN STREET		Number and Street 2: SUITE 200		
City:	State:	Country:	ZIP+4/Postal Code:	
MIDLAND	Michigan	United States	48640	
If this address is a private residence, o	check this box:			
Telephone Number: 989-835-3000	Facsimile Numbe 989-835-7462	er, if any:		
If this office location is also required to adviser on the Uniform Branch Office F 546765	•		branch office location for a broker-dealer or investmer Number here:	۱t
How many <i>employees</i> perform investm 7	nent advisory functions from th	his office location?		

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

(1) Broker-dealer (registered or u	nregistered)			
\square (2) Bank (including a separately id	dentifiable department or divisior	n of a bank)		
▼ (3) Insurance broker or agent				
(4) Commodity pool operator or co	ommodity trading advisor (wheth	ner registered or exempt from	registration)	
(5) Registered municipal advisor				
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other investment-relate	ed business activities conducted f	from this office location:		
	dule D Section 1.F. for each locat	ion. If you are applying for SE	ness, at which you conduct investment advisory bus C registration, if you are registered only with the S of <i>employees</i>).	
Number and Street 1:		Number and Street 2:		
6300 S SYRACUSE WAY		SUITE 210	710 4/0 4 4 0 4	
City: GREENWOOD VILLAGE	State: Colorado	Country: United States	ZIP+4/Postal Code: 80111	
If the conduction are consistent and consistent are consistent as a consistency of the co	abanda Abin Bassa - 🗖			
If this address is a private residence	, check this box:			
Telephone Number: 303-770-6621	Facsimile Number 303-770-0935	er, if any:		
If this office location is also required adviser on the Uniform Branch Office 547331	3	•	branch office location for a broker-dealer or invest Number here:	tment
How many <i>employees</i> perform invest	ment advisory functions from thi	is office location?		
Are other business activities conduct ✓ (1) Broker-dealer (registered or u ☐ (2) Bank (including a separately id ✓ (3) Insurance broker or agent ☐ (4) Commodity pool operator or cd ☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm	nregistered) dentifiable department or divisior	n of a bank)	registration)	
Describe any other investment-relate	ed business activities conducted f	rom this office location:		
	dule D Section 1.F. for each locat	ion. If you are applying for SE	ness, at which you conduct investment advisory bus C registration, if you are registered only with the S of employees).	
Number and Street 1: 125 HALF MILE ROAD, SUITE 104		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
RED BANK	New Jersey	United States	07701	
If this address is a private residence	, check this box:			
Telephone Number: 732-383-2050	Facsimile Number, it 732-383-2100	f any:		
If this office location is also required adviser on the Uniform Branch Office	3	•	branch office location for a broker-dealer or invest	tment

How many <i>employees</i> perform investment as 10	Ivisory functions from	n this office location?		
Are other business activities conducted at the	ered) ble department or div ty trading advisor (w	ision of a bank) hether registered or exempt fro	m registration)	
	ection 1.F. for each lo	ocation. If you are applying for S	siness, at which you conduct investment advisory business, at which you conduct investment advisory business. SEC registration, if you are registered only with the SE are of employees).	
Number and Street 1: Number and Street 2:				
SHADES CREEK PLAZA		850 SHADES CREEK PARKWAY		
City: BIRMINGHAM	State: Alabama	Country: United States	ZIP+4/Postal Code: 35209	
If this address is a private residence, check	this box:			
Telephone Number: 205-877-9900	Facsimile Number, 205-877-9999	if any:		
If this office location is also required to be readviser on the Uniform Branch Office Registr 534337	•	_	a branch office location for a broker-dealer or invest n Number here:	ment
How many <i>employees</i> perform investment ac 9	Ivisory functions from	n this office location?		
Are other business activities conducted at the	ered) ble department or div	ision of a bank)	m registration)	
Describe any other <i>investment-related</i> busin	ess activities conduct	ted from this office location:		
	ection 1.F. for each l	ocation. If you are applying for S	siness, at which you conduct investment advisory business, at which you conduct investment advisory business; at which you are registered only with the SE of employees).	
Number and Street 1: 36468 EMERALD COAST PARKWAY		Number and Street SUITE 5101	2:	
City: DESTIN	State: Florida	Country: United States	ZIP+4/Postal Code: 32541	
If this address is a private residence, check	this box:			
Tolonhono Number	Eggstratt	lo Numbor if any		
Telephone Number: 8508372451	850837	le Number, if any: 2471		

adviser on the Uniform Branch Office R	registration Form (Form BR)), please provide the <i>CRD</i> Bran	ch Number here:	y or myosiment			
How many <i>employees</i> perform investment advisory functions from this office location? 11							
Are other business activities conducted	Are other business activities conducted at this office location? (check all that apply)						
(1) Broker-dealer (registered or unregistered)							
lacksquare (2) Bank (including a separately ide	ntifiable department or divi	sion of a bank)					
🗹 (3) Insurance broker or agent							
\square (4) Commodity pool operator or con	nmodity trading advisor (w	hether registered or exempt fr	om registration)				
(5) Registered municipal advisor							
(6) Accountant or accounting firm							
□ (7) Lawyer or law firm							
Describe any other <i>investment-related</i>	business activities conduct	ed from this office location:					
	le D Section 1.F. for each lo	ocation. If you are applying for	ousiness, at which you conduct investment ac SEC registration, if you are registered only ers of <i>employees</i>).	•			
Number and Street 1: 7322 CENTER STREET		Number and Street 2:					
City:	State:	Country:	ZIP+4/Postal Code:				
MENTOR	Ohio	United States	44060				
If this address is a private residence, o	check this box:						
Telephone Number: 440-205-0829	Facsimile Nu 440-205-09	mber, if any: 68					
If this office location is also required to adviser on the Uniform Branch Office R462213	•		as a branch office location for a broker-dealench Number here:	er or investment			
How many <i>employees</i> perform investm 9	ent advisory functions from	this office location?					
Are other business activities conducted	d at this office location? (ch	neck all that apply)					
🗹 (1) Broker-dealer (registered or unr	registered)						
lacksquare (2) Bank (including a separately ide	ntifiable department or divi	sion of a bank)					
🗹 (3) Insurance broker or agent							
lacksquare (4) Commodity pool operator or con	nmodity trading advisor (wl	hether registered or exempt fr	rom registration)				
lacksquare (5) Registered municipal advisor							
\square (6) Accountant or accounting firm							
(7) Lawyer or law firm							
Describe any other <i>investment-related</i>	business activities conduct	ed from this office location:					
ECTION 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 1.1. for each website or account on a publicly available social media platform.

Address of Website/Account on Publicly Available Social Media Platform: https://www.facebook.com/people/Benjamin-F-Edwards-Co/100040273672567/

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

Address of Website/Account on Publicly Available So	ocial Media Platform:	: HTTPS://WWW.YOUTUBE.COM/	JSER/BENJAMINFEDWARDS
Address of Website/Account on Publicly Available So	ocial Media Platform:	: https://vimeo.com/user143999	078
Address of Website/Account on Publicly Available So	ocial Media Platform:	: HTTPS://WWW.LINKEDIN.COM/	COMPANY/BENJAMIN-FEDWARDS-&-CO.
Address of Website/Account on Publicly Available So	ocial Media Platform:	: HTTPS://TWITTER.COM/GROWV	VITHBFEC
SECTION 1.L. Location of Books and Records			
Complete the following information for each location must complete a separate Schedule D, Section 1.L.		your books and records, other th	an your <i>principal office and place of business</i> . You
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 3400 HEDLEY ROAD		Number and Street 2:	
City: SPRINGFIELD	State: Illinois	Country: United States	ZIP+4/Postal Code: 62711
If this address is a private residence, check this box	x: 🗖		
Telephone Number: 217-726-5862	Facsimile number, 217-726-5883	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 RECORDS RETAINED AT BRANCH OFFICES INCLUDE		' IA RULE 204-2(A)(4), (5), (7), AND) (11).
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 102 NW 3RD STREET		Number and Street 2:	
City: ABILENE	State: Kansas	Country: United States	ZIP+4/Postal Code: 67410
If this address is a private residence, check this box	x: 🗖		
Telephone Number: 785-263-3794	Facsimile number, 785-263-3794	if any:	
This is (check one): one of your branch offices or affiliates.			
$_{f C}$ a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		' IA RULE 204-2(A)(4), (5), (7), ANI	O (11).

Name of entity where books and record BENJAMIN F. EDWARDS	s are kept:			
Number and Street 1: 925 WESTCHESTER AVE		Number and Street 2: SUITE LL01		
City: WHITE PLAINS	State: New York	Country: United States	ZIP+4/Postal Code: 10604	
If this address is a private residence, ch	eck this box:			
Telephone Number: 914-467-5033	Facsimile numbe	er, if any:		
This is (check one): one of your branch offices or affiliate	S.			
o a third-party unaffiliated recordkeep	er.			
O other.				
Briefly describe the books and records k RECORDS RETAINED AT BRANCH OFFICE: Name of entity where books and record BENJAMIN F. EDWARDS	S INCLUDE ITEMS REQUIRE	D BY IA RULE 204-2(A)(4), (5), (7),	AND (11).	
Number and Street 1:		Number and Street 2:		
77 SOUTH PALM AVENUE City:	State:	Country:	ZIP+4/Postal Code:	
SARASOTA	Florida	United States	34236	
If this address is a private residence, ch	eck this box:			
Telephone Number: 941-954-8651	Facsimile num 941-954-865	3		
This is (check one): one of your branch offices or affiliate	s.			
o a third-party unaffiliated recordkeep	er.			
O other.				
Briefly describe the books and records k RECORDS RETAINED AT BRANCH OFFICE:		D BY IA RULE 204-2(A)(4), (5), (7),	AND (11).	
Name of entity where books and record BENJAMIN F. EDWARDS	s are kept:			
Number and Street 1: 771 CORPORATE DRIVE		Number and Street 2: SUITE 605		
City: LEXINGTON	State: Kentucky	Country: United States	ZIP+4/Postal Code: 40503	
If this address is a private residence, ch	eck this box:			
Telephone Number: 859-286-7528	Facsimile numb 859-286-7529	er, if any:		
This is (check one): one of your branch offices or affiliate	S.			
o a third-party unaffiliated recordkeep	er.			
O other.				

Briefly describe the books and records kept at thi RECORDS RETAINED AT BRANCH OFFICES INCLUD		BY IA RULE 204-2(A)(4), (5), (7), A	AND (11).	
Name of entity where books and records are kep BENJAMIN F. EDWARDS	t:			
Number and Street 1: 921 EAST NORTH AVENUE		Number and Street 2:		
	C+-+-	Community of	710 4/0	
City: FLORA	State: Illinois	Country: United States	ZIP+4/Postal Code: 62839	
LONA	11111013	office States	02037	
If this address is a private residence, check this b	oox:			
Telephone Number:	Facsimile numbe	er if anv		
618-508-8050	618-508-8049	cr, ir driy.		
This is (check one): one of your branch offices or affiliates.				
a third-party unaffiliated recordkeeper.				
~				
O other.				
Briefly describe the books and records kept at thi RECORDS RETAINED AT BRANCH OFFICES INCLUD		BY IA RULE 204-2(A)(4), (5), (7), A	AND (11).	
Name of entity where books and records are kep BENJAMIN F. EDWARDS	t:			
N. I. C. I.A.		N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Number and Street 1: 4501 N. HWY 7		Number and Street 2: SUITE 4		
	Ctata		71D : 4/Doctol Codo	
City: HOT SPRINGS VILLAGE	State: Arkansas	Country: United States	ZIP+4/Postal Code: 71909	
THOT STRINGS VILLAGE	7 ii Kurisus	omited states	, , , , ,	
If this address is a private residence, check this k	oox:			
Telephone Number:	Facsimile numbe	or if any		
501-431-2379	racsimile mambe	ar, ii ariy.		
This is (check one):				
one of your branch offices or affiliates.				
a third-party unaffiliated recordkeeper.				
O other.				
O other.				
Briefly describe the books and records kept at thi RECORDS RETAINED AT BRANCH OFFICES INCLUD		BY IA RULE 204-2(A)(4) (5) (7) A	AND (11)	
Table 11. E. C.			· · · / ·	
Name of entity where books and records are kep BENJAMIN F. EDWARDS	t:			
DENOMINAT. EDWARDS				
Number and Street 1:		Number and Street 2:		
1411 EAST PRIMROSE		SUITE A		
City:	State:	Country:	ZIP+4/Postal Code:	
SPRINGFIELD	Missouri	United States	65804	
				
If this address is a private residence, check this b	oox:			
Telephone Number: 417-712-3922	Facsimile numbe 417-823-8912	r, it any:		
	111 020-0712			

one of your branch offices or affiliates.				
$_{\hbox{\scriptsize C}}$ a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at the RECORDS RETAINED AT BRANCH OFFICES INCLUD		IA RULE 204-2(A)(4), (5), (7),	, AND (11).	
Name of entity where books and records are kep BENJAMIN F EDWARDS	ot:			
Number and Street 1: 2480 E. RIVER ROAD		Number and Street 2:		
City: TUCSON	State: Arizona	Country: United States	ZIP+4/Postal Code: 85718	
If this address is a private residence, check this k	oox: 🗖			
Telephone Number: 520-274-2748	Facsimile number, 520-274-2749	if any:		
This is (check one): one of your branch offices or affiliates.				
$_{\hbox{\scriptsize C}}$ a third-party unaffiliated recordkeeper.				
C other.				
Briefly describe the books and records kept at the RECORDS RETAINED AT BRANCH OFFICES INCLUD		IA RULE 204-2(A)(4), (5), (7),	, AND (11).	
Name of entity where books and records are kep BENJAMIN F. EDWARDS	ot:			
Number and Street 1: 8794 BOYNTON BEACH BLVD		Number and Street 2: SUITE 220		
City: BOYNTON BEACH	State: Florida	Country: United States	ZIP+4/Postal Code: 33472	
If this address is a private residence, check this b	oox: 🗖			
Telephone Number: 561-733-9900	Facsimile number, 561-733-9991	if any:		
This is (check one): one of your branch offices or affiliates.				
$_{ m C}$ a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at the RECORDS RETAINED AT BRANCH OFFICES INCLUD		IA RULE 204-2(A)(4), (5), (7),	, AND (11).	
Name of entity where books and records are kep BENJAMIN F EDWARDS	ot:			
Number and Street 1: 2640 W. ANDREW JOHNSON HWY		Number and Street 2:		
City: MORRISTOWN	State: Tennessee	Country: United States	ZIP+4/Postal Code: 37814	

This is (check one):

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

Telephone Number: 423-353-9526	Facsimile number 423-353-9527	er, if any:		
This is (check one):				
one of your branch offices or affiliates.				
O a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept a RECORDS RETAINED AT BRANCH OFFICES INCL		ED BY IA RULE 204-2(A)(4), (5)	, (7), AND (11).	
Name of entity where books and records are BENJAMIN F. EDWARDS	kept:			
Number and Street 1:		Number and Street 2:		
3511 CANYON DE FLORES		SUITE 202		
City: WATKINSVILLE	State: Georgia	Country: United States	ZIP+4/Postal Code: 30677	
If this address is a private residence, check th	nis box: 🗖			
Telephone Number: 706-705-0350	Facsimile nun 706-705-034	_		
This is (check one):				
one of your branch offices or affiliates.				
$_{ m C}$ a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at RECORDS RETAINED AT BRANCH OFFICES INCL		ED BY IA RULE 204-2(A)(4), (5)	, (7), AND (11).	
Name of entity where books and records are BENJAMIN F. EDWARDS	kept:			
Number and Street 1: 4833 MUNSON STREET NW		Number and Street 2:		
City: CANTON	State: Ohio	Country: United States	ZIP+4/Postal Code: 44718	
			,	
If this address is a private residence, check the	nis box: L			
Telephone Number: 330-494-8640	Facsimile nu 330-494-86	•		
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 RECORDS RETAINED AT BRANCH OFFICES INCL		ED BY IA RULE 204-2(A)(4), (5)	, (7), AND (11).	
Name of entity where books and records are BENJAMIN F. EDWARDS	kept:			

Number and Street 1: 224 E. LARKIN ST.

	State: Michigan	Country: United States	ZIP+4/Postal Code: 48640
If this address is a private residence, check this box	:		
The time data less to a private residence, enest time seri	. —		
	Facsimile number, it 989-835-7462	f any:	
This is (check one): one of your branch offices or affiliates.			
O a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this I RECORDS RETAINED AT BRANCH OFFICES INCLUDE I		IA RULE 204-2(A)(4), (5), (7), AND	(11).
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 1305 LAMAR AVE		Number and Street 2: SUITE C	
City:	State:	Country:	ZIP+4/Postal Code:
PARIS	Texas	United States	75460
If this address is a private residence, check this box	:: □		
Telephone Number: 903-783-1307	Facsimile number, 903-783-1875	if any:	
This is (check one): one of your branch offices or affiliates.			
$_{\hbox{\scriptsize O}}$ a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this I RECORDS RETAINED AT BRANCH OFFICES INCLUDE I		IA RULE 204-2(A)(4), (5), (7), AND	(11).
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 6300 SOUTH SYRACUSE WAY		Number and Street 2: SUITE 210	
City:	State:	Country:	ZIP+4/Postal Code:
GREENWOOD VILLAGE	Colorado	United States	80111
If this address is a private residence, check this box	:: □		
Telephone Number: 303-770-6621	Facsimile number, 303-770-0935	if any:	
This is (check one): one of your branch offices or affiliates.			
$_{\hbox{\scriptsize C}}$ a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this I RECORDS RETAINED AT BRANCH OFFICES INCLUDE I		IA RULE 204-2(A)(4), (5), (7), AND	(11).

BENJAMIN F. EDWARDS				
Number and Street 1: 440 SCIENCE DRIVE		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
MADISON	Wisconsin	United States	53711	
If this address is a private residence, check this	box:			
Telephone Number: 608-233-1000	Facsimile number, if 608-233-1085	f any:		
006-233-1000	006-233-1063			
This is (check one): o one of your branch offices or affiliates.				
o a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at th RECORDS RETAINED AT BRANCH OFFICES INCLUDE		Y IA RULE 204-2(A)(4), (5), (7), AND (11).	
Name of entity where books and records are kep BENJAMIN F. EDWARDS	ot:			
Number and Street 1: 11621 CATALPA LANE		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
WOODSTOCK	Illinois	United States	60098	
If this address is a private residence, check this	box: 🗖			
Telephone Number: 815-337-4485	Facsimile number 815-337-5865	r, if any:		
This is (check one): one of your branch offices or affiliates.				
a third-party unaffiliated recordkeeper.				
o other.				
Briefly describe the books and records kept at th RECORDS RETAINED AT BRANCH OFFICES INCLUDE		Y IA RULE 204-2(A)(4), (5), (7), AND (11).	
Name of entity where books and records are kep BENJAMIN F. EDWARDS & COMPANY, INC.	ot:			
Number and Street 1: 811 TILTON ROAD		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
NORTHFIELD	New Jersey	United States	08225	
If this address is a private residence, check this	box: 🗖			
Telephone Number: 609-484-2659	Facsimile number, if 609-484-2650	any:		
This is (check one): o one of your branch offices or affiliates.				
o a third-party unaffiliated recordkeeper.				
o other.				

Name of entity where books and records are kept:

Briefly describe the books and records kept at this long RECORDS RETAINED AT BRANCH OFFICES INCLUDE IT		IA RULE 204-2(A)(4), (5), (7), AN	D (11).
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 111 S. CALVERT ST.		Number and Street 2: SUITE 1720	
City:	State: Maryland	Country: United States	ZIP+4/Postal Code: 21202
If this address is a private residence, check this box	. 🗆		
	Facsimile number, if 410-347-5659	any:	
This is (check one): one of your branch offices or affiliates.			
a third-party unaffiliated recordkeeper.other.			
Briefly describe the books and records kept at this location RECORDS RETAINED AT BRANCH OFFICES INCLUDE IT		IA RULE 204-2(A)(4), (5), (7), AN	D (11).
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 401 ELBA HWUY		Number and Street 2:	
3	State: Alabama	Country: United States	ZIP+4/Postal Code: 36079
If this address is a private residence, check this box			
	Facsimile number, it 334-635-9116	f 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 long RECORDS RETAINED AT BRANCH OFFICES INCLUDE IT		IA RULE 204-2(A)(4), (5), (7), AN	D (11).
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 2056 WESTINGS AVE.		Number and Street 2: SUITE 360	
City: NAPERVILLE	State: Illinois	Country: United States	ZIP+4/Postal Code: 60563
If this address is a private residence, check this box	: 🗖		
Telephone Number: 331-814-2595	Facsimile number, 331-814-2596	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 RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5), (7),	AND (11).	
Name of entity where books and records are kept: BENJAMIN F. EDWARDS	:			
Number and Street 1: 2585 HUNTCLIFF LANE		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
PANAMA CITY	Florida	United States	32405	
If this address is a private residence, check this bo	ox: П			
Telephone Number: 960-769-7053	Facsimile number, 850-769-7057	if any:		
This is (check one):				
• one of your branch offices or affiliates.				
O a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5), (7),	AND (11).	
Name of entity where books and records are kept: BENJAMIN F. EDWARDS	:			
Number and Street 1: 2475 NORTHWINDS PARKWAY		Number and Street 2: SUITE 175		
City:	State:	Country:	ZIP+4/Postal Code:	
ALPHARETTA	Georgia	United States	30009	
If this address is a private residence, check this bo	ox:			
Telephone Number:	Facsimile number,	if any		
770-619-3004	770-619-3979	ii ariy.		
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 RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4),(5),(7), A	ND (11).	
Name of entity where books and records are kept: ALBRIDGE SOLUTIONS, INC.				
Number and Street 1:		Number and Street 2:		
1800 AMERICAN BLVD.		SUITE 300		
3	State:	Country:	ZIP+4/Postal Code:	
PENNINGTON	New Jersey	United States	08534	
If this address is a private residence, check this bo	ox:			

Telephone Number: 201-395-1456	Facsimile number, if 201-413-9141	any:		
This is (check one): one of your branch offices or affiliates.				
a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at the RECORDS RETAINED INCLUDE ITEMS REQUIRED E), (7),(18)(1)(A).		
Name of entity where books and records are kep BENJAMIN F. EDWARDS	ot:			
Number and Street 1:		Number and Street 2:		
5370 KIETZKE LN.		SUITE 104		
City: RENO	State: Nevada	Country: United States	ZIP+4/Postal Code: 89511	
If this address is a private residence, check this	box:			
Telephone Number: 775-300-7560	Facsimile number 775-300-7551	r, if any:		
This is (check one): one of your branch offices or affiliates.				
$_{ m C}$ a third-party unaffiliated recordkeeper.				
other.				
Briefly describe the books and records kept at the RECORDS RETAINED AT BRANCH OFFICES INCLUE Name of entity where books and records are kept at the RECORDS RETAINED AT BRANCH OFFICES INCLUE	DE ITEMS REQUIRED B	Y IA RULE 204-2(A)(4),(5)	(7), AND (11).	
BENJAMIN F. EDWARDS				
Number and Street 1: ONE COUNTRY CLUB VIEW		Number and Street 2: SUITE 201		
City:	State:	Country:	ZIP+4/Postal Code:	
EDWARDSVILLE	Illinois	United States	62025	
If this address is a private residence, check this	box:			
Telephone Number: 618-659-6741	Facsimile numbe 618-659-9752	r, if any:		
This is (check one): one of your branch offices or affiliates.				
O a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at the RECORDS RETAINED AT BRANCH OFFICES INCLUDE		Y IA RULE 204-2(A)(4), (5)	, (7), AND (11).	
Name of entity where books and records are kep BENJAMIN F. EDWARDS	ot:			
Number and Street 1:		Number and Street	2.	

ZIP+4/Postal Code:

5832 NORTH KNOXVILLE AVENUE SUITE B City: State: Country:

If this address is a private residence, check this box	: 🗖		
Telephone Number: 309-693-5760	Facsimile numb	•	
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 long records RECORDS RETAINED AT BRANCH OFFICES INCLUDE IT		′ IA RULE 204-2(A)(4), (5), (7), ANI	O (11).
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 330 N. DIVISION		Number and Street 2: UNIT H	
City: SUGAR GROVE	State: Illinois	Country: United States	ZIP+4/Postal Code: 60554
If this address is a private residence, check this box			
Telephone Number: 630-409-0410	Facsimile number 630-409-0409	, 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 long records RECORDS RETAINED AT BRANCH OFFICES INCLUDE IT		′ IA RULE 204-2(A)(4), (5), (7), ANI	O (11).
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 1151 OFFICE WOODS DRIVE		Number and Street 2: SUITE B	
City: PENSACOLA	State: Florida	Country: United States	ZIP+4/Postal Code: 32504
If this address is a private residence, check this box			
Telephone Number: 850-477-3336	Facsimile number 850-447-3339	, if any:	
This is (check one): one of your branch offices or affiliates.			
o a third-party unaffiliated recordkeeper. o other.			
Briefly describe the books and records kept at this long RECORDS RETAINED AT BRANCH OFFICES INCLUDE IT		′ IA RULE 204-2(A)(4), (5), (7), ANI	O (11).

Illinois

United States

61614

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

PEORIA

Number and Street 1:		Number and Street 2:	
2309 VILLAGE GREEN PLACE	-	SUITE A	
City: CHAMPAIGN	State: Illinois	Country: United States	ZIP+4/Postal Code: 61822
If this address is a private residence, check this box			
Telephone Number: 217-318-0134	Facsimile number, 217-318-0135	if any:	
This is (check one): one of your branch offices or affiliates.			
O a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this long RECORDS RETAINED AT BRANCH OFFICES INCLUDE IT		IA RULE 204-2(A)(4), (5), (7), AND	(11).
Name of entity where books and records are kept: BENJAMIN F EDWARDS			
Number and Street 1: ONE RESERVE ROAD		Number and Street 2:	
City: St	ate:	Country:	ZIP+4/Postal Code:
DANBURY	nnecticut	United States	06810
If this address is a private residence, check this box			
	csimile number, if a 03-748-3900	iny:	
This is (check one): one of your branch offices or affiliates.			
O a third-party unaffiliated recordkeeper.			
other.			
Briefly describe the books and records kept at this long records RECORDS RETAINED AT BRANCH OFFICES INCLUDE I		IA RULE 204-2(A)(4), (5), (7), AND	(11).
Name of entity where books and records are kept: BENJAMIN F EDWARDS			
Number and Street 1: 235 EAST MAIN STREET		Number and Street 2: SUITE 3	
City:	State:	Country:	ZIP+4/Postal Code:
GALESBURG	Illinois	United States	61401
If this address is a private residence, check this box			
Telephone Number: 309-341-0682	Facsimile number, 309-341-0684	if any:	
This is (check one): one of your branch offices or affiliates.			
$_{ m C}$ a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this lo	ocation.		

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

Name of entity where books and records are keeps and seconds are keeps are keeps and seconds are keeps and seconds are keeps a	ept:		
Number and Street 1: 7607 FERN AVENUE		Number and Street 2: SUITE 102	
City: SHREVEPORT	State: Louisiana	Country: United States	ZIP+4/Postal Code: 71105
If this address is a private residence, check this	s box:		
Telephone Number: 318-383-6805	Facsimile number 318-383-6814	r, if any:	
This is (check one): one of your branch offices or affiliates.			
a third-party unaffiliated recordkeeper.			
o other.			
Briefly describe the books and records kept at RECORDS RETAINED AT BRANCH OFFICES INCLU		BY IA RULE 204-2(A)(4), (5), ((7), AND (11).
Name of entity where books and records are keeps and seconds are keeps are keeps and seconds are keeps a	ept:		
Number and Street 1: 2884 N. MONROE STREET		Number and Street 2:	
City: DECATUR	State: Illinois	Country: United States	ZIP+4/Postal Code: 62526
If this address is a private residence, check this	s box:		
Telephone Number: 217-876-0649	Facsimile numb 217-876-0931	oer, if any:	
This is (check one): one of your branch offices or affiliates.			
$_{\hbox{\scriptsize C}}$ a third-party unaffiliated recordkeeper.			
C other.			
Briefly describe the books and records kept at RECORDS RETAINED AT BRANCH OFFICES INCLU		BY IA RULE 204-2(A)(4),(5),(7), AND (11).
Name of entity where books and records are keeps and process and seconds are keeps are keeps and seconds are keeps are keeps and seconds are keeps a	ept:		
Number and Street 1: 247 NEWPORT RD UNIT F		Number and Str	reet 2:
3	State: New Hampshire	Country: United States	ZIP+4/Postal Code: 03257
If this address is a private residence, check this	s box:		
	Facsimile number, if a 603-526-6919	any:	
This is (check one): one of your branch offices or affiliates.			

 ${f C}$ a third-party unaffiliated recordkeeper.

O other.			
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5), (7), AND	(11).
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 708B WINDOVER RD		Number and Street 2:	
City: JONESBORO	State: Arkansas	Country: United States	ZIP+4/Postal Code: 72401
If this address is a private residence, check this bo	x: 🗖		
Telephone Number: 870-520-7020	Facsimile number, if 870-520-7021	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 RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5), (7), AND	(11).
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 5001 SPRING VALLEY ROAD		Number and Street 2: SUITE 400 EAST OFFICE 26	
Number and Street 1: 5001 SPRING VALLEY ROAD City: DALLAS	State:	Number and Street 2: SUITE 400 EAST OFFICE 26 Country: United States	ZIP+4/Postal Code: 75244
5001 SPRING VALLEY ROAD City:	State: Texas	SUITE 400 EAST OFFICE 26 Country:	
5001 SPRING VALLEY ROAD City: DALLAS	State: Texas	SUITE 400 EAST OFFICE 26 Country: United States	
5001 SPRING VALLEY ROAD City: DALLAS If this address is a private residence, check this bo Telephone Number:	State: Texas x:	SUITE 400 EAST OFFICE 26 Country: United States	
City: DALLAS If this address is a private residence, check this bo Telephone Number: 855-645-9996 This is (check one): o one of your branch offices or affiliates. o a third-party unaffiliated recordkeeper.	State: Texas x:	SUITE 400 EAST OFFICE 26 Country: United States	
5001 SPRING VALLEY ROAD City: DALLAS If this address is a private residence, check this bo Telephone Number: 855-645-9996 This is (check one): one of your branch offices or affiliates.	State: Texas x:	SUITE 400 EAST OFFICE 26 Country: United States	
City: DALLAS If this address is a private residence, check this bo Telephone Number: 855-645-9996 This is (check one): o one of your branch offices or affiliates. o a third-party unaffiliated recordkeeper.	State: Texas x: Facsimile number, location.	SUITE 400 EAST OFFICE 26 Country: United States if any:	75244
City: DALLAS If this address is a private residence, check this bo Telephone Number: 855-645-9996 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	State: Texas x: Facsimile number, location.	SUITE 400 EAST OFFICE 26 Country: United States if any:	75244
City: DALLAS If this address is a private residence, check this bo Telephone Number: 855-645-9996 This is (check one): o one of your branch offices or affiliates. o a third-party unaffiliated recordkeeper. o other. Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE	State: Texas x: Facsimile number, location.	SUITE 400 EAST OFFICE 26 Country: United States if any:	75244
City: DALLAS If this address is a private residence, check this books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE Tity: DALLAS If this address is a private residence, check this books and records kept at this records records are kept: Briefly describe the books and records are kept: BENJAMIN F. EDWARDS Number and Street 1:	State: Texas x: Facsimile number, location.	SUITE 400 EAST OFFICE 26 Country: United States if any:	75244
City: DALLAS If this address is a private residence, check this bo Telephone Number: 855-645-9996 This is (check one): o one of your branch offices or affiliates. o a third-party unaffiliated recordkeeper. o other. Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE Name of entity where books and records are kept: BENJAMIN F. EDWARDS Number and Street 1: 1276 WESTGATE PARKWAY City:	State: Texas x: Facsimile number, location. ITEMS REQUIRED BY State: Alabama	SUITE 400 EAST OFFICE 26 Country: United States If any: Number and Street 2: Country:	75244 (11). ZIP+4/Postal Code:

This is (check one):				
one of your branch offices or affiliates.				
O a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		Y IA RULE 204-2(A)(4), (5), (7)	, AND (11).	
Name of entity where books and records are kept: BENJAMIN F. EDWARDS				
Number and Street 1: 850 PARK SHORE DR.		Number and Street 2: SUITE 204		
City: NAPLES	State: Florida	Country: United States	ZIP+4/Postal Code: 34103	
If this address is a private residence, check this bo	x: 🗖			
Telephone Number: 239-354-7432	Facsimile numbe 239-354-7433	r, if any:		
This is (check one): one of your branch offices or affiliates.				
$_{ m C}$ a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		Y IA RULE 204-2(A)(4), (5), (7)	, AND (11).	
Name of entity where books and records are kept: BENJAMIN F EDWARDS				
Number and Street 1: 125 HALF MILE ROAD		Number and Street 2:		
City:	tate:	Country:	ZIP+4/Postal Code:	
RED BANK	lew Jersey	United States	07701	
If this address is a private residence, check this bo	x: 🗖			
	acsimile number, if 32-383-2100	any:		
This is (check one): one of your branch offices or affiliates.				
a third-party unaffiliated recordkeeper.				
o other.				
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		Y IA RULE 204-2(A)(4),(5),(7),	AND (11).	
Name of entity where books and records are kept: BENJAMIN F. EDWARDS				
Number and Street 1: 930 S. HARBOR CITY BLVD		Number and Street 2: SUITE 400		
City:	State:	Country:	ZIP+4/Postal Code:	
MELBOURNE	Florida	United States	32901	

Telephone Number: 321-729-6615	Facsimile number, if 321-729-6619	any:		
This is (check one): one of your branch offices or affiliates.				
o a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at this I RECORDS RETAINED AT BRANCH OFFICES INCLUDE I		A RULE 204-2(A)(4), (5), ((7), AND (11).	
Name of entity where books and records are kept: BENJAMIN F. EDWARDS				
Number and Street 1: 4940 CASCADE ROAD SE		Number and Street 2: SUITE 210		
3	State: Michigan	Country: United States	ZIP+4/Postal Code: 49546	
If this address is a private residence, check this box	:: □			
	Facsimile number, if a 616-974-9027	any:		
This is (check one): one of your branch offices or affiliates.				
$_{ m C}$ a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at this I RECORDS RETAINED AT BRANCH OFFICES INCLUDE I		A RULE 204-2(A)(4), (5), ((7), AND (11).	
Name of entity where books and records are kept: BENJAMIN F. EDWARDS				
Number and Street 1: 145 VILLAGE SQUARE		Number and Street 2:		
3	State:	Country:	ZIP+4/Postal Code:	
PAINTED POST	New York	United States	14870	
If this address is a private residence, check this box	c: 🗖			
•	Facsimile number, if a 607-962-6035	ny:		
This is (check one): one of your branch offices or affiliates.				
a third-party unaffiliated recordkeeper.				
o other.				
Briefly describe the books and records kept at this I RECORDS RETAINED AT BRANCH OFFICES INCLUDE I		A RULE 204-2(A)(4), (5), ((7), AND (11).	

If this address is a private residence, check this box: $\ \square$

BENJAMIN F. EDWARDS

3511 CANYON DE FLORES		SUITE A	
City:	State:	Country:	ZIP+4/Postal Code:
SIERRA VISTA	Arizona	United States	85650
If this address is a private residence, check this box	:: □		
'			
Telephone Number: 520-226-9107	Facsimile number, i 520-226-9108	if any:	
This is (check one): one of your branch offices or affiliates.			
o a third-party unaffiliated recordkeeper.			
other.			
Briefly describe the books and records kept at this I RECORDS RETAINED AT BRANCH OFFICES INCLUDE I		IA RULE 204-2(A)(4), (5), (7), AND	(11).
Name of entity where books and records are kept: BENJAMIN F EDWARDS			
Number and Street 1: 4101 PIONEER WOODS DRIVE		Number and Street 2: SUITE 100	
	State:	Country:	ZIP+4/Postal Code:
LINCOLN	Nebraska	United States	68506
If this address is a private residence, check this box	:: □		
	Facsimile number, if 402-325-1171	any:	
This is (check one): one of your branch offices or affiliates.			
$_{\hbox{\scriptsize C}}$ a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this I			
RECORDS RETAINED AT BRANCH OFFICES INCLUDE I	TEMS REQUIRED BY	IA RULE 204-2(A)(4), (5), (7), AND	(11).
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 1805 BOYSON RD.,		Number and Street 2:	
City:		Country:	ZIP+4/Postal Code:
HIAWATHA	Iowa	United States	52233
If this address is a private residence, check this box	:: □		
Telephone Number: 319-249-6110	Facsimile number, 319-249-6111	if any:	
This is (check one): one of your branch offices or affiliates.			
a third-party unaffiliated recordkeeper.			
o other.			
Briefly describe the books and records kept at this I		IA DIJIE 204 274)74) 75) 77) AND	(11)

Number and Street 2:

Number and Street 1:

Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1:		Number and Street 2:	
2000 98 PALMS BOULEVARD		SUITE 200	
City: DESTIN	State: Florida	Country: United States	ZIP+4/Postal Code: 32541
DESTIN	rioriua	officed States	32341
If this address is a private residence, check this box	:: □		
Telephone Number: 850-837-2451	Facsimile number, 850-837-2471	if any:	
	000 007 2171		
This is (check one): one of your branch offices or affiliates.			
O a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this I RECORDS RETAINED AT BRANCH OFFICES INCLUDE I		IA RULE 204-2(A)(4), (5), (7), AND	(11).
Name of entity where books and records are kept:			
BENJAMIN F. EDWARDS			
Number and Street 1: 10440 BROADWAY		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
CROWN POINT	Indiana	United States	46307
If this address is a private residence, check this box	:: □		
Telephone Number:	Facsimile number,	if any	
219-226-3401	219-226-3402	п апу.	
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 I RECORDS RETAINED AT BRANCH OFFICES INCLUDE I		ΙΔ PULE 204-2(Δ)(Λ) (5) (7) ΔΝΟ	(11)
RECORDS RETAINED AT BRANCH OFFICES INCLUDE I	TEMS REQUIRED BY	TA ROLL 204-2(A)(4), (5), (7), AND	(11).
Name of entity where books and records are kept:			
BENJAMIN F EDWARDS			
Number and Street 1: 1701 4TH STREET		Number and Street 2: SUITE 101	
City:	State:	Country:	ZIP+4/Postal Code:
PERU	Illinois	United States	61354
If this address is a private residence, check this box	:: □		
Telephone Number: 815-220-0588	Facsimile number, 815-220-0579	if any:	
010 220 0000	010-220-0017		
This is (check one):			
one of your branch offices or affiliates.			

Briefly describe the books and records kept a RECORDS RETAINED AT BRANCH OFFICES INC		BY IA RULE 204-2(A)(4),(5),(7),	AND (11).	
Name of entity where books and records are BENJAMIN F. EDWARDS	e kept:			
Number and Street 1: TWO CARLSON PARKWAY NORTH		Number and Street 2: SUITE 355		
City:	State:	Country:	ZIP+4/Postal Code:	
PLYMOUTH	Minnesota	United States	55447	
If this address is a private residence, check t	this box:			
Telephone Number: 651-377-2078	Facsimile number, 651-377-2079	if any:		
This is (check one): one of your branch offices or affiliates.				
o a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept a RECORDS RETAINED AT BRANCH OFFICES INC		BY IA RULE 204-2(A)(4), (5), (7)), AND (11).	
Name of entity where books and records are BENJAMIN F. EDWARDS	e kept:			
Number and Street 1: 910 W TRIMBLE AVE		Number and Street 2: SUITE 2		
City: BERRYVILLE	State: Arkansas	Country: United States	ZIP+4/Postal Code: 72616	
BERRIVILLE	Aikalisas	United States	72010	
If this address is a private residence, check t	this box:			
Telephone Number: 870-505-6793	Facsimile number 870-505-6794	, if any:		
This is (check one): one of your branch offices or affiliates.				
a third-party unaffiliated recordkeeper.				
o other.				
Briefly describe the books and records kept a RECORDS RETAINED AT BRANCH OFFICES INC		BY IA RULE 204-2(A)(4), (5), (7)), AND (11).	
Name of entity where books and records are BENJAMIN F EDWARDS	e kept:			
Number and Street 1: 2240 MILITARY RD.		Number and Street 2:		
City: COLUMBUS	State: Mississippi	Country: United States	ZIP+4/Postal Code: 39705	
If this address is a private residence, check t				
Telephone Number: 662-368-1630	Facsimile number, 662-368-1630	if any:		

one of your branch offices or affiliates.				
o a third-party unaffiliated recordkeeper.				
other.				
Briefly describe the books and records kept a RECORDS RETAINED AT BRANCH OFFICES INC) BY IA RULE 204-2(A)(4), (5), (7),	AND (11).	
Name of entity where books and records are BENJAMIN F. EDWARDS	kept:			
Number and Street 1: 1468 KIMBROUGH RD		Number and Street 2: SUITE 101		
City: GERMANTOWN	State: Tennessee	Country: United States	ZIP+4/Postal Code: 38138	
If this address is a private residence, check the	nis box:			
Telephone Number: 901-236-0910	Facsimile number 901-236-0909	, if any:		
This is (check one): one of your branch offices or affiliates.				
a third-party unaffiliated recordkeeper.o other.				
O other.				
Briefly describe the books and records kept a RECORDS RETAINED AT BRANCH OFFICES INC		BY IA RULE 204-2(A)(4), (5), (7),	AND (11).	
Name of entity where books and records are BENJAMIN F EDWARDS	kept:			
Number and Street 1: 345 FRAZIER AVENUE		Number and Street 2: SUITE 205		
City:	State:	Country:	ZIP+4/Postal Code:	
CHATTANOOGA	Tennessee	United States	37405	
If this address is a private residence, check the	nis box:			
Telephone Number: 423-668-5411	Facsimile number 423-668-5412	, if any:		
This is (check one): one of your branch offices or affiliates.				
O a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept a RECORDS RETAINED AT BRANCH OFFICES INC) BY IA RULE 204-2(A)(4),(5),(7), A	ND (11).	
Name of entity where books and records are BENJAMIN F. EDWARDS	kept:			
Number and Street 1: 10260 SW GREENBURG ROAD		Number and Street 2: SUITE 535		
City:	State:	Country:	ZIP+4/Postal Code:	
PORTLAND	Oregon	United States	97223	

This is (check one):

If this address is a private residence, check this box: \Box

Telephone Number: 971-319-6172	Facsimile nun 971-319-640	_		
This is (check one): one of your branch offices or affiliates.				
o a third-party unaffiliated recordkeeper.				
other.				
Briefly describe the books and records kept at thi RECORDS RETAINED AT BRANCH OFFICES INCLUD		ED BY IA RULE 204-2(A)(4), (5), (7)), AND (11).	
Name of entity where books and records are kep BENJAMIN F. EDWARDS	t:			
Number and Street 1: 210 N. HAMILTON ST.		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
DALTON	Georgia	United States	30720	
If this address is a private residence, check this b	оох: 🗆			
Telephone Number:	Facsimile nun	phor if any		
706-229-4798	706-229-488			
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 thi RECORDS RETAINED AT BRANCH OFFICES INCLUD Name of entity where books and records are kep GLOBAL RELAY	E ITEMS REQUIRE	ED BY IA RULE 204-2(A)(4), (5), (7)), AND (11).	
Number and Street 1: 233 S. WACKER DRIVE		Number and Street 2: 84TH FLOOR		
City:	State:	Country:	ZIP+4/Postal Code:	
CHICAGO	Illinois	United States	60606	
If this address is a private residence, check this k	оох: 🗆			
Telephone Number: 866-484-6630	Facsimile nu	mber, 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 thi ARCHIVAL OF ELECTRONIC COMMUNICATIONS.	is location.			
Name of entity where books and records are kep	t:			

Number and Street 2:

If this address is a private residence, check this bo	ox:		
Telephone Number: 870-639-6909	Facsimile number, if any 870-639-6910	:	
This is (check one): one of your branch offices or affiliates.			
${f C}$ a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		PULE 204-2(A)(4), (5), (7), AND	(11).
Name of entity where books and records are kept BENJAMIN F. EDWARDS	:		
Number and Street 1: 2802 COLLEGE AVE	1	Number and Street 2:	
City: CONWAY		Country: Jnited States	ZIP+4/Postal Code: 72034
If this address is a private residence, check this bo	ox:		
Telephone Number: 501-273-5776	Facsimile number, if any 501-273-5777	:	
This is (check one): one of your branch offices or affiliates.			
$oldsymbol{\mathbb{C}}$ a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		ULE 204-2(A)(4), (5), (7), AND	(11).
Name of entity where books and records are kept BENJAMIN F. EDWARDS			
Number and Street 1: 2321 WHITNEY AVE		Number and Street 2: SUITE 502	
	State: Connecticut	Country: United States	ZIP+4/Postal Code: 06518
If this address is a private residence, check this bo	ox:		
•	Facsimile number, if any: 203-287-9293		
This is (check one): one of your branch offices or affiliates.			
o a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		PULE 204-2(A)(4),(5),(7), AND (1	11).

Country:

United States

ZIP+4/Postal Code:

71730

State:

Arkansas

City:

EL DORADO

BENJAMIN F. EDWARDS			
Number and Street 1: 317 SOUTHWEST DR.		Number and Street 2: STE B	
City:	State:	Country:	ZIP+4/Postal Code:
JONESBORO	Arkansas	United States	72401
If this address is a private residence, check this bo	ох: П		
Telephone Number: 870-520-7000	Facsimile number, if 870-520-7001	any:	
This is (check one): one of your branch offices or affiliates.			
$_{\hbox{\scriptsize C}}$ a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5), (7), AN	D (11).
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 105 N WASHINGTON STREET		Number and Street 2: SUITE 101	
City:	State:	Country:	ZIP+4/Postal Code:
GREEN BAY	Wisconsin	United States	54301
If this address is a private residence, check this bo	ох: 🗖		
Telephone Number: 920-305-7970	Facsimile number, if a 920-305-7971	any:	
This is (check one): one of your branch offices or affiliates.			
O a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5), (7), AN	D (11).
Name of entity where books and records are kept: BENJAMIN F EDWARDS			
Number and Street 1: 7322 CENTER STREET		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
MENTOR	Ohio	United States	44060
If this address is a private residence, check this bo	ох:		
Telephone Number: 440-205-0829	Facsimile number, 440-205-0968	if any:	
This is (check one): ⊙ one of your branch offices or affiliates.			
a third-party unaffiliated recordkeeper.			
other.			

Name of entity where books and records are kept:

Briefly describe the books and records kept at RECORDS RETAINED AT BRANCH OFFICES INCLU		PULE 204-2(A)(4), (5), (7), AND (11).
Name of entity where books and records are k BENJAMIN F. EDWARDS	ept:		
Number and Street 1: 2500 HIGHWAY ROAD		Number and Street 2: SUITE 107	
City: HERMITAGE	State: Pennsylvania	Country: United States	ZIP+4/Postal Code: 16148
If this address is a private residence, check thi	s box:		
Telephone Number: 724-308-1045	Facsimile number, if any: 724-308-1046		
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 RECORDS RETAINED AT BRANCH OFFICES INCLU		PULE 204-2(A)(4), (5), (7), AND (11).
Name of entity where books and records are k BENJAMIN F. EDWARDS	ept:		
Number and Street 1: 6555 US HIGHWAY 98-WEST		Number and Street 2: SUITE 5B	
City: HATTIESBURG	State: Mississippi	Country: United States	ZIP+4/Postal Code: 39402
If this address is a private residence, check thi	s box:		
Telephone Number: 601-271-7110	Facsimile number, if any: 601-271-7176		
This is (check one): one of your branch offices or affiliates.			
a third-party unaffiliated recordkeeper.other.			
Briefly describe the books and records kept at RECORDS RETAINED AT BRANCH OFFICES INCLU		PULE 204-2(A)(4), (5), (7), AND (11).
Name of entity where books and records are k BENJAMIN F. EDWARDS	ept:		
Number and Street 1: 600 COLLEGE AVE.		Number and Street 2:	
City: CLEMSON	State: South Carolina	Country: United States	ZIP+4/Postal Code: 29631
If this address is a private residence, check thi	s box:		
Telephone Number: 864-653-7702	Facsimile number, if any: 864-653-7720		
This is (check one):			

a one of your branch offices or affiliates.

O a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at RECORDS RETAINED AT BRANCH OFFICES INCL		BY IA RULE 204-2(A)(4), (5), (7), A	ND (11).	
Name of entity where books and records are BENJAMIN F. EDWARDS	kept:			
Number and Street 1:		Number and Street 2:		
4101 PIONEER WOODS DRIVE		SUITE 100		
City: LINCOLN	State: Nebraska	Country: United States	ZIP+4/Postal Code: 68506	
If this address is a private residence, check th	nis box:			
Telephone Number: 402-325-1170	Facsimile numbe 402-325-1171	r, if any:		
This is (check one): one of your branch offices or affiliates.				
O a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at RECORDS RETAINED AT BRANCH OFFICES INCL		BY IA RULE 204-2(A)(4), (5), (7), A	ND (11).	
Name of entity where books and records are BENJAMIN F EDWARDS	kept:			
Number and Street 1: 67 PARK PLACE EAST		Number and Street 2: SUITE 800		
City: MORRISTOWN	State: New Jersey	Country: United States	ZIP+4/Postal Code: 07960	
If this address is a private residence, check th				
Telephone Number:	Facsimile number,	if any:		
973-254-5880	973-254-5899	•		
This is (check one): one of your branch offices or affiliates.				
O a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at RECORDS RETAINED AT BRANCH OFFICES INCL		BY IA RULE 204-2(A)(4), (5), (7), A	ND (11).	
Name of entity where books and records are BENJAMIN F. EDWARDS	kept:			
Number and Street 1: 8500 WEST BOWLES AVENUE		Number and Street 2: SUITE 315		
City:	State:	Country:	ZIP+4/Postal Code:	
LITTLETON	Colorado	United States	80123	
If this address is a private residence, check th	nis box:			

Telephone Number: 720-283-3274	Facsimile number, if 720-283-4002	any:		
This is (check one): one of your branch offices or affiliates.				
O a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5),	(7), AND (11).	
Name of entity where books and records are kept: BENJAMIN F. EDWARDS				
Number and Street 1:		Number and Street 2:		
2901 OVERLAND TRAIL		SUITE 125		
City: SHERMAN	State: Texas	Country: United States	ZIP+4/Postal Code: 75092	
If this address is a private residence, check this bo	ox: 🗖			
Telephone Number: 903-893-8338	Facsimile number, 903-893-8392	if any:		
This is (check one): one of your branch offices or affiliates.				
$_{\hbox{\scriptsize f C}}$ a third-party unaffiliated recordkeeper.				
other.				
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5),	(7), AND (11).	
Name of entity where books and records are kept: BENJAMIN F. EDWARDS				
Number and Street 1: 576 HIGHLAND COLONY PARKWAY		Number and Street SUITE 120	2:	
3	State:	Country: United States	ZIP+4/Postal Code: 39157	
RIDGELAND	Mississippi	United States	39137	
If this address is a private residence, check this bo	ox:			
	Facsimile number, if 601-213-0361	any:		
This is (check one): ⊙ one of your branch offices or affiliates.				
$_{ m C}$ a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5),	(7), AND (11).	
Name of entity where books and records are kept: BENJAMIN F. EDWARDS				
Number and Street 1:		Number and Street 2:		

SUITE 4A

Country:

ZIP+4/Postal Code:

State:

130 INTEGRA BREEZE LN

City:

If this address is a private residence, check this bo	x: 🗖			
Telephone Number: 386-267-0129	Facsimile number, i 386-267-0130	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 RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5), (7), AND	(11).	
Name of entity where books and records are kept: BENJAMIN F. EDWARDS				
Number and Street 1: 500 CORPORATE PARKWAY		Number and Street 2: SUITE 125		
City: HOOVER	State: Alabama	Country: United States	ZIP+4/Postal Code: 35242	
If this address is a private residence, check this bo	x: 🗖			
Telephone Number: 659-219-2812	Facsimile number, if	any:		
This is (check one): o one of your branch offices or affiliates.				
$oldsymbol{ ext{C}}$ a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		A RULE 204-2(A)(4), (5), (7), AND	(11).	
Name of entity where books and records are kept: BENJAMIN F. EDWARDS				
Number and Street 1: 3510 NORTH CAUSEWAY BLVD SUITE 520		Number and Street 2: SUITE 520		
City: METAIRIE	State: Louisiana	Country: United States	ZIP+4/Postal Code: 70002	
If this address is a private residence, check this bo	x: 🗖			
Telephone Number: 504-208-4779	Facsimile numb 504-208-4778	er, if any:		
This is (check one): o one of your branch offices or affiliates.				
o a third-party unaffiliated recordkeeper.				
o other.				
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5), (7), AND	(11).	

Florida

United States

32117

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

DAYTONA BEACH

Number and Street 1: 11503 NW MILITARY HWY		Number and Street 2: SUITE 319		
City:	State:	Country:	ZIP+4/Postal Code:	
SAN ANTONIO	Texas	United States	78231	
If this address is a private residence, check thi	s box:			
Telephone Number: 726-900-8080	Facsimile numbe 726-900-8081	er, if any:		
This is (check one): one of your branch offices or affiliates.				
$_{ extsf{C}}$ a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at RECORDS RETAINED AT BRANCH OFFICES INCLU		3Y IA RULE 204-2(A)(4), (5), (7)	, AND (11).	
Name of entity where books and records are k BENJAMIN F. EDWARDS	ept:			
Number and Street 1: 715 WEST SHERMAN AVENUE		Number and Street 2: SUITE B		
City:	State:	Country:	ZIP+4/Postal Code:	
HARRISON	Arkansas	United States	72601	
If this address is a private residence, check thi	s box:			
Telephone Number: 870-704-4060	Facsimile number, 870-704-4027	if any:		
This is (check one): one of your branch offices or affiliates.				
$_{ m C}$ a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at RECORDS RETAINED AT BRANCH OFFICES INCLU		3Y IA RULE 204-2(A)(4), (5), (7)	, AND (11).	
Name of entity where books and records are k BENJAMIN F EDWARDS	ept:			
Number and Street 1: 460 DILLARD ROAD		Number and Street	2:	
City: HIGHLANDS	State: North Carolina	Country: United States	ZIP+4/Postal Code: 28741	
If this address is a private residence, check thi	s box:			
Telephone Number: 828-526-3535	Facsimile number, if a 828-526-3088	iny:		
This is (check one): one of your branch offices or affiliates.				
o a third-party unaffiliated recordkeeper.				
O other.				

Briefly describe the books and records kept at this location.

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

Name of entity where books and records are kept: BENJAMIN F EDWARDS			
Number and Street 1: 5250 W 116TH PLACE		Number and Street 2: SUITE 320	
City: LEAWOOD	State: Kansas	Country: United States	ZIP+4/Postal Code: 66211
If this address is a private residence, check this box	: □		
Telephone Number: 913-253-1400	Facsimile number, 913-253-1499	if any:	
This is (check one): one of your branch offices or affiliates.			
a third-party unaffiliated recordkeeper.			
other.			
Briefly describe the books and records kept at this location RECORDS RETAINED AT BRANCH OFFICES INCLUDE IT		IA RULE 204-2(A)(4), (5), (7), AND	0 (11).
Name of entity where books and records are kept: BENJAMIN F EDWARDS			
Number and Street 1: 1 NORTH BRENTWOOD BOULEVARD		Number and Street 2: SUTIE 510	
City: CLAYTON	State: Missouri	Country: United States	ZIP+4/Postal Code: 63105
If this address is a private residence, check this box	. 🗖		
Telephone Number: 314-854-9900	Facsimile number 314-727-1388	er, if any:	
This is (check one): one of your branch offices or affiliates.			
O a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this longer RECORDS RETAINED AT BRANCH OFFICES INCLUDE IT		IA RULE 204-2(A)(4), (5), (7), AND	0 (11).
Name of entity where books and records are kept: BENJAMIN F EDWARDS			
Number and Street 1: 475 REGENCY PARK DRIVE		Number and Street 2: SUITE 125	
City: O'FALLON	State: Illinois	Country: United States	ZIP+4/Postal Code: 62269
If this address is a private residence, check this box	. 🗆		
Telephone Number: 618-624-1500	Facsimile number, 618-624-1501	if any:	
This is (check one):			

o a third-party unaffiliated recordkeeper.

O other.				
Briefly describe the books and records kept at thi RECORDS RETAINED AT BRANCH OFFICES INCLUDI		Y IA RULE 204-2(A)(4), (5), (7), <i>i</i>	AND (11).	
Name of entity where books and records are kep IRON MOUNTAIN	t:			
Number and Street 1: 11741 MISSOURI BOTTOM RD.		Number and Street 2:		
City: HAZELWOOD	State: Missouri	Country: United States	ZIP+4/Postal Code: 63042	
If this address is a private residence, check this b	oox:			
Telephone Number: 314-731-1174	Facsimile number,	if any:		
This is (check one): O one of your branch offices or affiliates.				
a third-party unaffiliated recordkeeper.				
o other.				
Briefly describe the books and records kept at thi OFFSITE STORAGE OF CERTAIN BOOKS AND RECO				
Name of entity where books and records are kep BENJAMIN F. EDWARDS	t:			
Number and Street 1: 1008 VANDALIA ST.		Number and Street 2:		
City: COLLINSVILLE	State: Illinois	Country: United States	ZIP+4/Postal Code: 62234	
If this address is a private residence, check this b	oox:			
Telephone Number: 6183077048	Facsimile number	r, if any:		
This is (check one): one of your branch offices or affiliates.				
o a third-party unaffiliated recordkeeper.				
other.				
Briefly describe the books and records kept at thi RECORDS RETAINED AT BRANCH OFFICES INCLUDI		Y IA RULE 204-2(A)(4), (5), (7), <i>i</i>	AND (11).	
Name of entity where books and records are kep BENJAMIN F. EDWARDS	t:			
Number and Street 1: 16201 E INDIANA AVE.		Number and Street 2: SUITE 1450		
	State: Washington	Country: United States	ZIP+4/Postal Code: 99216	
If this address is a private residence, check this b	oox:			
Telephone Number: 509-598-2037	Facsimile number, if	any:		

This is (check one):			
one of your branch offices or affiliates.			
O a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5), (7), ANI	O (11).
Name of entity where books and records are kept: BENAJMIN F. EDWARDS			
Number and Street 1: 401 COWAN ROAD		Number and Street 2: SUITE D	
City:	State:	Country:	ZIP+4/Postal Code:
GULFPORT	Mississippi	United States	39507
If this address is a private residence, check this box	x: 🗖		
	Facsimile number, if 228-896-6661	any:	
This is (check one): one of your branch offices or affiliates. a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5), (7), ANI	O (11).
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1:		Number and Street 2:	
50 S. 1ST STREET		SUITE 100	
City:	State:	Country:	ZIP+4/Postal Code:
ST. CHARLES	Illinois	United States	60174
If this address is a private residence, check this box	к: П		
Telephone Number: 833-313-2460	Facsimile number, 833-313-2464	if any:	
This is (check one): one of your branch offices or affiliates.			
a third-party unaffiliated recordkeeper.			
o other.			
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5), (7), ANI	O (11).
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 217 WEST MAIN STREET		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
SALEM	Illinois	United States	62881

Telephone Number: 618-548-9099	Facsimile numl 618-548-9077			
This is (check one): one of your branch offices or affiliates.				
o a third-party unaffiliated recordkeeper.				
o other.				
Briefly describe the books and records kept a RECORDS RETAINED AT BRANCH OFFICES INC) BY IA RULE 204-2(A)(4), (5), (7), AND (11).	
Name of entity where books and records are BENJAMIN F. EDWARDS	e kept:			
Number and Street 1: 751 E PORTER AVE.		Number and Street 2: SUITE 6		
City: CHESTERTON	State: Indiana	Country: United States	ZIP+4/Postal Code: 46304	
If this address is a private residence, check t	this box:			
Telephone Number: 219-250-3240	Facsimile numb 219-250-3252			
This is (check one): one of your branch offices or affiliates.				
$_{ m C}$ a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept a RECORDS RETAINED AT BRANCH OFFICES INC) BY IA RULE 204-2(A)(4), (5), (7), AND (11).	
Name of entity where books and records are BENJAMIN F. EDWARDS	e kept:			
Number and Street 1: 70COMMERCIAL ST.		Number and Stro SUITE 101	eet 2:	
City:	State:	Country:	ZIP+4/Postal Code:	
CONCORD	New Hampshire	United States	03301	
If this address is a private residence, check t	this box:			
Telephone Number: 603-369-4960	Facsimile number, if 603-369-4959	any:		
This is (check one): one of your branch offices or affiliates.				
$_{ m C}$ a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept a RECORDS RETAINED AT BRANCH OFFICES INC) BY IA RULE 204-2(A)(4), (5), (7), AND (11).	
Name of entity where books and records are	e kept:			

If this address is a private residence, check this box: $\ \square$

BENJAMIN F. EDWARDS

2745 S. ALMA SCHOOL RD.		SUITE 4	
City:	State:	Country:	ZIP+4/Postal Code:
CHANDLER	Arizona	United States	85286
	_		
If this address is a private residence, check this box	: 1		
Telephone Number:	Facsimile number,	if any	
480-566-6422	480-566-6423	4	
This is (check one):			
one of your branch offices or affiliates.			
O a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this lo	ocation.		
RECORDS RETAINED AT BRANCH OFFICES INCLUDE I	TEMS REQUIRED BY	IA RULE 204-2(A)(4), (5), (7), AND	(11).
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
BENJAWIN F. EDWARDS			
Number and Street 1:		Number and Street 2:	
3038 SPRING MILL DRIVE		Number and Street 2.	
City:	State:	Country:	ZIP+4/Postal Code:
SPRINGFIELD	Illinois	United States	62704
If this address is a private residence, check this box	: 🗖		
Telephone Number:	Facsimile number,	if any:	
217-441-8490			
This is (check one):			
one of your branch offices or affiliates.			
a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this local RECORDS RETAINED AT BRANCH OFFICES INCLUDE I		IA DIJI E 204 2(A)(A) (E) (7) AND	(11)
RECORDS RETAINED AT BRANCH OFFICES INCLUDE I	TEMS REQUIRED BY	TA RULE 204-2(A)(4), (5), (7), AND	(11).
Name of entity where books and records are kept:			
BENJAMIN F. EDWARDS			
Number and Street 1:		Number and Street 2:	
1590 W. CAUSEWAY APPROACH		SUITE 1	
3	State:	Country:	ZIP+4/Postal Code:
MANDEVILLE L	Louisiana	United States	70471
	_		
If this address is a private residence, check this box	: 12		
Telephone Number:	Facsimile number, if	anu	
·	985-674-7099	arry:	
This is (check one):			
one of your branch offices or affiliates.			
o a third-party unaffiliated recordkeeper.			
other.			
~			
Briefly describe the books and records kept at this lo	ocation		
RECORDS RETAINED AT BRANCH OFFICES INCLUDE I		IA RULE 204-2(A)(4), (5), (7), AND	(11).

Number and Street 2:

Number and Street 1:

Name of entity where books and records are ke BENJAMIN F. EDWARDS	pt:			
Number and Street 1: 1605 MARTHA BERRY BOULEVARD NW		Number and Street 2	:	
City:	State:	Country:	ZIP+4/Postal Code:	
ROME	Georgia	United States	30165	
If this address is a private residence, check this	box:			
Telephone Number: 706-292-3600	Facsimile n 706-292-3	umber, if any: 601		
This is (check one): one of your branch offices or affiliates.				
o a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at the RECORDS RETAINED AT BRANCH OFFICES INCLUI		BY IA RULE 204-2(A)(4), (5), (7),	AND (11).	
Name of entity where books and records are ke BENJAMIN F. EDWARDS	pt:			
Number and Street 1: 90 SOUTH CASCADE AVENUE		Number and Street 2: SUITE 1140		
City:	State:	Country:	ZIP+4/Postal Code:	
COLORADO SPRINGS	Colorado	United States	80903	
If this address is a private residence, check this	box:			
Telephone Number: 719-234-0373	Facsimile number	, if any:		
This is (check one): one of your branch offices or affiliates.				
O a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at the RECORDS RETAINED AT BRANCH OFFICES INCLUI		BY IA RULE 204-2(A)(4), (5), (7),	AND (11).	
Name of entity where books and records are ke BENJAMIN F. EDWARDS	pt:			
Number and Street 1: 272 VALLEY RD.		Number and Street 2: SUITE 1		
City:	State:	Country:	ZIP+4/Postal Code:	
MIDDLETON	Rhode Island	United States	02842	
If this address is a private residence, check this	box:			
Telephone Number: 401-239-2033	Facsimile number, if	any:		
This is (check one): one of your branch offices or affiliates.				
o a third-party unaffiliated recordkeeper.				

O other.

Briefly describe the books and records kept at this lo RECORDS RETAINED AT BRANCH OFFICES INCLUDE IT		IA RULE 204-2(A)(4), (5), (7), AND	(11).
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 850 SHADES CREEK PARKWAY		Number and Street 2: SUITE 310	
	State:	Country:	ZIP+4/Postal Code:
3	Mabama	United States	35209
If this address is a private residence, check this box:			
	acsimile number, if	f any:	
This is (check one): one of your branch offices or affiliates.			
o a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this lo RECORDS RETAINED AT BRANCH OFFICES INCLUDE IT		IA RULE 204-2(A)(4), (5), (7), AND	0 (11).
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 2102 BIRDCREEK DRIVE		Number and Street 2: SUITE A	
City:	State:	Country:	ZIP+4/Postal Code:
TEMPLE	Texas	United States	76502
If this address is a private residence, check this box:			
Telephone Number: 254-236-6490	Facsimile number, 254-236-6491	if any:	
This is (check one): one of your branch offices or affiliates.			
a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this lo RECORDS RETAINED AT BRANCH OFFICES INCLUDE IT		IA RULE 204-2(A)(4), (5), (7), AND	0 (11).
Name of entity where books and records are kept: BENJAMIN F. EDWARDS			
Number and Street 1: 120 NORTH MAIN STREET		Number and Street 2:	
City: BREWER	State: Maine	Country: United States	ZIP+4/Postal Code: 04412
If this address is a private residence, check this box:			
Telephone Number: 207-300-2460	Facsimile number, 207-300-2462	if any:	

one of your branch offices or affiliates.				
$oldsymbol{\mathbb{C}}$ a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5), (7)	, AND (11).	
Name of entity where books and records are kept BENJAMIN F. EDWARDS	:			
Number and Street 1: 400 SOUTH COUNTY ROAD		Number and Street 2: SUITE 140		
City: WHEATON	State: Illinois	Country: United States	ZIP+4/Postal Code: 60187	
If this address is a private residence, check this bo	ох:			
Telephone Number: 630-871-2673	Facsimile number, 630-692-8076	if any:		
This is (check one): one of your branch offices or affiliates.				
O a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5), (7)	, AND (11).	
Name of entity where books and records are kept BENJAMIN F. EDWARDS &CO., INC.	:			
Number and Street 1: 1403 W PRIEN LAKE RD		Number and Street 2:		
City: LAKE CHARLES	State: Louisiana	Country: United States	ZIP+4/Postal Code: 70601	
If this address is a private residence, check this bo	ох: 🗖			
Telephone Number: 337-429-1845	Facsimile number, if	any:		
This is (check one): one of your branch offices or affiliates.				
$oldsymbol{\mathbb{C}}$ a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5), (7)	, AND (11).	
Name of entity where books and records are kept BENJAMIN F. EDWARDS &CO., INC.	:			
Number and Street 1: 4050 STATE HIGHWAY 42/57		Number and Street 2:		
City: STURGEON BAY	State: Wisconsin	Country: United States	ZIP+4/Postal Code: 54235	

This is (check one):

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

Telephone Number: 920-743-9843	Facsimile number, if	any:		
This is (check one): one of your branch offices or affiliates.				
$_{f C}$ a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5), (7), A	ND (11).	
Name of entity where books and records are kept: BENJAMIN F. EDWARDS &CO., INC.				
Number and Street 1: 4020 DEL MAR DRIVE SW		Number and Street 2: SUITE 160		
City: WYOMING	State: Michigan	Country: United States	ZIP+4/Postal Code: 49418	
If this address is a private residence, check this bo	x: 🗖			
Telephone Number: 616-342-7316	Facsimile number, if	⁻ any:		
This is (check one): one of your branch offices or affiliates.				
$_{ m C}$ a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at this RECORDS RETAINED AT BRANCH OFFICES INCLUDE		IA RULE 204-2(A)(4), (5), (7), A	ND (11).	
Name of entity where books and records are kept: BENJAMIN F. EDWARDS &CO., INC.				
Number and Street 1: 635 S. 100 EAST		Number and Street 2: SUITE 120		
City: LOGAN	State: Utah	Country: United States	ZIP+4/Postal Code: 84321	
If this address is a private residence, check this bo				
	x: 🗖			
Telephone Number: 435-317-4047	x: Facsimile number,	if any:		
		if any:		
435-317-4047 This is (check one):		if any:		
435-317-4047 This is (check one):		if any:		
 435-317-4047 This is (check one): o one of your branch offices or affiliates. o a third-party unaffiliated recordkeeper. 	Facsimile number,		ND (11).	

SECTION 1.M. Registration with Foreign Financial Regulatory Authorities

Item	2 S	EC R	egistration/Reporting				
SEC	regi	strati		dating amendment to your SEC registr	register with the SEC. Complete this Ite ration. If you are filing an <i>umbrella regi</i>		
	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.						
	rou ▽	(11)	adviser): are a large advisory firm that	at aither.			
	IX.	(1)			C dollars) or mars, or		
			(b) has regulatory assets und		5. dollars) or more at the time of filing	ts most recent annual updating	
		(2)	amendment and is registed are a mid-sized advisory firm million (in U.S. dollars) and ye	m that has regulatory assets under m	nanagement of \$25 million (in U.S. doll	ars) or more but less than \$100	
					urities authority of the state where you	maintain your <i>principal office and place</i>	
				on by the <i>state securities authority</i> of t	the state where you maintain your <i>prin</i>	cipal office and place of business;	
			•	•	egistered, would not be subject to exam		
		(3)	Reserved				
		(4)		place of business outside the United S	States:		
		(5)		•	mpany registered under the Investmer	t Company Δct of 1940	
		(6)			e a business development company p		
		(0)			cion, and you have at least \$25 million		
		(7)	are a pension consultant with in rule 203A-2(a);	th respect to assets of plans having a	in aggregate value of at least \$200,000	0,000 that qualifies for the exemption	
	are a related adviser under rule 203A-2(b) that <i>controls</i> , is <i>controlled</i> by, or is under common <i>control</i> with, an investment adviser that is registered with the SEC, and your <i>principal office and place of business</i> 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	e 203A-2(c) because you expect to b e	e eligible for SEC registration within	120 days;	
			If you check this box, complete	e Section 2.A.(9) of Schedule D.			
		(10)	are a multi-state adviser tha	at is required to register in 15 or more	e states and is relying on rule 203A-2(c	3);	
			If you check this box, complete	e Section 2.A.(10) of Schedule D.			
		(11)	are an Internet adviser relyi	ng on rule 203A-2(e);			
		,	-	e Section 2.A.(11) of Schedule D.			
		(12)		exempting you from the prohibition a	against registration with the SEC.		
		(12)		e Section 2.A.(12) of Schedule D.	against registration with the 320,		
		(4.0)					
		(13)	are no longer eligible to rem	nain registered with the SEC.			
Stat	e Se	ecuri	ties Authority Notice Filings	and State Reporting by Exempt Rep	orting Advisers		
C.	file of re like add to tl	with eport to re itiona he SE	the SEC. These are called <i>notions</i> and any amendments they for eceive notice of this and all substants. The state (s), check the box (es)	ce filings. In addition, exempt reporting ile with the SEC. If this is an initial ap osequent filings or reports you submit next to the state(s) that you would lik	ate securities authorities a copy of the lag advisers may be required to provide supplication or report, check the box(es) to the SEC. If this is an amendment to the secure notice of this and all subsupplings or reports from going to state(s)	tate securities authorities with a copy next to the state(s) that you would direct your notice filings or reports to equent filings or reports you submit	
	Jur	isdict	tions				
		AL		☑ IL	☑ NE	₽ sc	
		AK		☑ IL ☑ IN	₩ NV	☑ SD	
		AZ		☑ IA	✓ NH	▼ TN	
		AR		☑ KS	✓ NJ	✓ TX	
		CA		☑ KY	™ NM	☑ UT	
		CO		E LA	✓ NY	☑ VT	
	1.5			- LA	IN I	- V I	

	E CI	ME ME	NC NC	VI	
	☑ DE	☑ MD	☑ ND	☑ VA	
	☑ DC	☑ MA	☑ OH	₩A	
	☑ FL	☑ MI	☑ OK	☑ WV	
	☑ GA	☑ MN	☑ OR	☑ WI	
	□ GU	✓ MS	✓ PA	₩Y	
			III	VV Y	
	☑ HI	☑ MO	₽ PR		
	☑ ID	☑ MT	☑ RI		
SECTI	on 2.A.(8) Related Adviser	r the coming year, your ame	ndment must be filed before the		
with a		•		i <i>control</i> , are <i>controlled</i> by, or are under common ss is the same as that of the registered adviser,	
	Number of Registered Investment Adv	iser			
SEC N	Number of Registered Investment Adv	iser			
	ON 2.A.(9) Investment Adviser Expe				
withir		certain representations abo	out your eligibility for SEC regist	adviser that expects to be eligible for SEC reging ration. By checking the appropriate boxes, you	
	am not registered or required to be re gister with the SEC within 120 days a			nave a reasonable expectation that I will be eligve.	gible to
	undertake to withdraw from SEC regis 3A(a) of the Advisers Act from registe		after my registration with the S	SEC becomes effective, I would be prohibited by	Section
SECTI	ON 2.A.(10) Multi-State Adviser				
		•		ation, you are required to make certain represe ave made the required representations.	entations
If you	ı are applying for registration as an in	nvestment adviser with the	SEC, you must make both of th	ese representations:	
	nave reviewed the applicable state an vestment adviser with the <i>state securi</i>		-	he laws of 15 or more states to register as an	
	undertake to withdraw from SEC registates to register as an investment adv		-	that I would be required by the laws of fewer t	than 15
lf you	ı are submitting your annual updating	amendment, you must mak	e this representation:		
□ W		this amendment, I have re	eviewed the applicable state and	d federal laws and have concluded that I am reconcrities in those states.	quired
SECTI	ON 2.A.(11) Internet Adviser				
	· ·	ternet adviser evention fr	om the prohibition on registrati	on, you are required to make a representation a	ahout
_	eligibility for SEC registration. By chec	•		·	about
regist	ration, you must make this represent	ation:		rem 2 response regarding your eligibility for SEC	C
	vill provide investment advice on an o				
_		3 0	tration and are continuing to rel	y on the Internet adviser exemption for SEC	
□ I Ł	ration, you must make this represent nave provided and will continue to pro		an angoing basis to more than	one client exclusively through an <i>operational inte</i>	eractive
We	ebsite.		an ongoing basis to more than	γ	or don't o
We	ebsite.		an ongoing basis to more than		

App 803	plication Number:
Dat	te of <i>order</i> :
Iter	n 3 Form of Organization
If yo	ou 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 Liebility Downership (LLD)
	- Death and the
	O Partnership
	C Limited Liability Company (LLC)
	C Limited Partnership (LP)
	Other (specify):
	If you are changing your response to this Item, see Part 1A Instruction 4.
В.	In what month does your fiscal year end each year?
	DECEMBER
C.	Under the laws of what state or country are you organized?
	State Country
	Missouri 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.
l ter	n 4 Successions
	Yes No
A.	Are you, at the time of this filing, succeeding to the business of a registered investment adviser, including, for example, a change of your structure or legal status (e.g., form of organization or state of incorporation)?
	If "yes", complete Item 4.B. and Section 4 of Schedule D.
B.	Date of Succession: (MM/DD/YYYY)
	If you have already reported this succession on a previous Form ADV filing, do not report the succession again. Instead, check "No." See Part 1A Instruction 4.
SEC	TION 4 Successions
	No Information Filed
lter	n 5 Information About Your Advisory Business - Employees, Clients, and Compensation
	ponses 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 ulatory policy. Part 1A Instruction 5.a. provides additional guidance to newly formed advisers for completing this Item 5.
Em	ployees
If y	ou 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.

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

- B. (1) Approximately how many of the *employees* reported in 5.A. perform investment advisory functions (including research)?
 436
 (2) Approximately how many of the *employees* reported in 5.A. are registered representatives of a broker-dealer?
 - 538(3) Approximately how many of the *employees* reported in 5.A. are registered with one or more *state securities authorities* as *investment adviser representatives*?

436(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?

- (5) Approximately how many of the *employees* reported in 5.A. are licensed agents of an insurance company or agency?
- (6) Approximately how many firms or other *persons* solicit advisory *clients* on your behalf?

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?
 - (2) Approximately what percentage of your *clients* are non-*United States persons*? 0%
- D. For purposes of this Item 5.D., the category "individuals" includes trusts, estates, and 401(k) plans and IRAs of individuals and their family members, but does not include businesses organized as sole proprietorships.

The category "business development companies" consists of companies that have made an election pursuant to section 54 of the Investment Company Act of 1940. Unless you provide advisory services pursuant to an investment advisory contract to an investment company registered under the Investment Company Act of 1940, do not answer (1)(d) or (3)(d) below.

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

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

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

Type of <i>Client</i>	(1) Number of Client(s)	(2) Fewer than 5 <i>Clients</i>	(3) Amount of Regulatory Assets under Management
(a) Individuals (other than high net worth individuals)	29441		\$ 13,117,526,457
(b) High net worth individuals	175		\$ 1,761,580,197
(c) Banking or thrift institutions	0		\$ O
(d) Investment companies	0		\$ O
(e) Business development companies	0		\$ O
(f) Pooled investment vehicles (other than investment companies and business development companies)	0		\$ O
(g) Pension and profit sharing plans (but not the plan participants or government pension plans)	208		\$ 141,418,197
(h) Charitable organizations	93		\$ 145,363,718
(i) State or municipal <i>government entities</i> (including government pension plans)	0		\$ O
(j) Other investment advisers	0		\$ O
(k) Insurance companies	0		\$ O
(I) Sovereign wealth funds and foreign official institutions	0		\$ 0

(1	m) Corporations or other businesses not listed above	209		\$ 489,945,722
(1	n) Other: INVESTMENT CLUB	0	Þ	\$ 648,617
_				
Compe	ensation Arrangements			
-	ou are compensated for your investment advisory services by (check all th	nat apply):		
V		3.4.1.1.37		
V				
	(-)			
	(-)			
	, (.) caner (speedly).			
Item 5	Information About Your Advisory Business - Regulatory Assets Under	Management		
Regula	atory Assets Under Management			
				Yes No
F. (1) Do you provide continuous and regular supervisory or management ser	rvices to securities	portfolios?	• c
(2) If yes, what is the amount of your regulatory assets under managemen	nt and total numbe	r of accounts?	
	U.S. Dollar Amount			per of Accounts
	Discretionary: (a) \$ 9,967,029,022		(d) 37,132	
	Non-Discretionary: (b) \$ 5,689,453,886		(e) 12,343	
	Total: (c) \$ 15,656,482,908		(f) 49,475	
	(e) \$ 10/000/102/700		(1)	
	Part 1A Instruction 5.b. explains how to calculate your regulatory assets	under management	Vou must follow the	asa instructions carefully when
	completing this Item.	ander management	. Tod Thast Tollow th	ese mistractions carefully when
(2)). What is the approximate amount of your total regulatory assets under	managamant (rana	rtod in Itom E E (2)	(c) above) attributable to clients who
(3)) What is the approximate amount of your total regulatory assets under are non- <i>United States persons</i> ?	ттападеттетт (геро	rted in Item 5.F.(2)	(c) above) attributable to chefits who
	\$ 7,609,214			
	7 //33 //=			
Item 5	Information About Your Advisory Business - Advisory Activities			
Adviso	ory Activities			
G. W	hat type(s) of advisory services do you provide? Check all that apply.			
V				
<u> </u>	, , , , , , , , , , , , , , , , , , , ,			
	(a)	siness developmen	t companies" that h	have made an election pursuant to
	section 54 of the Investment Company Act of 1940) (4) Portfolio management for pooled investment vehicles (other than	n investment comp	anios)	
V				registered investment companies and
	other pooled investment vehicles)	oo, o. metrationa.	eneme (ether than	. og.e.e. ea eete eepaee aa
V				
<u> </u>	_ ()			
V	(· ·) · · · · · · · · · · · · · · · ·			
	- (10) 011 (15)			
D	o not check Item 5.G.(3) unless you provide advisory services pursuant to a	n investment adviso	ory contract to an inv	estment company registered under the
	ovestment Company Act of 1940, including as a subadviser. If you check Iter		e 811 or 814 numbe	r of the investment company or
ın	vestment companies to which you provide advice in Section 5.G.(3) of Sched	dule D.		
H. If	you provide financial planning services, to how many <i>clients</i> did you prov	ido thoso sorvicos (during vour last fisc	al year?
		ide tilese sei vices t	during your last risc	ai yeai!
(
6	1 - 10			
(
(26 - 50			
(
(
(-			
(
	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 relat with those investors.	ionship)
		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:	•	0
	(a) sponsor to a wrap fee program		
	\$ 5,689,453,886 (b) portfolio manager for a wrap fee program?		
	\$ 0		
	(c) <i>sponsor</i> to and portfolio manager for the same <i>wrap fee program</i> ? \$ 996,702,923		
	If you report an amount in Item 5.1.(2)(c), do not report that amount in Item 5.1.(2)(a) or Item 5.1.(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 5.1.(2) of Sci	hedule	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 wrap fee program, do not check Item 5.1.(1) or enter any amounts in response to Item 5.1.(2).		
J.	(1) In response to Item 4.B. of Part 2A of Form ADV, do you indicate that you provide investment advice only with respect to limited types of investments?	Yes O	No ⊙
	(2) Do you report <i>client</i> assets in Item 4.E. of Part 2A that are computed using a different method than the method used to compute your regulatory assets under management?	0	•
K.	Separately Managed Account Clients		
	(1) Do you have regulatory assets under management attributable to <i>clients</i> other than those listed in Item 5.D.(3)(d)-(f) (separately managed account <i>clients</i>)?	Yes ©	No O
	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?	•	0
	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?	•	0
	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?	•	0
	If yes, complete Section 5.K.(3) of Schedule D for each custodian.		
L.	Marketing Activities		
	(1) Do any of your advertisements include:	Yes	No
	(a) Performance results?	_	_
	(a) For or marine Feeding.	•	0
	(b) A reference to specific investment advice provided by you (as that phrase is used in rule 206(4)-1(a)(5))?	0	•
	(c) Testimonials (other than those that satisfy rule 206(4)-1(b)(4)(ii))?	0	0
	(d) Endorsements (other than those that satisfy rule 206(4)-1(b)(4)(ii))?	0	0
	(e) Third-party ratings?	0	•
	(2) If you answer "yes" to L(1)(c), (d), or (e) above, do you pay or otherwise provide cash or non-cash compensation, directly or indirectly, in connection with the use of <i>testimonials</i> , <i>endorsements</i> , or <i>third-party ratings</i> ?	0	0
	(3) Do any of your advertisements include hypothetical performance?	0	•
	(4) Do any of your advertisements include predecessor performance?	0	•

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

No Information Filed

SECTION 5.1.(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 5.1.(2) for each *wrap fee program* for which you are a portfolio manager.

Name of Wrap Fee Program

BENJAMIN F. EDWARDS ACTIVE PASSIVE PORTFOLIOS

Name of Sponsor

BENJAMIN F. EDWARDS & COMPANY, INCORPORATED

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

801 - 71421

Sponsor's CRD Number (if any):

146936

Name of Wrap Fee Program

BENJAMIN F. EDWARDS CLIENT PORTFOLIOS

Name of Sponsor

BENJAMIN F. EDWARDS & COMPANY, INCORPORATED

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

801 - 71421

Sponsor's CRD Number (if any):

146936

Name of Wrap Fee Program

BENJAMIN F. EDWARDS CUSTOM MUTUAL FUND PORTFOLIOS

Name of Sponsor

BENJAMIN F. EDWARDS & COMPANY, INCORPORATED

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

801 - 71421

Sponsor's CRD Number (if any):

146936

Name of Wrap Fee Program

BENJAMIN F. EDWARDS EQUITY PORTFOLIOS

Name of Sponsor

BENJAMIN F. EDWARDS & COMPANY, INCORPORATED

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

801 - 71421

Sponsor's CRD Number (if any):

146936

Name of Wrap Fee Program
BENJAMIN F. EDWARDS EXCHANGE TRADED FUND PORTOLIOS
Name of <i>Sponsor</i>
BENJAMIN F. EDWARDS & COMPANY, INCORPORATED
Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 71421
Sponsor's CRD Number (if any):
146936
Name of <i>Wrap Fee Program</i>
BENJAMIN F. EDWARDS MUTUAL FUND MODEL STRATEGIES
Name of <i>Sponsor</i>
BENJAMIN F. EDWARDS & COMPANY, INCORPORATED
Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 71421
Sponsor's CRD Number (if any):
146936
Name of Many Fac December
Name of <i>Wrap Fee Program</i> BENJAMIN F. EDWARDS MUTUAL FUND PORTFOLIOS
Name of <i>Sponsor</i>
BENJAMIN F. EDWARDS & COMPANY, INCORPORATED
Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 71421
Sponsor's CRD Number (if any):
146936
Name of <i>Wrap Fee Program</i> BENJAMIN F. EDWARDS PRIVATE PORTFOLIOS
Name of Changer
Name of <i>Sponsor</i> BENJAMIN F. EDWARDS & COMPANY, INCORPORATED
Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 71421
Sponsor's CRD Number (if any):
146936
Name of <i>Wrap Fee Program</i> UNIFIED MANAGED ACCOUNT
Name of Changer

BENJAMIN F. EDWARDS & COMPANY, INCORPORATED

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

Sponsor's CRD Number (if any): 146936

SECTION 5.K.(1) Separately Managed Accounts

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

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

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

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

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

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

Asset Type		Mid-year	End of year
(i) Exchange-Tra	ded Equity Securities	42 %	43 %
(ii) Non Exchange	-Traded Equity Securities	1 %	0 %
(iii) U.S. Governm	ent/Agency Bonds	1 %	1 %
(iv) U.S. State an	d Local Bonds	3 %	3 %
(v) Sovereign Bor	ds	0 %	0 %
(vi) Investment G	rade Corporate Bonds	0 %	0 %
(vii) Non-Investm	ent Grade Corporate Bonds	0 %	0 %
(viii) Derivatives		0 %	0 %
(ix) Securities Iss	ued by Registered Investment Companies or Business Development Companies	50 %	49 %
(x) Securities Iss Development	ued by Pooled Investment Vehicles (other than Registered Investment Companies or Business Companies)	0 %	0 %
(xi) Cash and Cas	h Equivalents	3 %	4 %
(xii) Other		0 %	0 %

Generally describe any assets included in "Other"

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

Generally describe any assets included in "Other"

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

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

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

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

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

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

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

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

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

(i) Mid-Year

Gross Notional Exposure	(1) Regulatory Assets Under Management	(2) Borrowings	(3) Derivative Exposures					
			(a) Interest Rate Derivative	(b) Foreign Exchange Derivative	(c) Credit Derivative	(d) Equity Derivative	(e) Commodity Derivative	(f) Other Derivative
Less than 10%	\$ O	\$ 0	0 %	0 %	0 %	0 %	0 %	0 %
10-149%	\$ 24,657,114	\$ 3,696,025	0 %	0 %	0 %	0 %	0 %	0 %
150% or more	\$ O	\$ 0	0 %	0 %	0 %	0 %	0 %	0 %

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%	\$ 10,345,406	\$ 0	0 %	0 %	0 %	2.32 %	0 %	0 %
10-149%	\$ 74,522,493	\$ 3,696,025	0 %	0 %	0 %	63.53 %	0 %	0 %
150% or more	\$ O	\$ 0	0 %	0 %	0 %	0 %	0 %	0 %

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

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

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

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

You may, but are not required to, complete the table with respect to any separately managed accounts with regulatory assets under management of

less than \$10,000,000.

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

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

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

SECTIO	N 5.K.(3) Custodians for Separa	ely Managed Accounts		
	ete a separate Schedule D Section tory assets under management.	5.K.(3) for each custodian that holds ten per	cent or more of your aggregate separately man	aged account
(a)	Legal name of custodian:			
	PERSHING LLC			
(b)	Primary business name of cus	todian:		
	PERSHING LLC			
(c)	The location(s) of the custodia	in's office(s) responsible for custody of the ass	ets:	
	City:	State:	Country:	
	JERSEY CITY	New Jersey	United States	
				Yes No
(d)	Is the custodian a related pers	con of your firm?		0 0
(e)	If the custodian is a broker-de	aler, provide its SEC registration number (if a	۱۷)	
	8 - 17574	3	<i>3,</i>	
(f)		r-dealer, or is a broker-dealer but does not ha	ave an SEC registration number, provide its lega	al entity identifier (if
(g)		ory assets under management attributable to	separately managed accounts is held at the cus	stodian?
	\$ 15,638,538,753			
Item 6	Other Business Activities			
In this	Item, we request information abou	t your firm's other business activities.		
A. Yo	u are actively engaged in business	as a (check all that apply):		
V	(1) broker-dealer (registered	or unregistered)		
_	(2) registered representative			
	· · · · · · · · · · · · · · · · · · ·	r commodity trading advisor (whether register	red or exempt from registration)	
	(4) futures commission merch			
V	(5) real estate broker, dealer,(6) insurance broker or agent	or agent		
		luidentifiable denontment en division ef e benj		

	What amount of your regulatory assets under management attributable to separately managed accounts is held at the custodian? \$ 15,638,538,753		
1 6 C	Other Business Activities		
	tem, we request information about your firm's other business activities.		
You VOLUMENT OF THE PROPERTY O	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 yo	ou 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
(1)	Are you actively engaged in any other business not listed in Item 6.A. (other than giving investment advice)?	0	•
(2)	If yes, is this other business your primary business?	0	0
	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 na	ame. Yes	No
(3)	Do you sell products or provide services other than investment advice to your advisory clients?	•	0

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 4 D (2) Description of Drimony Business
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 <i>client</i> . You may omit products and services that you listed in Section 6.B.(2) above. BROKERAGE, INSURANCE SERVICES, AND MERGERS AND ACQUISITIONS.
If you engage in that business under a different name, provide that name:

Item 7 Financial Industry Affiliations

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

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):

TOU	od have a related person that is a (check all that apply).						
V	(1)	broker-dealer, municipal securities dealer, or government securities broker or dealer (registered or unregistered)					
V	(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.

Legal Name of Related Person:

Primary Business Name of <i>Related Person</i> : BENJAMIN F. EDWARDS WEALTH MANAGEMENT, LLC	
3. Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-) 801 - 113797	
or Other	
4. Related Person's (a) CRD Number (if any): 297750	
(b) CIK Number(s) (if any): No Information Filed	
5. Related Person is: (check all that apply)	
(a) Droker-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)	
(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	
(I) 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 N
6. Do you control or are you controlled by the related person?	0 6
7. Are you and the <i>related person</i> under common <i>control</i> ?	⊙ (
8. (a) Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide	to 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 <i>related person</i> are required to obtain a surprise examination for your <i>clients'</i> funds or securities that are maintained at the <i>related person</i> .	
(c) If you have answered "yes" to question 8.(a) above, provide the location of the related person's office responsible for	or <i>custody</i> of your <i>clients</i> ' assets
Number and Street 1: Number and Street 2: City: State: Country: ZIP+4/Postal Code:	
City: State: Country: ZIP+4/Postal Code: If this address is a private residence, check this box:	
	Yes N
9. (a) If the related person is an investment adviser, is it exempt from registration?	0 6
(b) If the answer is yes, under what exemption?	
10. (a) Is the <i>related person</i> registered with a <i>foreign financial regulatory authority</i> ?	
(b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the No Information Filed	C 6 e <i>related person</i> is registered.
11. Do you and the <i>related person</i> share any <i>supervised persons</i> ?	⊙ (
12. Do you and the <i>related person</i> share the same physical location?	⊙ (
12. Do you and the <i>related person</i> share the same physical location? 1. Legal Name of <i>Related Person</i> : BENJAMIN F. EDWARDS & COMPANY, INCORPORATED	
2. Primary Business Name of <i>Related Person</i> :	
BENJAMIN F. EDWARDS & COMPANY, INCORPORATED	
3. Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)	

	801	I - 71421		
	or Othe	uer		
4.	Rela	ated Person's		
	(a)	CRD Number (if any): 146936		
	(b)	CIK Number(s) (if any):		
	(-)	No Information Filed		
_	D-1-	atad Danier is (abady all that apply)		
5.	(a)	ated Person is: (check all that apply) ———————————————————————————————————		
	(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 merchantbanking or thrift institution		
	(h) (i)	banking or thrift institutiontrust company		
	(j)	accountant or accounting firm		
	(k)	☐ lawyer or law firm		
	(I)	✓ insurance company or agency		
	(m)	pension consultant		
	(n)	real estate broker or dealer		
	(0)	sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles		
	(p)	sponsor, general partner, managing member (or equivalent) of pooled investment vehicles	'es	No
6.	Do y	you control or are you controlled by the related person?	•	0
7.	Are	you and the related person under common control?	•	0
8.	(a)	Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?	•	0
	(b)	If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the	0	•
		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's	ass∈	ts:
		Number and Street 1: Number and Street 2: ONE NORTH BRENTWOOD BLVD SUITE 850		
		City: State: Country: ZIP+4/Postal Code:		
		ST. LOUIS Missouri United States 63105		
		If this address is a private residence, check this box: 🗖		
0	<i>(</i>)		'es	
9.	(a) (b)	If the <i>related person</i> is an investment adviser, is it exempt from registration? If the answer is yes, under what exemption?	0	•
	(D)	if the diswer is yes, under what exemption:		
10.	(a)			\odot
	(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	ed.	
11.	Do y	you and the related person share any supervised persons?	•	0
12.	Do y	you and the <i>related person</i> share the same physical location?	•	0
ten	n 7 <i>F</i>	Private Fund Reporting		
		,	es/	No
B. <i>F</i>	Are v	you an adviser to any <i>private fund</i> ?	0	•
. ,	- 5	······································		•

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 Fu	<i>und</i> Reporting
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No Information Filed

SECTION 7.B.(2) Private Fund Reporting

No Information Filed

Item 8 Participation or Interest in *Client* Transactions

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

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

Pro	prie	tary Interest in Client Transactions			
Α.	Do you or any related person:				
	(1)	buy securities for yourself from advisory clients, or sell securities you own to advisory clients (principal transactions)?	0	•	
	(2)	buy or sell for yourself securities (other than shares of mutual funds) that you also recommend to advisory clients?	•	0	
	(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))?	•	0	
Sal	es Ir	nterest in Client Transactions			
B.	Do :	you or any related person:	Yes	No	
	(1)	as a broker-dealer or registered representative of a broker-dealer, execute securities trades for brokerage customers in which advisory client securities are sold to or bought from the brokerage customer (agency cross transactions)?	0	•	
	(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?	0	•	
	(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)?	•	0	
Inv	estn	nent or Brokerage Discretion			
C.	Do you or any related person have discretionary authority to determine the:				
	(1)	securities to be bought or sold for a <i>client's</i> account?	•	0	
	(2)	amount of securities to be bought or sold for a client's account?	•	0	
	(3)	broker or dealer to be used for a purchase or sale of securities for a client's account?	•	0	
	(4)	commission rates to be paid to a broker or dealer for a <i>client's</i> securities transactions?	•	0	
D.	If y	ou answer "yes" to C.(3) above, are any of the brokers or dealers related persons?	•	0	
E.	Do :	you or any related person recommend brokers or dealers to clients?	•	0	
F.	If y	ou answer "yes" to E. above, are any of the brokers or dealers <i>related persons</i> ?	•	0	
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?	0	•	
	(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?	0	•	
Н.	(1)	Do you or any related person, directly or indirectly, compensate any person that is not an employee for client referrals?	•	0	
	(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)?	0	•	
I.		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</i> son) for client referrals?	•	0	

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.I.) 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

In your response to Item 8.1., do not include the regular salary you pay to an employee.

	refe	ferrals.			
tor	200	Custody			
		•	client (other than clients that are investment companies registered under the	ie	
		nent Company Act of 1940) assets and about your custodial prac	· · · · · · · · · · · · · · · · · · ·		
۹.	(1)	Do you have <i>custody</i> of any advisory <i>clients'</i> :		Yes	No
		(a) cash or bank accounts?		\odot	0
		(b) securities?		⊙	0
	dire	rectly from your clients' accounts, or (ii) a related person has custoc	9.A. (1)(a) and (b) if you have custody solely because (i) you deduct your adviso by of client assets in connection with advisory services you provide to clients, but endent (pursuant to Advisers Act rule 206(4)-2(d)(5)) from the related person.	-	iS
	(2)	If you checked "yes" to Item 9.A.(1)(a) or (b), what is the app you have <i>custody</i> :	roximate amount of <i>client</i> funds and securities and total number of <i>clients</i> for	which	า
		U.S. Dollar Amount Total Number of	Clients		
		(a) \$ 7,951,357,944 (b) 18,437			
	incli con	clude the amount of those assets and the number of those clients i	y solely because you deduct your advisory fees directly from your clients' accoun n your response to Item 9.A.(2). If your related person has custody of client ass le the amount of those assets and number of those clients in your response to 9	ets in	,
В.	(1)) In connection with advisory services you provide to <i>clients</i> , do	any of your related persons have custody of any of your advisory clients':	Yes	No
		(a) cash or bank accounts?		0	•
		(b) securities?		0	•
	Vou	y are required to answer this item regardless of how you answered	Itom (0, A, (1)(a), or, (b))		
	rou	u are required to answer this item regardless of how you answered	Nem 9.A.(1)(a) or (b).		
	(2)	If you checked "yes" to Item 9.B.(1)(a) or (b), what is the app your related persons have custody:	roximate amount of <i>client</i> funds and securities and total number of <i>clients</i> for	which	٦
		U.S. Dollar Amount Total Number of	Clients		
		(a) \$ (b)			
С.	-	you or your <i>related persons</i> have <i>custody</i> of <i>client</i> funds or securit at apply:	ties in connection with advisory services you provide to <i>clients</i> , check all the f	ollowi	ing
	(1)	A qualified custodian(s) sends account statements at least qu	arterly to the investors in the pooled investment vehicle(s) you manage.		
	(2)	An <i>independent public accountant</i> audits annually the pooled in are distributed to the investors in the pools.	vestment vehicle(s) that you manage and the audited financial statements		
	(3)		examination of <i>client</i> funds and securities.	V	
	(4)		report with respect to custodial services when you or your related persons	V	
	an i		dule <i>D</i> the accountants that are engaged to perform the audit or examination or ever to list auditor information in Section 9.C. of Schedule <i>D</i> if you already provided <i>B</i> .(1) of Schedule <i>D</i>).		re
D.	Do :	you or your related person(s) act as qualified custodians for you	r clients in connection with advisory services you provide to clients?	Yes	No
	(1)	you act as a qualified custodian		⊙	0
	(2)	your related person(s) act as qualified custodian(s)		⊙	0
	206		ualified custodians (other than any mutual fund transfer agent pursuant to rule rdless of whether you have determined the related person to be operationally inc		dent
Ε.	fisca	you are filing your <i>annual updating amendment</i> and you were sub cal year, provide the date (MM/YYYY) the examination commence /2024	ject to a surprise examination by an <i>independent public accountant</i> during you d:	ur last	-

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?

TION 9.C. Indopendent Pu	blic Accountant					
TON 9.C. Thaependent Pu	blic Accountant					
· ·	•		·			
Name of the <i>independent p</i> DELOITTE & TOUCHE, LLP	public accountant:					
The location of the <i>indepe</i>	ndent public accountant's of	ffice responsible for the services pr	ovided:			
·		·				
100 SOUTH 4TH STREET		SUITE 300				
City:	State:	Country:	ZIP+4/Postal Code:			
ST. LOUIS	Missouri	United States	63102			
				Yes No		
Is the <i>independent public a</i>	accountant registered with	the Public Company Accounting Ove	ersight Board?	⊙ ○		
If "yes," Public Company A	Accounting Oversight Board	d-Assigned Number:				
		ntant subject to regular inspection	by the Public Company Accounting Oversight E	Board in 👩 O		
A. □ audit a pooled investB. ☑ perform a surprise ex	ment vehicle kamination of <i>clients'</i> asset	ts				
		of the reports prepared by the <i>inder</i>	pendent public accountant that audited the pool	ad investment		
vehicle or that examined i	•		endem public accountant that addited the poor	ed investment		
·		atly file an amendment to your Form	ADV to undate your response when the account	ant's roport is		
available.	Received , you must promp	ony me an amendment to your form	ADV to apaate your response when the account	ант з героп тз		
10 Control Persons						
is Item, we ask you to iden	• • •	ctly or indirectly, <i>controls</i> you. If yo	u are filing an <i>umbrella registration</i> , the informa	ation in Item 10		
executive officers. Schedule	B asks for information ab	out your indirect owners. If this is	an amendment and you are updating informat	•		
				Yes No		
Does any person not named	d in Item 1.A. or Schedules	s A, B, or C, directly or indirectly, cor	ntrol your management or policies?	0 0		
If yes, complete Section 10.7	A. of Schedule D.					
If any <i>person</i> 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 Securitie Exchange Act of 1934, please complete Section 10.B. of Schedule D.						
TION 10.A. Control Person	s					
		No Information Filed				
TION 10.B. Control Person	Public Reporting Compar	nies				
No Information Filed						
	must complete the following led investment vehicle that rependent public accountant. Name of the independent public accountant. The location of the independent public accountant. The location of the independent of the independent accounts. In street 1: 100 SOUTH 4TH STREET City: ST. LOUIS Is the independent public accounts. If "yes," Public Company Accounts and its rules? The independent public accounts accounts accounts and internal counts. If perform a surprise exception of the independent public accounts and internal counts. Since your last annual upded vehicle or that examined in the independent public accounts. In the independent public accounts and internal counts and internal counts. In the independent public accounts are supprised as a surprise exception. In the independent public accounts are supprised as a surprise exception. In the independent public accounts are supprised as a surprise exception. In the independent public accounts are supprised as a surprised exception. In the independent public accounts are supprised excepti	led investment vehicle that you manage, or prepare appendent public accountant. Name of the independent public accountant: DELOITTE & TOUCHE, LLP The location of the independent public accountant's of Number and Street 1: 100 SOUTH 4TH STREET City: State: ST. LOUIS Missouri Is the independent public accountant registered with If "yes," Public Company Accounting Oversight Board 34 If "yes," Public Company Accounting Oversight Board 34 If "yes" to (3) above, is the independent public account accordance with its rules? The independent public accountant is engaged to: A. A. B. B. B. B. B. B.	must complete the following information for each independent public accountant engaged fled investment vehicle that you manage, or prepare an internal control report. You must pendent public accountant. Name of the independent public accountant: DELOITIE & TOUCHE, LLP The location of the independent public accountant's office responsible for the services prince and Street 1: Number and Street 1: Number and Street 2: SUITE 300 City: State: Country: ST. LOUIS: Missouri: In the independent public accountant registered with the Public Company Accounting Oversight Board-Assigned Number: 34 If "yes," Public Company Accounting Oversight Board-Assigned Number: 34 If "yes," to (3) above, is the independent public accountant subject to regular inspection is accordance with its rules? The independent public accountant is engaged to: A. □ audit a pooled investment vehicle My perform a surprise examination of afients' assets My performance and after the affective after	must complete the following information for each <i>Independent public</i> accountant engaged to perform a surprise examination, perform a led Investment vehicle that you manage, or prepare an Internal control report. You must complete a separate Schedule D Section 9.0. perpendent public accountant. Name of the independent public accountants office responsible for the services provided. Number and Street 1: Number and Street 2: Number and Street 2: Number and Street 3: Number and Street 1: Number and Street 3: Number 3		

Item 11 Disclosure Information In this Item, we ask for information about your disciplinary history and the disciplinary history of all your advisory affiliates. We use this information to determine whether to grant your application for registration, to decide whether to revoke your registration or to place limitations on your activities as an investment adviser, and to identify potential problem areas to focus on during our on-site examinations. One event may result in "yes" answers to more than one of the questions below. In accordance with General Instruction 5 to Form ADV, "you" and "your" include the filing adviser and all relying advisers under an umbrella registration. Your advisory affiliates are: (1) all of your current employees (other than employees performing only clerical, administrative, support or similar functions); (2) all of your officers, partners, or directors (or any person performing similar functions); and (3) all persons directly or indirectly controlling you or controlled by you. If you are a "separately identifiable department or division" (SID) of a bank, see the Glossary of Terms to determine who your advisory affiliates are. If you are registered or registering with the SEC or if you are an exempt reporting adviser, you may limit your disclosure of any event listed in Item 11 to ten years following the date of the event. If you are registered or registering with a state, you must respond to the questions as posed; you may, therefore, limit your disclosure to ten years following the date of an event only in responding to Items 11.A.(1), 11.A.(2), 11.B.(1), 11.B.(2), 11.D.(4), and 11.H.(1)(a). For purposes of calculating this ten-year period, the date of an event is the date the final order, judgment, or decree was entered, or the date any rights of appeal from preliminary orders, judgments, or decrees lapsed. You must complete the appropriate Disclosure Reporting Page ("DRP") for "yes" answers to the questions in this Item 11. Yes No Do any of the events below involve you or any of your supervised persons? \odot 0 For "yes" answers to the following questions, complete a Criminal Action DRP: A. In the past ten years, have you or any advisory affiliate: Yes No (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony? \circ **©** (2) been charged with any felony? \circ 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. In the past ten years, have you or any advisory affiliate: (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a misdemeanor involving: \circ investments or an investment-related business, or any fraud, false statements, or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses? (2) been charged with a misdemeanor listed in Item 11.B.(1)? 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: Has the SEC or the Commodity Futures Trading Commission (CFTC) ever: Yes No (1) found you or any advisory affiliate to have made a false statement or omission? ② 0 (2) found you or any advisory affiliate to have been involved in a violation of SEC or CFTC regulations or statutes? (3) found you or any advisory affiliate to have been a cause of an investment-related business having its authorization to do business denied, \circ **(** suspended, revoked, or restricted? (4) entered an order against you or any advisory affiliate in connection with investment-related activity? **(** \circ (5) imposed a civil money penalty on you or any advisory affiliate, or ordered you or any advisory affiliate to cease and desist from any activity? ⊚ Has any other federal regulatory agency, any state regulatory agency, or any foreign financial regulatory authority: (1) ever found you or any advisory affiliate to have made a false statement or omission, or been dishonest, unfair, or unethical? **(** \circ (2) ever found you or any advisory affiliate to have been involved in a violation of investment-related regulations or statutes? (3) ever found you or any advisory affiliate to have been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted? (4) in the past ten years, entered an order against you or any advisory affiliate in connection with an investment-related activity? **(** \circ (5) ever denied, suspended, or revoked your or any advisory affiliate's registration or license, or otherwise prevented you or any advisory \circ affiliate, by order, from associating with an investment-related business or restricted your or any advisory affiliate's activity? Has any *self-regulatory organization* or commodities exchange ever: (1) found you or any advisory affiliate to have made a false statement or omission? \odot (2) found you or any advisory affiliate to have been involved in a violation of its rules (other than a violation designated as a "minor rule \circ violation" under a plan approved by the SEC)? (3) found you or any advisory affiliate to have been the cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted? (4) disciplined you or any advisory affiliate by expelling or suspending you or the advisory affiliate from membership, barring or suspending you **(** \circ

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

F.	Has an authorization to act as an attorney, accountant, or federal contractor granted to you or any advisory affiliate ever been revoked or suspended?			
G.	Are you or any advisory affiliate now the subject of any regulatory proceeding that could result in a "yes" answer to any part of Item 11.C., 11.D., or 11.E.?	0	•	
<u>For</u>	"yes" answers to the following questions, complete a Civil Judicial Action DRP:			
Н.	(1) Has any domestic or foreign court:	Yes	No	
	(a) in the past ten years, enjoined you or any advisory affiliate in connection with any investment-related activity?	0	\odot	
	(b) ever found that you or any advisory affiliate were involved in a violation of investment-related statutes or regulations?	0	\odot	
	(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>	0	⊙	
	(2) Are you or any advisory affiliate now the subject of any civil proceeding that could result in a "yes" answer to any part of Item 11.H.(1)?	0	•	
lter	n 12 Small Businesses			
	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 the the definition of "small business" or "small organization" under rule 0-7.	ne		
und	wer 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 er 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, ambent 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 <i>clients</i>. In determining your or another <i>person's</i> 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). <i>Control</i> means the power to direct or cause the direction of the management or policies of a <i>person</i>, whether through ownership of securities, contract, or otherwise. Any <i>person</i> that directly or indirectly has the right to vote 25 percent or more of the voting securities, or is entitled to 2 or more of the profits, of another <i>person</i> is presumed to <i>control</i> the other <i>person</i>. 	by	cent	
		Yes	No	
A.	Did you have total assets of \$5 million or more on the last day of your most recent fiscal year?	0	0	
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?	0	0	
	(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?	0	0	
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?	0	0	
	(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?	0	0	
Sch	edule 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:

have contributed, 5% or more of your capital;

- (a) each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer (Chief Compliance Officer) 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, <u>all</u> general partners and those limited and special partners that have the right to receive upon dissolution, or
- (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.
- 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:	DE/FE/I	Title or Status	Date Title or				CRD No. If None: S.S. No.
Last Name, First Name, Middle Name)			Status Acquired MM/YYYY	Code	Person		and Date of Birth, IRS Tax No. or Employer ID No.
EDWARDS, BENJAMIN FRANKLIN	I	CHAIRMAN/CHIEF EXECUTIVE OFFICER, PRESIDENT	08/2008	NA	Υ	N	1061490
BENJAMIN EDWARDS, INC.	DE	OWNER	10/2008	E	Υ	N	
MARTIN, THOMAS HAYDEN JR	I	DIRECTOR/CHIEF FINANCIAL OFFICER	09/2009	NA	Υ	N	1459719
KELLER, CHRISTOPHER M	I	DIRECTOR/DIRECTOR OF OPERATIONS, TECHNOLOGY & ANALYTICS	04/2010	NA	Υ	N	4346617
RUBENSTEIN, DOUGLAS DAVID	I	DIRECTOR/COO AND DIRECTOR OF CAPITAL MARKETS	08/2016	NA	Υ	N	1138380
HANSON, DAVID WILLIAM	1	DIRECTOR	08/2013	NA	N	N	715793
FELLOWS, MARK PATTERSON	I	DIRECTOR/REGIONAL DIRECTOR	11/2013	NA	N	N	1600661
WISDOM, BILLY JOE	I	DIRECTOR/DIRECTOR OF REGULATORY & OVERSIGHT SERVICES	01/2015	NA	Υ	N	1810908
WHITING, CHRISTOPHER MARK	I	DIRECTOR OF FINANCIAL STRATEGIES GROUP	09/2018	NA	Υ	N	2242513
WELKER, JOANNE MARIE	I	DIRECTOR/MANAGER ADVISORY SERVICES	11/2013	NA	N	N	2300075
DELINIERE, ROLAND HAROLD	1	DIRECTOR/REGIONAL DIRECTOR	02/2019	NA	N	N	1038322
BAUMANN, NEAL JAMES	I	DIRECTOR/REGIONAL DIRECTOR	02/2019	NA	N	N	1480636
STEVENS, KATELYN CLARE	I	CHIEF COMPLIANCE OFFICER, BROKERAGE	01/2021	NA	Υ	N	5752247
MUCKLER, MATTHEW PAUL	I	CHIEF COMPLIANCE OFFICER, ADVISORY	01/2021	NA	Υ	N	4762147
SALAMON, MATTHEW R	I	DIRECTOR/CORPORATE SECRETARY & DIRECTOR OF LAW & LEGAL SERVICES, CHIEF COUNSEL	09/2022	NA	Y	N	1858581
BRANDSTADT, TODD HEINRICH	I	DIRECTOR/DIRECTOR OF BRANCHES	01/2025	NA	Υ	N	2631699
EDWARDS, BENJAMIN FRANKLIN	I	DIRECTOR/ASSISTANT DIRECTOR OF BRANCHES	09/2024	NA	Y	N	6670972

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, <u>all</u> 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)		,	•	9	ers, elected managers, and trustees are
(h)	·	er "PR" if the owner i	s a public reporting company under	Sections 12 or 15(d) of the F	xchange Act
	Complete each column		s a public reporting company under	Sections 12 or 13(d) or the L	Actioning e Acti
	·				
No Info	rmation Filed				
Schedu	ıle D - Miscellaneous				
		to explain a respons	se to an Item or to provide any othe	er information.	
*** NO differe catego Corpor	OTE 1 of 2 *** On Schent categories of Asset Tries included: (ii) Non Eate Bonds – 0.049%; (v	dule D section 5.K.(7 ypes comprised less xchange-Traded Equ viii) Derivatives – 0.0	l)(b), the form only permits the per than 0.5% of BFE's regulatory asso ity Securities – 0.444%; (vi) Invest 84%; and (xii) Other - 0.0003% **	centages of each Asset Type ets under management, so Bl ment Grade Corporate Bonds * NOTE 2 of 2 *** For purpos	to be expressed as whole numbers. Five FE percentage holdings indicate 0%. These - 0.359%; (vii) Non Investment Grade es of section 9.A.(2)(a)&(b), BFE has riodic movement of client assets outside
Schedu	ıle R				
			No Information Fi	iled	
ORP Pa	ages				
CRIMI	NAL DISCLOSURE REP	PORTING PAGE (AD	V)		
No Info	ormation Filed				
REGUL	ATORY ACTION DISC	LOSURE REPORTIN	G PAGE (ADV)		
		(222.121)	GENERAL INSTRUCT		
	isclosure Reporting Paga 11.F. or 11.G. of Form A) INITIAL OR © AMENDED response	e used to report details for af	firmative responses to Items 11.C., 11.D.,
			Regulatory Action	nn	
Check	item(s) being responde	ed to:	Regulatory Action	JII	
□ 11.		□ 11.C(2)	□ 11.C(3)	□ 11.C(4)	□ 11.C(5)
1 11.	.D(1)	□ 11.D(2)	□ 11.D(3)	☑ 11.D(4)	☑ 11.D(5)
□ 11.	.E(1)	□ 11.E(2)	□ 11.E(3)	□ 11.E(4)	
 11.	.F.	□ 11.G.			
	separate DRP for each completed Execution P	,	The same event or <i>proceeding</i> may	be reported for more than or	ne <i>person</i> or entity using one DRP. File
	•		e answer to Items 11.C., 11.D., 11. nore than one regulator, provide de	•	ne DRP to report details related to the arate DRP.
PART I					
	he <i>person(s)</i> or entity(i	es) for whom this DR	P is being filed is (are):		
	You (the advisory firm		3		
	~				
	You and one or more		liates		
(One or more of your	advisory affiliates			
	•	•	te, give the full name of the advisory ovide that number. If not, indicate "		s, Last name, First name, Middle name). the appropriate box.
	ADV DRP - <i>ADVISORY AF</i>	FILIATE			
	<i>CRD</i> 4264944 Number:		This <i>advisory affiliate</i> is O a Firm	• an Individual	

	Registered: • Yes O No
	Name: PINNELL, MARCY, B.
	(For individuals, Last, First,
	Middle)
	This DRP should be removed from the ADV record because the <i>advisory affiliate(s)</i> is no longer associated with the adviser. This DRP should be removed from the ADV record because: (1) the event or <i>proceeding</i> occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an <i>exempt reporting adviser</i> with the SEC and the event was resolved in the adviser's or <i>advisory affiliate's</i> favor.
	If you are registered or registering with a <i>state securities authority</i> , 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.
PAR	ТП
1.	Regulatory Action initiated by: OSEC Other Federal State OSRO OF Foreign
	(Full name of regulator, foreign financial regulatory authority, federal, state, or SRO)
	STATE OF CALIFORNIA DEPARTMENT OF INSURANCE
2.	Principal Sanction:
	Other Control of the
	Other Sanctions: REVOCATION AND ISSUANCE OF RESTRICTED LICENSE
3.	Date Initiated (MM/DD/YYYY):
	12/08/2015 C Exact S Explanation
	If not exact, provide explanation:
	THE ORDER OF SUMMARY REVOCATION AND ISSUANCE OF RESTRICTED LICENSE IS NOT DATED; HOWEVER, THE DECLARATION OF SERVICE IS DATED 12/8/15. I WAS NOT AWARE OF THIS MATTER UNTIL I RECEIVED THIS ORDER ON 12/11/15 VIA CERTIFIED MAIL.
4.	Docket/Case Number:
	LCB 1681-A
5.	Advisory Affiliate Employing Firm when activity occurred which led to the regulatory action (if applicable): EDWARD JONES
6.	Principal Product Type:
	Annuity(ies) - Fixed
	Other Product Types:
7.	Describe the allegations related to this regulatory action (your response must fit within the space provided): BASED SOLELY ON THE ACTIONS TAKEN BY FINRA IN JUNE 2014, THE STATE OF CALIFORNIA DEPARTMENT OF INSURANCE HAS ISSUED THE ORDER OF SUMMARY REVOCATION AND ISSUANCE OF RESTRICTED LICENSE.
8.	Current Status? C Pending C On Appeal Final
9.	If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:
lf F	inal or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.
10.	How was matter resolved: Order
	Order
11.	Resolution Date (MM/DD/YYYY):

. Resolu	ution Detail:							
	Were any of the following Sanctions	Ordered (check all appropriate items)	?					
	☐ Monetary/Fine Amount: \$, , , , , , , , , , , , , , , , , , , ,						
	Revocation/Expulsion/Denial	ı	Disgorgement/Restitution					
	☐ Censure	1	Cease and Desist/Injunction					
	□ Bar	1	Suspension					
В. С	Other Sanctions Ordered:							
S F r c	SSUANCE OF RESTRICTED LICENSE Sanction detail: if suspended, enjoine Financial Operations Principal, etc.). I equalify/retrain, type of exam required lisgorgement or monetary compensation penalty was waived: SSUANCE OF RESTRICTED LICENSE	f requalification by exam/retraining vertical forms of the condition has been as the condition has the condition has been as the condition has the condition has been as the condition has the condition h	was a condition of the sanction, satisfied. If disposition resulted	provide length of time given to				
	e a brief summary of details related fit within the space provided).	to the action status and (or) dispos	tion and include relevant terms	s, conditions and dates (your response				
	RTHER ACTION NEEDED.							
		GENERAL INSTRUC	CTIONS					
s Disclos	sure Reporting Page (DRP ADV) is an			irmative responses to Items 11.C., 11.				
	or 11.G. of Form ADV.	OR O						
ock itom	(s) being responded to:	Regulatory Ac	tion					
11.C(1)	(s) being responded to.	□ 11.C(3)	□ 11.C(4)	□ 11.C(5)				
11.D(1)	□ 11.D(2)	□ 11.D(3)	☑ 11.D(4)	□ 11.D(5)				
11.E(1)	□ 11.E(2)	☐ 11.E(3)	□ 11.E(4)	5(0)				
11.F.	☐ 11.G.	\(\frac{1}{2}\)						
	rate DRP for each event or <i>proceedin</i> pleted Execution Page.	g . The same event or $\emph{proceeding}$ ma	y be reported for more than or	ne <i>person</i> or entity using one DRP. File				
	may result in more than one affirmat If an event gives rise to actions by		-	e DRP to report details related to the arate DRP.				
RT I								
	erson(s) or entity(ies) for whom this I	ORP is being filed is (are):						
The pe	u (the advisory firm)							
•								
C You	u and one or more of your <i>advisory a</i>	ffiliates						
o You	e or more of your							
o You	e or more of your advisory affiliates			, Last name, First name, Middle name) he appropriate box.				
O You O You O On		•	non-registered by checking t	DV DRP - ADVISORY AFFILIATE				
O You O You O On If this If the	DRP is being filed for an <i>advisory affi</i> advisory affiliate has a <i>CRD</i> number, p	•	non-registered by checking t					
O You	DRP is being filed for an <i>advisory affi</i> advisory affiliate has a CRD number, p DRP - ADVISORY AFFILIATE 2376424 ber:	•						
O You	DRP is being filed for an <i>advisory affi advisory affiliate</i> has a <i>CRD</i> number, pour or an advisory affiliate DRP - ADVISORY AFFILIATE 2376424	provide that number. If not, indicate						
O You	DRP is being filed for an advisory affil advisory affiliate has a CRD number, page 2376424 ber: stered: • Yes • No	provide that number. If not, indicate						
O You	DRP is being filed for an advisory affiladvisory affiliate has a CRD number, por advisory affiliate has a CRD number has a CRD numbe	provide that number. If not, indicate						

	If you are registered or registering with a <i>state securities authority</i> , you may result 11.D(4), and only if that event occurred more than ten years ago. If you are result 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 err circumstances:	or, such as due to a clerical or data-entry mistake. Explain the
B.	If the <i>advisory affiliate</i> is registered through the IARD system or <i>CRD</i> system, has the IARD or <i>CRD</i> for the event? If the answer is "Yes," no other information on	
	• Yes • No	
	NOTE: The completion of this form does not relieve the advisory affiliate of its old	oligation to update its IARD or <i>CRD</i> records.
PAR ⁻	T II	
1.	Regulatory Action initiated by:	
	OSEC Other Federal State O SRO OF Foreign (Full name of regulator, foreign financial regulatory authority, federal, state, or SMICHIGAN	SRO)
2.	Principal Sanction: Other	
	Other Sanctions: NOTICE OF INTENT TO DENY, CONDITION, OR LIMIT AGENT REGISTRATION APPL	LICATION
3.	Date Initiated (MM/DD/YYYY):	
	06/14/2018 © Exact © Explanation If not exact, provide explanation:	
4.	Docket/Case Number: 336358	
5.	Advisory Affiliate Employing Firm when activity occurred which led to the regulat BENJAMIN F. EDWARDS	ory action (if applicable):
6.	Principal Product Type:	
	No Product Other Product Types:	
	other Froduct Types.	
7.	Describe the allegations related to this regulatory action (your response must THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FOR THE STATE OF LIMIT THE SECURITIES AGENT'S REGISTRATION APPLICATION IN THE STATE OF 451.2412(1), FOR THE REASONS SET FORTH IN THE NOTICE.	MICHIGAN HAS ISSUED A NOTICE OF INTENT TO DENY, CONDITION, OR
8.	Current Status? C Pending C On Appeal C Final	
9.	If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court)	and Date Appeal Filed:
If F	inal or On Appeal, complete all items below. For Pending Actions, complete Item	13 only.
10.	How was matter resolved: Other	
11.	Resolution Date (MM/DD/YYYY):	
	09/25/2018 © Exact C Explanation	
	If not exact, provide explanation:	
12.	Resolution Detail:	
	A. Were any of the following Sanctions <i>Ordered</i> (check all appropriate items)	?
	☐ Monetary/Fine Amount: \$☐ Revocation/Expulsion/Denial	Disgorgement/Restitution
	·	Cease and Desist/Injunction
		Suspension

STIPULATION Sanction de Financial Operation de Financial Operation de Financial Operation de Financial Service de Financia Service Service de Financia Service de Financia Service de Financia Service Service de Financia	perations Principal, etc.). If rec etrain, type of exam required a	barred, provide duration includ qualification by exam/retraining and whether condition has been , provide total amount, portion	was a condition of the sanction, satisfied. If disposition resulted	fected (General Securities Principal, provide length of time given to in a fine, penalty, restitution, ry affiliate, date paid and if any portion
	ummary of details related to the space provided).	ne action status and (or) dispos	ition and include relevant terms	s, conditions and dates (your response
		EQUIRED WITHDRAWAL OF THE	REGISTRATION REQUEST IN MIC	CHIGAN.
		CENEDAL INCEDIA	CTIONS	
This Disclosure Report		GENERAL INSTRUC NITIAL OR © AMENDED respon		firmative responses to Items 11.C., 11.D.
		Regulatory Ac	tion	
Check item(s) being r	responded to:			
☑ 11.C(1)	☑ 11.C(2)	□ 11.C(3)	☑ 11.C(4)	☑ 11.C(5)
11.D(1)	☐ 11.D(2)	□ 11.D(3)	☐ 11.D(4)	□ 11.D(5)
□ 11.E(1) □ 11.F.	□ 11.E(2) □ 11.G.	□ 11.E(3)	□ 11.E(4)	
PART I A. The person(s) or You (the advi	ent gives rise to actions by more	re than one regulator, provide d	3	e DRP to report details related to the arate DRP.
	of your advisory affiliates	ies		
	9	give the full name of the <i>advisc</i> ide that number. If not, indicate		s, Last name, First name, Middle name). the appropriate box.
ADV DRP - ADVI	SORY AFFILIATE			
		No Information	on Filed	
This DRP sho registered or	uld be removed from the ADV		r proceeding occurred more than	with the adviser. In ten years ago or (2) the adviser is EC and the event was resolved in the
11.D(4), and on	9	than ten years ago. If you are r		reported only in response to Item e SEC, you may remove a DRP for any
☐ This DRP sho circumstance		record because it was filed in er	ror, such as due to a clerical or	data-entry mistake. Explain the
the IARD or <i>CRD</i>	for the event? If the answer is	e IARD system or <i>CRD</i> system, has "Yes," no other information on	-	ed a DRP (with Form ADV, BD or U-4) to
C Yes C No				
NOTE: The comp	pletion of this form does not rel	lieve the <i>advisory affiliate</i> of its o	bligation to update its IARD or	CRD records.
PART II				
1. Regulatory Actio	n initiated by:			

	eral OState OSRO OForeig	jn .		
· ·		•	RO)	
Principal Sanction:				
Other Sanctions:				
Date Initiated (MM/DE)/YYYY):			
	'			
Docket/Case Number 3-19054	:			
Advisory Affiliate Emp	oying Firm when activity occurred	which led to the regulator	ory action (if applicable):	
Mutual Fund(s)				
IA RELEASE 40-5151 PUBLIC ADMINISTRAT THE BASIS OF THIS C DUTY AND INADEQUA FEES IT RECEIVED. A FUND SHARE CLASSE ELIGIBLE. RESPONDE OTHERWISE THE CON THAT PAY SUCH FEES	/ MARCH 11, 2019: THE SECURITIES IVE AND CEASE-AND-DESIST PROCEST AND RESPONDENT'S OFFER, ATE DISCLOSURES BY THE RESPONDENT TIMES DURING THE RELEVANT PESSENT THAT CHARGED 12B-1 FEES IN CONDITIONS OF INTEREST RELATED TO DURING THE RELEVANT PERIOD,	ES AND EXCHANGE COMMICEEDINGS BE INSTITUTED THE COMMISSION FINDS DENT IN CONNECTION WITERIOD, RESPONDENT PURCE TEAD OF LOWER-COST SH NECTION WITH THESE INV (A) ITS RECEIPT OF 12B-1 RESPONDENT RECEIVED 1	MISSION DEEMS IT APPROPRIATE AND IN THE PUBLIC INTEREST OF AGAINST BENJAMIN F. EDWARDS & CO., INC. ("RESPONDENT'S THAT THESE PROCEEDINGS ARISE OUT OF BREACHES OF FIDURITH ITS MUTUAL FUND SHARE CLASS SELECTION PRACTICES ARCHASED, RECOMMENDED, OR HELD FOR ADVISORY CLIENTS MARE CLASSES OF THE SAME FUNDS FOR WHICH THE CLIENTS OVERTIMENTS. RESPONDENT FAILED TO DISCLOSE IN ITS FORM OF THE FEES, AND/OR (B) ITS SELECTION OF MUTUAL FUND SHARE OF THE SECONDENT STORM OF THE SECONDENT STOR	"). ON JCIARY ND THE IUTUAL WERE ADV OR CLASSES UCH
Current Status?	Pending C On Appeal 💿	Final		
If on appeal, regulate	ory action appealed to (SEC, SRO,	Federal or State Court) a	and Date Appeal Filed:	
Final or On Appeal, com	uplete all items below. For Pending	Actions, complete Item 1	13 only.	
. How was matter reso	olved:			
	·			
ii not exact, provide	ехріапаціоп:			
. Resolution Detail:				
A. Were any of the	following Sanctions Ordered (chec	ck all appropriate items)?		
· ·		-		
	Expulsion/Denial			
B. Other Sanctions UNDERTAKINGS Sanction detail: Financial Operat requalify/retrain disgorgement o of penalty was THE RESPONDEN 206(2) AND 207	AND PREJUDGMENT INTEREST if suspended, enjoined or barred, tions Principal, etc.). If requalificating type of exam required and whether monetary compensation, provide waived: NT SHALL CEASE AND DESIST FROM OF THE ADVISERS ACT. RESPONDI	provide duration including ion by exam/retraining wa her condition has been sa e total amount, portion led M COMMITTING OR CAUSIN ENT IS CENSURED, SHALL	ng start date and capacities affected (General Securities Princinas a condition of the sanction, provide length of time given to atisfied. If disposition resulted in a fine, penalty, restitution, evied against you or an advisory affiliate, date paid and if any paid any VIOLATIONS AND ANY FUTURE VIOLATIONS OF SECTION PAY DISGORGEMENT OF \$3,151,205.81 AND PREJUDGMENT IN	o portion DNS
	(Full name of regulated UNITED STATES SECULITED STATES SECULINITED SECULINITED STATES SECULINITED SECULINITE	(Full name of regulator, foreign financial regulatory authounited States Securities and Exchange Commission United States Securities Sec	Other Sanctions: Date Initiated (MM/DD/YYYY): 03/11/2019 © Exact © Explanation If not exact, provide explanation: Docker/Case Number: 3-19054 Advisory Affiliate Employing Firm when activity occurred which led to the regulate Principal Product Type: Mutual Fund(s) Other Product Type: Mutual Fund(s) Other Product Types: Describe the allegations related to this regulatory action (your response must if IA RELEASE 40-5151 / MARCH 11, 2019: THE SEQUEITIES AND EXCHANGE COMM. PUBLIC ADMINISTRATIVE AND EXASE-AND-ESIST PROCEDINGs BE INSTITUTE THE BASIS OF THIS ORDER AND RESPONDENT'S OFFER, THE COMMISSION FINDS DUTY AND INADEQUATE DISCLOSURES BY THE RESPONDENT IN CONNECTION WITHERS IN TECCIVED. AT TIMES DURING THE RELEVANT PERIOD, RESPONDENT PUBLICATION OF THE SECONDENT RECEIVED 128-1 FEES INSTEAD OF LOWFR-COSTS IS ELIGIBLE. RESPONDENT RECEIVED 128-1 FEES INSTEAD OF LOWFR-COSTS IS ELIGIBLE. RESPONDENT RECEIVED 128-1 FEES INSTEAD OF LOWFR-COSTS IN THAT PAY SUCH FEES. DURING THE RELEVANT PERIOD, RESPONDENT RECEIVED MUTUAL FUND SHARE CLASSES. AS A RESULT OF THE CONDUCT, RESPONDENT RECEIVED MUTUAL FUND SHARE CLASSES. AS A RESULT OF THE CONDUCT, RESPONDENT VIOLENT RECEIVED MUTUAL FUND SHARE CLASSES. AS A RESULT OF THE CONDUCT, RESPONDENT VIOLENT RECEIVED MUTUAL FUND SHARE CLASSES. AS A RESULT OF THE CONDUCT, RESPONDENT VIOLENT RECEIVED MUTUAL FUND SHARE CLASSES. AS A RESULT OF THE CONDUCT, RESPONDENT VIOLENT	United States Securities And Exchange Colonission Principal Sanctions Other Sanctions Date initiated (MMDD/YTPY): 0.2711/2019 € Face: ○ Deparation If not exect, provide explanation Other Sanctions Product/Date Member 3,1908 1 Advisory Affiliate Employing Firm when activity occurred which led to the regulatory action (if applicable): Principal Sanctions Principal Product Types Moral Product Types Other Product Types Other Product Types Other Product Types Describe the allegations related to this regulatory action (your response must it within the space provided). In RILLESS 40 SIST / MARCH ITT, 2019- THE SIGNATICS MRD EXCHANGE COMMISSION DELAS IT APPROPRIATE AND IN THE PUBLIC INTEREST (VISIAL ACCUSATION) AND EXECUTION OF THE PRODUCT OF THE SIGNATICS MRD EXCHANGE COMMISSION DELAS IT APPROPRIATE AND IN THE PUBLIC INTEREST (VISIAL ACCUSATION) AND EXECUTION OF THE PUBLIC INTEREST (VI

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

must fit within the space provided).

RESPONDENT HAS SUBMITTED AN OFFER OF SETTLEMENT WHICH THE COMMISSION HAS DETERMINED TO ACCEPT. IN VIEW OF THE FOREGOING, THE COMMISSION DEEMS IT APPROPRIATE IN THE PUBLIC INTEREST TO IMPOSE THE SANCTIONS AGREED TO IN THE RESPONDENT'S OFFER. ACCORDINGLY, IT IS ORDERED THAT RESPONDENT SHALL CEASE AND DESIST FROM COMMITTING OR CAUSING ANY VIOLATIONS AND ANY FUTURE VIOLATIONS OF SECTIONS 206(2) AND 207 OF THE ADVISERS ACT. RESPONDENT IS CENSURED, SHALL PAY DISGORGEMENT OF \$3,151,205.81 AND PREJUDGMENT INTEREST OF \$294,058.93, AND SHALL COMPLY WITH THE UNDERTAKINGS ENUMERATED IN THE OFFER OF SETTLEMENT. RESPONDENT SELF-REPORTED TO THE COMMISSION THE VIOLATIONS DISCUSSED IN THIS ORDER PURSUANT TO THE DIVISION OF ENFORCEMENT'S SHARE CLASS SELECTION DISCLOSURE INITIATIVE ("SCSD INITIATIVE"). ACCORDINGLY, THIS ORDER AND RESPONDENT'S OFFER ARE BASED ON THE INFORMATION SELF-REPORTED BY RESPONDENT.

		GENERAL INSTRUC		
This Disclosur	e Reporting Page (DRP ADV) is a	n O INITIAL OR O AMENDED respon	se used to report details for aff	firmative responses to Items 11.C., 11.D
11.E., 11.F. or	11.G. of Form ADV.			
		Regulatory Ac	tion	
Check item(s)	being responded to:	regulatory he	11011	
□ 11.C(1)	□ 11.C(2)	■ 11.C(3)	□ 11.C(4)	□ 11.C(5)
□ 11.D(1)	□ 11.D(2)	□ 11.D(3)	□ 11.D(4)	□ 11.D(5)
□ 11.E(1)	☑ 11.E(2)	□ 11.E(3)	☑ 11.E(4)	
□ 11.F.	□ 11.G.			
with a comple	ted Execution Page.	ing. The same event or proceeding ma ative answer to Items 11.C., 11.D., 1		ne <i>person</i> or entity using one DRP. File to the
same event. I	f an event gives rise to actions b	by more than one regulator, provide d	etails for each action on a sepa	arate DRP.
PART I				
•	on(s) or entity(ies) for whom this the advisory firm)	s DRP is being filed is (are):		
O You a	and one or more of your advisory	affiliates		
	or more of your advisory affiliates			
If the ad		ffiliate, give the full name of the advisc , provide that number. If not, indicate		s, Last name, First name, Middle name). the appropriate box.
CRD	2212337			
Numbe		This <i>advisory affiliate</i> is ^O a Firm	• an Individual	
Name:	HAJRA, DEBASISH (For individuals, Last, First, Middle)			
This I regis	DRP should be removed from the	ADV record because the <i>advisory affil</i> ADV record because: (1) the event of with the SEC or reporting as an <i>exer</i>	r proceeding occurred more than	with the adviser. n ten years ago or (2) the adviser is EC and the event was resolved in the
11.D(4)				reported only in response to Item e SEC, you may remove a DRP for any
	ORP should be removed from the mstances:	ADV record because it was filed in en	ror, such as due to a clerical or	data-entry mistake. Explain the
		gh the IARD system or <i>CRD</i> system, h swer is "Yes," no other information on	-	ed a DRP (with Form ADV, BD or U-4) to
• Yes	O No			
NOTE: T		not rollovo the advisory affiliate of its o		CDD

PART II

	Regulatory Action initiated by: O SEC O Other Federal O State O SRO O Foreign	
	(Full name of regulator, foreign financial regulatory authority, FINRA	, federal, state, or <i>SRO</i>)
	Principal Sanction: Suspension	
	Other Sanctions:	
١.	Date Initiated (MM/DD/YYYY):	
	08/20/2021 © Exact © Explanation	
	If not exact, provide explanation:	
	Docket/Case Number: 2019064919301	
	Advisory Affiliate Employing Firm when activity occurred whice	ch led to the regulatory action (if applicable):
	WELLS FARGO CLEARING SERVICES, LLC	siriled to the regulatory detion (ii applicable).
٠.	Principal Product Type:	
	Unit Investment Trust(s) Other Product Types:	
·.	Describe the allegations related to this regulatory action (y	our response must fit within the space provided):
		ONSENTED TO THE SANCTIONS AND TO THE ENTRY OF FINDINGS THAT HE EFFECTED NINE DUNT. THE FINDINGS STATED THAT THIS MATTER ORIGINATED FROM THE UNIFORM
	TERMINATION NOTICE FOR SECURITIES INDUSTRY REGISTRA	ATION (FORM U5) FILING BY HAIRA'S MEMBER FIRM THAT STATED HE HAD BEEN TERMINATED
		JPON PRIOR VERBAL AUTHORIZATION, WHILE UNAWARE THAT THE CLIENT HAD DIED. THE HAIRA TO MAKE SEVERAL TRADES IN HER ACCOUNT, BUT HE HAD NOT EFFECTUATED ANY
	OF THE TRADES AT THE TIME OF HER DEATH. AFTER THE CUSTRANSACTIONS WAS \$526,966.	STOMER'S DEATH, HAIRA BEGAN EXECUTING THE TRANSACTIONS. THE TOTAL VALUE OF THE
١.	Current Status? C Pending C On Appeal G Fin	nal
١.	If on appeal, regulatory action appealed to (SEC, SRO, Fede	eral or State Court) and Date Appeal Filed:
f Fi	Final or On Appeal, complete all items below. For Pending Acti	ons, complete Item 13 only.
Ο.	How was matter resolved:	
	Acceptance, Waiver & Consent(AWC)	
1.	Resolution Date (MM/DD/YYYY):	
	08/20/2021 © Exact © Explanation	
	If not exact, provide explanation:	
2.	Resolution Detail:	
	A. Were any of the following Sanctions Ordered (check al	I appropriate items)?
	Monetary/Fine Amount: \$ 5,000.00	
	☐ Revocation/Expulsion/Denial ☐ Censure	☐ Disgorgement/Restitution ☐ Cease and Desist/Injunction
	☐ Bar	Suspension
	B. Other Sanctions <i>Ordered:</i>	E Suspension
	Sanction detail: if suspended, enjoined or barred, prov	vide duration including start date and capacities affected (General Securities Principal,
	Financial Operations Principal, etc.). If requalification be requalify/retrain, type of exam required and whether of	by exam/retraining was a condition of the sanction, provide length of time given to condition has been satisfied. If disposition resulted in a fine, penalty, restitution, all amount, portion levied against you or an advisory affiliate, date paid and if any portion
	of penalty was waived: 30 DAY SUSPENSION OF ALL ACTIVITIES. START DATE	09/20/2021. END DATE 10/19/2021. \$5000 PENALTY WAS PAID 09/08/2021.

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).

THIS MATTER IS NOW CLOSED.

Thio	Disalegues Departing Desa	(DDD AD)() is an =	GENERAL INSTRUC		ifirm ative recognizes to Items 11 C 11 D
			OR O AMENDED respons	se used to report details for al	firmative responses to Items 11.C., 11.D.,
11.E	E., 11.F. or 11.G. of Form AD	OV.			
			Regulatory Act	ion	
Che	ck item(s) being responded	d to:	J J		
	11.C(1)	☑ 11.C(2)	□ 11.C(3)	☑ 11.C(4)	☑ 11.C(5)
<u> </u>	11.D(1)	□ 11.D(2)	□ 11.D(3)	□ 11.D(4)	□ 11.D(5)
	11.E(1)	□ 11.E(2)	□ 11.E(3)	□ 11.E(4)	
	11.F.	□ 11.G.			
with	a completed Execution Pa	ige. than one affirmativ	, ,	.E., 11.F. or 11.G. Use only or	ne <i>person</i> or entity using one DRP. File ne DRP to report details related to the arate DRP.
PAR					
Α.	The person(s) or entity(ie:		RP is being filed is (are):		
	You (the advisory firm))			
	C You and one or more	of your advisory affi	liates		
	One or more of your a		nates		
	o and an interest of year a	ndvisory affiliates			
	•	•	<i>te</i> , give the full name of the <i>advisol</i> ovide that number. If not, indicate		s, Last name, First name, Middle name). the appropriate box.
	ADV DRP - ADVISORY AFF	FILIATE			
			No Informatio	n Filed	
	This DRP should be re	moved from the AD for registration wit		proceeding occurred more that	with the adviser. n ten years ago or (2) the adviser is EC and the event was resolved in the
	, ,	event occurred mor	re than ten years ago. If you are re	3	u reported only in response to Item ne SEC, you may remove a DRP for any
	☐ This DRP should be recircumstances:	moved from the AD	V record because it was filed in err	or, such as due to a clerical or	data-entry mistake. Explain the
B.	the IARD or <i>CRD</i> for the e		he IARD system or <i>CRD</i> system, har is "Yes," no other information on	-	ed a DRP (with Form ADV, BD or U-4) to
	C Yes C No				
	NOTE: The completion of	this form does not	relieve the <i>advisory affiliate</i> of its ob	oligation to update its IARD or	CRD records.
PAR	TII				
1.	3	-			
	SEC Other Federal	O State O SRC	o C Foreign		
	(Full name of regulator, for UNITED STATES SECURITION		latory authority, federal, state, or S COMMISSION	RO)	
2.	Principal Sanction:				
	Cease and Desist				
	Other Sanctions:				
3.	Date Initiated (MM/DD/YY)	YY):			
	11/13/2020 © Exact C	Explanation			
	If not exact provide expl	anation:			

4.	4. Docket/Case Number: 3-20153	
5.	5. Advisory Affiliate Employing Firm when activity occurred which led to the regulator N/A	y action (if applicable):
6.	6. Principal Product Type:	
	Other Other Product Types:	
	EXCHANGE TRADED PRODUCTS ("COMPLEX ETPS").	
7.	7. Describe the allegations related to this regulatory action (your response must fit	within the space provided):
	THE SECURITIES AND EXCHANGE COMMISSION (SEC) DEEMS IT APPROPRIATE ANI CEASE-AND-DESIST PROCEEDINGS BE, AND HEREBY ARE, INSTITUTED PURSUANT (EXCHANGE ACT), AND SECTIONS 203(E) AND 203(K) OF THE INVESTMENT ADVISE COMPANY, INC. (BENJAMIN EDWARDS). THE SEC FINDS THAT THIS MATTER CONCERTAIN OF ITS REGISTERED REPRESENTATIVES (BROKERAGE REPRESENTATIVES) REPRESENTATIVES) WHO MADE UNSUITABLE RECOMMENDATIONS TO ITS RETAIL HOLD FOR EXTENDED PERIODS TWO COMPLEX EXCHANGE TRADED PRODUCTS THE THESE BROKERAGE REPRESENTATIVES MADE THESE RECOMMENDATIONS TO BUY BASIS TO DO SO. SIMILARLY, THE BROKERAGE AND ADVISORY REPRESENTATIVES INVESTMENTS WERE SUITABLE FOR CERTAIN OF THE CUSTOMERS AND CLIENTS INVESTMENTS WERE SUITABLE FOR CERTAIN OF THE CUSTOMERS AND CLIENTS ADVISORY REPRESENTATIVES ALSO MISLED THEIR CUSTOMERS AND CLIENTS ABOUT ADVISORY REPRESENTATIVES ALSO MISLED THEIR CUSTOMERS AND CLIENTS ABOUT ADVISORY REPRESENTATIVES ALSO MISLED THEIR CUSTOMERS AND PROCEDUR IMPLEMENT POLICIES AND PROCEDURES REASONABLY DESIGNED TO PREVENT ITS RECOMMENDATIONS TO ITS CLIENTS. FROM JANUARY 2016 THROUGH MARCH 202 RECOMMENDATIONS TO ITS CLIENTS. FROM JANUARY 2016 THROUGH MARCH 202 RECOMMENDED THAT MANY OF THEIR RETAIL BROKERAGE CUSTOMERS AND MARCH 202 RECOMMENDED THAT MANY OF THEIR RETAIL BROKERAGE CUSTOMERS AND MARCH 202 RECOMMENDED THAT MANY OF THEIR RETAIL BROKERAGE CUSTOMERS AND MARCH 202 THE PRODUCTS CARRIED A HIGHER RISK OF SIGNIFICANT LOSSES IF HELD FOR EXTEN MISUNDERSTOOD THE COMPLEX ETPS, OR IGNORED THESE DISCLOSURES, AND METAL THEY BUY AND HOLD THE COMPLEX ETPS. BENJAMIN EDWARDS FAILED REAL PROCEDURES THAT WERE INTENDED TO PROVIDE ASSURANCE THAT ITS BROKERAGE REPRESENTATIVE DETERMINATIONS THAT THE INVESTMENTS IN COMPLEX ETPS WERE SUITABLE FO ADDITION, AND FAILED TO IMPLEMENT ADVISORY POLICIES AND PROCEDURES RETAIL THE RETAIL ADVISORY CLIENTS BUY AND HOLD THE COMPLEX ETPS FOR E BROKERAGE CUSTOMERS AND ADVISORY CLIENTS BUY AND HOLD THE COMPLEX ETPS FOR E BROKERAGE AND ADVISORY PREPRESENTATIVES WITH RESPECT TO THEIR UNSUIT, MEANING OF SE	TO SECTION 15(B) OF THE SECURITIES EXCHANGE ACT OF 1934 ERS ACT OF 1940 (ADVISERS ACT) AGAINST BENJAMIN F. EDWARDS & ERNS BENJAMIN EDWARDS'S FAILURE REASONABLY TO SUPERVISE AND INVESTMENT ADVISORY REPRESENTATIVES (ADVISORY BROKERAGE CUSTOMERS AND ADVISORY CLIENTS THAT THEY BUY AND AT WERE INTENDED FOR SHORT-TERM HOLDING (COMPLEX ETPS). AND HOLD THE COMPLEX ETPS WITHOUT HAVING A REASONABLE FAILED TO MAKE A REASONABLE DETERMINATION THAT THESE TO WHOM THEY RECOMMENDED THE COMPLEX ETPS, BASED ON THOSE AND FINANCIAL CONDITION. A NUMBER OF THESE BROKERAGE AND OUT THE COMPLEX ETPS' BENEFITS AND RISKS. BENJAMIN EDWARDS ES TO PREVENT AND DETECT THESE VIOLATIONS AND FAILED TO SO ADVISORY REPRESENTATIVES FROM MAKING UNSUITABLE O, CERTAIN BROKERAGE AND ADVISORY REPRESENTATIVES SORY CLIENTS BUY AND HOLD ONE OR MORE OF THE COMPLEX ETPS DECLINE. THE COMPLEX ETPS WERE: (1) THE IPATH S&P 500 VIX ETF. THE OFFERING DOCUMENTS GENERALLY DISCLOSED THAT THE IDED PERIODS. THE BROKERAGE AND ADVISORY REPRESENTATIVES MADE UNSUITABLE RECOMMENDATIONS TO CUSTOMERS AND CLIENTS SONABLY TO IMPLEMENT ITS SUPERVISORY POLICIES AND AGE REPRESENTATIVES HAD A REASONABLE BASIS TO RECOMMEND DO TO IMPLEMENT ITS SUPERVISORY POLICIES AND PROCEDURES THAT ES AND ADVISORY REPRESENTATIVES MADE REASONABLE REACH INDIVIDUAL BROKERAGE CUSTOMER OR ADVISORY CLIENT; IN EASONABLY DESIGNED TO PREVENT UNSUITABLE RECOMMENDATIONS XTENDED PERIODS. AS A RESULT, BENJAMIN EDWARDS'S RETAIL LEX ETPS FOR EXTENDED PERIODS IN APPROX. 201 ACCOUNTS AND ENJAMIN EDWARDS FAILED REASONABLY TO SUPERVISE ITS ABLE RECOMMENDATIONS TO CUSTOMERS AND CLIENTS, WITHIN THE ES) OF THE ADVISERS ACT, AND WITH A VIEW TO PREVENTING AND
8.	8. Current Status? C Pending C On Appeal C Final	
9.	9. If on appeal, regulatory action appealed to (SEC, <i>SRO</i> , Federal or State Court) ar	nd Date Appeal Filed:
If Fi	If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13	3 only.
10.	10. How was matter resolved: Order	
11.	11. Resolution Date (MM/DD/YYYY):	
	11/13/2020 © Exact © Explanation	
	If not exact, provide explanation:	
12.	12. Resolution Detail:	
	A. Were any of the following Sanctions <i>Ordered</i> (check all appropriate items)?	
	Monetary/Fine Amount: \$ 650,000.00	
	·	Disgorgement/Restitution
		Cease and Desist/Injunction
		Suspension
	B. Other Sanctions Ordered:	

PREJUDGMENT INTEREST ON DISGORGEMENT

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:

IT IS HEREBY ORDERED THAT BENJAMIN EDWARDS CEASE AND DESIST FROM COMMITTING OR CAUSING ANY VIOLATIONS AND ANY FUTURE VIOLATIONS OF SECTION 206(4) OF THE ADVISERS ACT AND RULE 206(4)-7 THEREUNDER; IS CENSURED FOR FAILING REASONABLY TO SUPERVISE WITHIN THE MEANING OF SECTION 15(B)(4)(E) OF THE EXCHANGE ACT AND SECTION 203(E) OF THE ADVISERS ACT AND FOR ITS WILLFUL VIOLATIONS OF SECTION 206(4) OF THE ADVISERS ACT AND RULE 206(4)-7 THEREUNDER; AND SHALL PAY DISGORGEMENT OF \$31,417.62, PREJUDGMENT INTEREST OF \$3,716.74, AND A CIVIL MONETARY PENALTY OF \$650,000.

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

BENJAMIN EDWARDS HAS SUBMITTED AN OFFER OF SETTLEMENT, WHICH THE COMMISSION HAS DETERMINED TO ACCEPT. BENJAMIN EDWARDS WILLFULLY VIOLATED SECTION 206(4) AND RULE 206(4)-7 THEREUNDER. ACCORDINGLY, IT IS HEREBY ORDERED THAT BENJAMIN EDWARDS CEASE AND DESIST FROM COMMITTING OR CAUSING ANY VIOLATIONS AND ANY FUTURE VIOLATIONS OF SECTION 206(4) OF THE ADVISERS ACT AND RULE 206(4)-7 THEREUNDER; IS CENSURED FOR FAILING REASONABLY TO SUPERVISE WITHIN THE MEANING OF SECTION 15(B)(4)(E) OF THE EXCHANGE ACT AND SECTION 203(E) OF THE ADVISERS ACT AND FOR ITS WILLFUL VIOLATIONS OF SECTION 206(4) OF THE ADVISERS ACT AND RULE 206(4)-7 THEREUNDER; AND SHALL PAY DISGORGEMENT OF \$31,417.62, PREJUDGMENT INTEREST OF \$3,716.74, AND A CIVIL MONETARY PENALTY OF \$650,000.

CIVIL JUDICIAL	. ACTION DISCLOSUR	RE REPORTING PAGE	(ADV)
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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.

Yes No

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

0 6

If no, complete the ADV Part 2 filing below.

Amend, retire or file new brochures:

Brochure ID	Brochure Name	Brochure Type(s)	
412999	WRAP PROGRAM	Wrap program	
413000	FIRM BROCHURE	Individuals, High net worth individuals, Pension plans/profit sharing plans, Pension consulting, Foundations/charities, Government/municipal, Other institutional, Financial Planning Services, Other	
416800	WRAP PROGRAM	Wrap program	
416801	FIRM BROCHURE	Individuals, High net worth individuals, Pension plans/profit sharing plans, Pension consulting, Foundations/charities, Government/municipal, Other institutional, Financial Planning Services, Other	

Part 3

Execution Pages

DOMESTIC INVESTMENT ADVISER EXECUTION PAGE

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

Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint the Secretary of State or other legally designated officer, of the state in which you maintain your *principal office and place of business* and any other state in which you are submitting a *notice filing*, as your agents to

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

Signature

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

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

Signature:

CRAIG HARRISON

Printed Name:

CRAIG HARRISON

Adviser CRD Number:

146936

Date: MM/DD/YYYY 06/25/2025

Title.

MANAGER, REGISTRATION

NON-RESIDENT INVESTMENT ADVISER EXECUTION PAGE

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

1. Appointment of Agent for Service of Process

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

2. Appointment and Consent: Effect on Partnerships

If you are organized as a partnership, this irrevocable power of attorney and consent to service of process will continue in effect if any partner withdraws from or is admitted to the partnership, provided that the admission or withdrawal does not create a new partnership. If the partnership dissolves, this irrevocable power of attorney and consent shall be in effect for any action brought against you or any of your former partners.

3. Non-Resident Investment Adviser Undertaking Regarding Books and Records

By signing this Form ADV, you also agree to provide, at your own expense, to the U.S. Securities and Exchange Commission at its principal office in Washington D.C., at any Regional or District Office of the Commission, or at any one of its offices in the United States, as specified by the Commission, correct, current, and complete copies of any or all records that you are required to maintain under Rule 204-2 under the Investment Advisers Act of 1940. This undertaking shall be binding upon you, your heirs, successors and assigns, and any *person* subject to your written irrevocable consents or powers of attorney or any of your general partners and *managing agents*.

Signature

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

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

Signature:

Date: MM/DD/YYYY

Printed Name:

Title:

Adviser CRD Number:

146936