VERMONT SURETY BOND FORM

STATE OF VERMONT Department of Financial Regulation 89 Main Street Montpelier, Vermont 05620-3101

as

KNOW ALL PERSONS BY THESE PRESENTS:

That,

Name and address of Inve	estment Advisor	
Principal, having filed w	ith the office of the	Vermont Department of Financial Regulation on or about the
day of	,,	, an application to transact business in Vermont as an
investment advisor and		

Name and address of surety

as Surety, a corporation organized under the laws of the State of ______ and being duly authorized to transact the business of indemnity and suretyship in Vermont, do hereby acknowledge our indebtedness to the State of Vermont, for the use and benefit of the State of Vermont and any person(s) having a claim under the conditions of this obligation, in the sum of

	Dollars (\$)			
s required by Section 5411 of Title 9, V.S.A, Chapter 150 ("Vermont Securities Act"), provided,				
however, that the aggregate liability hereunder shall not exceed the sum of				
Dollars, (\$) regardless of the number of			
claimants, and shall not be construed as individual liability.				
The effective date of this Bond is				

LIABILITY for the payment of this sum, to which we hereby obligate and bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, becomes effective upon the following conditions:

- 1. Registration of the Principal to transact business in Vermont as an investment advisor
- 2. Failure by the Principal and/or its agents to strictly comply with all applicable provisions of, and orders, rules and regulations issued pursuant to the Vermont Securities Act.
- 3. The Surety shall notify the Commissioner within five business days of receipt by the Surety of any claim under this bond or upon the making of any payment under this bond.

This Bond may be canceled by the Surety upon $\underline{30}$ days written notice by registered mail to the Principal and to the Department of Financial Regulation in which case this Bond shall be considered canceled upon the expiration of said $\underline{30}$ day period <u>except</u> as to liability for acts or omissions which occur prior to the date of cancellation. Notice shall be deemed effective upon receipt by the Department of Financial Regulation of said written notice along with sufficient proof of notice to the Principal.

DFR 2/2012 IA

It is understood and agreed that any person(s) having a claim under the conditions of this obligation may initiate suit in any Vermont court or any other court of competent jurisdiction against the Principal and/or the Surety upon this Bond.

WITNESS OUR SIGNATURES, this _	day of	
	PRINCIPAL	
(CORPORATE SEAL, IF APPLICABLE)		
	By	
	SURETY	
(CORPORATE SEAL, IF APPLICABLE)		
	By	Attorney in Fact
ACKNOWLEDGEMENT OF INDIVIDUA	AL	
STATE OF)	
ss. COUNTY OF)	
On this day of		
executed the foregoing instrument, as	-	
the same as his/her free act and deed.		
(NOTARIAL SEAL)		
	Notary Public	

County,_____

My commission expires _____

ACKNOWLEDGEMENT OF PARTNERSHIP

STATE OF)	
COUNTY OF)	
On thisday ofto me ki	, 20, before me personally appeared nown to be a member of the firm who executed the foregoing
instrument, and she/he duly acknowledged to me said firm.	e that she/he executed the same as and for the act and deed of
(NOTARIAL SEAL)	
	Notary Public,
	County,
	My commission expires
STATE OF) COUNTY OF)	
On this day of	_, 20, before me personally came , and says that she/he is the Principal heretofore names; that
she/he executed the instrument for and in its beh thereto.	half, by authority of its Board of Directors, and affixed its seal
(NOTARIAL SEAL)	
	Notary Public,
	County,
	My commission expires

NOTE: A true and correct copy of the applicable "Power of Attorney" must be attached hereto where the Bond is subscribed to by an "Attorney in Fact".