

**Vermont Securities Division**  
**INVESTMENT ADVISER AND FEDERAL COVERED INVESTMENT ADVISER**  
**VERMONT BRANCH OFFICE FORM (Form VT-1)**

This form is being filed by (check one):

INVESTMENT ADVISER       FEDERAL COVERED INVESTMENT ADVISER

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To initiate a branch office filing please complete items 1-10, 12 and Addendum to this form if required by Item(s) 8 or 9. Registration requires a \$100 fee payable to the "Department of Financial Regulation."

To amend branch office information, complete as set forth above. No fee required.

To request termination of a branch office, please complete items 1-6, 10-12. No fee required.

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1. Name and principal place of business of the investment adviser or federally covered investment adviser filing this form: \_\_\_\_\_  
\_\_\_\_\_

2. Contact person for firm: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

3. Investment Adviser Firm CRD number: \_\_\_\_\_

4. Vermont Branch Office #: \_\_\_\_\_

5. Physical location of branch office (include street address, suite or room number, city, state and zip code):  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

If address is being amended, indicate previous location: \_\_\_\_\_  
\_\_\_\_\_

6. Branch office phone number: \_\_\_\_\_

7. Name and Central Registration Depository number of manager/resident investment adviser representative in charge: \_\_\_\_\_

8. Is this office owned, leased, or rented by any person other than the firm filing this form?  
 NO                       YES                      (If "YES", file Addendum)

9. Will business be conducted at this branch office under any name other than that of the above-named firm?  
 NO                       YES                      (If "YES", file Addendum)

10. List each investment adviser representative working out of this office, including each representative's CRD number (attach additional sheets if necessary).

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**FOR TERMINATION REQUESTS:** If requesting termination, please indicate whether the investment adviser representatives working from this office are terminating their registrations or transferring to another branch office.

11. TO BE COMPLETED ONLY FOR OFFICES REQUESTING TERMINATION:

Termination Date: \_\_\_\_\_

Records of this office may be obtained by contacting:

Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Reason for Termination: \_\_\_\_\_

\_\_\_\_\_

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12. By executing this form, the undersigned, in his or her individual capacity and on behalf of the above-named Applicant firm hereby swears and affirms that all information on this form and all materials filed in connection with it are true, correct and complete. The undersigned stipulates, recites, acknowledges and agrees that if the Vermont Securities Division finds that any information contained in this application or in an amendment to this application is false, such finding shall constitute a violation of 9 V.S.A. § 5505.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signatory of Applicant Firm

\_\_\_\_\_  
Typed Name and Title of Signatory

**Please mail completed form to: Department of Financial Regulation- Attn: Securities Division, 89 Main Street, 2<sup>nd</sup> Floor Montpelier, VT 05620**

**ADDENDUM TO INVESTMENT ADVISER AND FEDERAL COVERED INVESTMENT ADVISER  
VERMONT BRANCH OFFICE FORM (Form VT-2)**

This addendum must be completed for each branch office which will be owned, leased or rented by any person other than the firm filing a branch office form; or for any branch office which will conduct business under a name other than that of the firm filing a branch office form.

1. Name of investment adviser or federal covered investment adviser (same as item 1 on Form VT-1):

\_\_\_\_\_

2. Will business be conducted at this branch office under any name other than that of the above-named firm?  
\_\_\_\_NO \_\_\_\_\_YES

If "YES", provide the name(s) under which business will be conducted at this location:

\_\_\_\_\_

3. What types of business or services will be offered at this office? Check all that apply.

\_\_\_\_Insurance                      \_\_\_\_Investment Advice                      \_\_\_\_Law Office

\_\_\_\_Accounting Services                      \_\_\_\_Financial Planning                      \_\_\_\_Tax Advice

\_\_\_\_Securities                      \_\_\_\_Banking (Specify bank): \_\_\_\_\_

\_\_\_\_Other – please describe with specificity: \_\_\_\_\_

4. What person(s) are responsible, directly or indirectly, for paying the expenses of this office? Please provide name, CRD number, address, and phone number for each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. This office will be:  
\_\_\_\_owned                      \_\_\_\_leased                      \_\_\_\_rented                      \_\_\_\_other

for purposes of conducting an investment advisory business. If this property will be owned, leased or rented by someone other than the investment adviser or federal covered investment adviser, attach a list with the name(s), address(es) and phone number(s) of the person(s) owning, leasing or renting such property. If owned, leased or rented by a corporation or partnership, attach the names, titles, addresses, and phone numbers of all officers, directors, and owners of such corporation or partnership.

6. By executing this form, the undersigned, in his or her individual capacity and on behalf of the above-named applicant firm hereby swears and affirms that all information on this form and all materials filed in connection with it are true, correct and complete. The undersigned stipulates, recites, acknowledges and agrees that if the Vermont Securities Division finds that any information contained in this application or in an amendment to this application is false, such finding shall constitute a violation of 9 V.S.A. § 5505.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signatory of Applicant Firm

\_\_\_\_\_  
Typed Name and Title of Signatory

**Please mail completed form to: Department of Financial Regulation, Attn: Securities Division, 89 Main Street, 2<sup>nd</sup> Floor Montpelier, VT 05602**