

**BROKER-DEALER AND INVESTMENT ADVISER SURETY BOND**  
**STATE OF SOUTH CAROLINA**  
**P.O. Box 11549**  
**Columbia, SC 29211-1549**

Bond No. \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENTS:

That, \_\_\_\_\_  
(name and address of broker-dealer or investment adviser)

Principal, having filed with the office of the South Carolina Securities Commissioner on or about the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, an application to transact business in this State as a \_\_\_\_\_  
(Designate whether Principal is Broker-Dealer or Investment Adviser)

and \_\_\_\_\_  
(Name and address of Surety)

as Surety, a corporation organized under the laws of the State/Commonwealth/Territory of \_\_\_\_\_ and being duly authorized to transact the business of indemnity and suretyship in this State, do hereby acknowledge our indebtedness to the State of South Carolina, for the use and benefit of any person(s) having a claim under the conditions of this obligation, in the sum of Fifty Thousand Dollars (\$50,000) as required by Regulations 13-405 and 13-406 provided, however that the aggregate liability hereunder shall not exceed the sum of Fifty Thousand Dollars (\$50,000) regardless of the number of claimants.

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/Licensing of the Principal to transact business in this State as a

\_\_\_\_\_  
(Designate whether Principal is a Broker-Dealer or Investment Adviser)

and

2. Failure by the Principal to strictly comply with all applicable provisions of, and orders, rules and regulations issued pursuant to, the applicable securities statutes of the particular states, commonwealth or territories in which such Principal is registered.

THIS Bond shall expire at such time as the Principal's registration is withdrawn, terminates through non-renewal or is revoked by the South Carolina Securities Commissioner except as to liability for acts or omissions which occur prior to such time. This Bond may also be cancelled by the Surety upon 30 days written notice by registered mail to the Principal and to the South Carolina Securities Commissioner, in which case this Bond shall be cancelled upon expiration of said 30 day period except as to liability for acts or omissions which occur prior to the date of cancellation. Notice shall be deemed effective upon receipt by the applicable state agency of said written notice along with sufficient proof of notice to the Principal.

No suit may be maintained to enforce any liability arising under this Bond unless brought within the time period as specified in Section 35-1-509 (j), as applicable.

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

WITNESS OUR SIGNATURES, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Principal)

(Corporate seal, if applicable)

\_\_\_\_\_  
(By)

\_\_\_\_\_  
(Surety)

(Corporate seal, if applicable)

\_\_\_\_\_  
(By)

\_\_\_\_\_  
(Counter Signature of Agent of Surety)

**Acknowledgement of Individual**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument, as Principal, and acknowledged to me that he executed the same as his free act and deed.

(Notarial Seal)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County

My commission expires: \_\_\_\_\_

**Acknowledgement of Partnership**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be a member of the firm who executed the foregoing instrument, and he acknowledged to me that he executed the same as and for the act and deed of said firm.

(Notarial Seal)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County

My commission expires: \_\_\_\_\_

**Acknowledgement of Corporation**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally came \_\_\_\_\_, and says that he is the \_\_\_\_\_ of \_\_\_\_\_ Principal heretofore named; that he executed the instrument for and in its behalf, by authority of its Board of Directors, and affixed seal thereto.

(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 of Fact."