STATE OF CALIFORNIA – DEPARTMENT OF FINANCIAL PROTECTION AND INNOVATION **VERIFICATION FORM**

DFPI-260.241.2(b) (Rev. 11-20)



TO THE COMMISSIONER OF FINANCIAL PROTECTION AND INNOVATION OF THE STATE OF CALIFORNIA

VERIFICATION FORM PURSUANT TO CALIFORNIA CODE OF REGULATIONS RULE 260.241.2(b)

(Executed WITHIN or WITHOUT of the State of California)

l,	, declare under penalty of pe of the	rjury under the laws
State of California that I have rea	ad the annexed financial rep	ort and supporting
schedules and know the contents	s thereof to be true and corre	ect to my best
knowledge and belief; and neithe	er the licensee nor any partne	er, officer, or director
thereof have any proprietary inte	rest in any account classified	d solely as that of a
customer.		
Executed thisday of	at	
City	State	_
(Signature of person signing repo	ort)	
(Title of person signing report)		
(Name of Licensee)		(File Number)

INSTRUCTIONS:

If the broker-dealer or investment adviser is a sole proprietorship, the verification shall be Made by the proprietor; if a partnership, by a general partner; or if a corporation, by a duly authorized officer.