
SCHEDULE 1: REPORTER CONTACT IDENTIFICATION AND SUMMARY OF FINANCIAL INFORMATION

REPORTER CONTACT INFORMATION

1. Reporter Identification Number (RSSD): .................................................................

2. Organization Name:........................................................................................................

3. Street Address: ...........................................................................................................

4. City:  ..............................................................................................................................

5. State:  ...........................................................................................................................

6. Zip Code: ......................................................................................................................

7. Reporting Status: ........................................................................................................
   1 = Exempt
   2 = Only Schedule 2(s) are being submitted
   3 = Only Schedule 3(s) are being submitted
   4 = Schedules 2(s) and 3(s) are being submitted

8. Reporter Type ............................................................................................................
   1 = Depository Institution
   2 = Fund /Fund Manager/Sponsor (excluding pension fund)
   3 = Pension Fund
   4 = Insurance Company
   5 = Other Financial Organization (including BHC,FHC, broker/dealers)
   6 = Non-Financial Organization
   7 = Foundation, trust, estate (e.g., university)
   8 = Institution of higher learning
   9 = Other (not listed above)

If you would like to provide more than one contact name, please attach additional copies of page 1, Schedule 1, with items 9 through 13 completed.

Business Contact Information:

9. Name: ............................................................................................................................

10. Title: ............................................................................................................................

11. Telephone Number: .................................................................................................

12. Email Address: .........................................................................................................

13. Name of Service Provider or Vendor Used (if applicable): ........................................

Technical Contact Information:

14. Name: ..........................................................................................................................

15. Title: ............................................................................................................................

16. Telephone Number: .................................................................................................

17. Email Address: .........................................................................................................

SHC Schedule 1, Page 1 of 3
18. Valuation Technique(s) Used to Determine Fair Values

For each reporting unit, please describe the valuation technique(s) used to determine reported fair values. If securities are automatically valued at zero after a specified time period of inactivity, please specify the time period and whether this applies to the security or to the client’s holdings of the security. Also, please specify how securities not actively traded on the report date and those with internally generated security identification numbers are valued.

<table>
<thead>
<tr>
<th>Reporting Unit</th>
<th>Valuation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Department of the Treasury
OMB Control No. 1505-0146        Approval Expires 12/31/2017

SHC                      Schedule 1, Page 3 of 3

Reporter Identification Number (RSSD)……………………………………………………

SUMMARY OF SCHEDULE 2 INFORMATION

19. Total Number of Schedule 2s Submitted………………………………………………. , ,

20. Total US$ Fair Value of All Equity Securities …………………….. Reported on Schedule 2(s)

21. Total US$ Fair Value of All Short-Term Debt Securities… (excluding asset-backed securities) Reported on Schedule 2(s)

22. Total US$ Fair Value of All Long-Term Debt Securities…. (excluding asset-backed securities) Reported on Schedule 2(s)

23. Total US$ Fair Value of All Asset-Backed Securities Reported on Schedule 2(s)

SUMMARY OF SCHEDULE 3 INFORMATION

24. Total Number of Schedule 3s Submitted……………………………………………………………. ,

25. Total US$ Fair Value of All Equity Securities …………………….. Reported on Schedule 3(s)

26. Total US$ Fair Value of All Short-Term Debt Securities… (excluding asset-backed securities) Reported on Schedule 3(s)

27. Total US$ Fair Value of All Long-Term Debt Securities…. (excluding asset-backed securities) Reported on Schedule 3(s)

28. Total US$ Fair Value of All Asset-Backed Securities Reported on Schedule 3(s)

CERTIFYING INFORMATION

By signing the certification below you acknowledge that:

- You have read and understood the reporting requirements of this survey.
- You are aware that both civil and criminal penalties may be imposed for filing a false report; and
- You are sufficiently knowledgeable about the activities and functions of your organization that you can knowingly and with reasonable confidence certify that the information provided in this report is both accurate and complete.

Certifier's Signature: ________________________________ 29. Date Signed: __________________

30. Certifier's Name: ________________________________

31. Certifier's Title: ________________________________

32. Certifier's Telephone Number: ________________________________

33. Certifier's Email Address: ________________________________
## SCHEDULE 2: DETAILS OF SECURITIES

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Reporter Identification Number (RSSD): __________________________________________________</td>
</tr>
<tr>
<td>2</td>
<td>Sequence Number:</td>
</tr>
<tr>
<td>3</td>
<td>Reporting Unit:</td>
</tr>
<tr>
<td>4</td>
<td>Name of Reporting Unit:</td>
</tr>
</tbody>
</table>
| 5 | Reporting As:  
   1 = End-investor  
   2 = Custodian                                                                 |
| 6 | Security ID:                                                                              |
| 7 | Security ID System:  
   1 = CUSIP  
   2 = ISIN  
   3 = CINS  
   4 = Common Code  
   5 = SEDOL  
   6 = Internally Generated  
   7 = Other (Provide answer to 8)  
   8 = Other (Provide answer to 8) (Provide answer to 8)                                                                 |
| 8 | For code of Other (7) enter the name of the organization or system that assigned the Security ID: |
| 9 | Security Description:                                                                     |
| 10| Name of Issuer:                                                                           |
| 11| Type of Foreign Issuer:                                                                   |
| 12| Security Type:  
   Equities  
   1 = Common stock  
   2 = Preferred stock  
   3 = Fund shares  
   4 = All other equity  
   Debt (excluding asset-backed securities)  
   5 = Commercial paper  
   6 = Negotiable CD  
   7 = Convertible debt security  
   8 = Zero-coupon bond or note  
   Asset-Backed Securities  
   9 = Bond or note, unstripped  
   10 = Bond or note, stripped  
   11 = All other debt  
   12 = Asset-backed security                                                                 |
| 13| Country of Residence of Issuer: (Refer to Appendix C)                                      |
| 14| Currency of Denomination: (Refer to Appendix E)                                           |
| 15| Type of U.S. Owner:  
   1 = Depository Institution  
   2 = Fund or Other Investment Vehicle (excluding pension and mutual funds)  
   3 = Pension Fund  
   4 = Mutual Fund  
   5 = Insurance company  
   6 = Other Financial Organization (including BHC and FHC)  
   7 = Nonfinancial Organization (including individual/household)                                                                                        |
| 16| Depositary Receipt/Share:  
   1 = Yes, the security is a Depositary Receipt/Share  
   2 = No, the security is NOT a Depositary Receipt/Share                                                                                           |
Report Identifier Number (RSSD): ……………………………………………………

17. US$ Fair Value of Security: ……………………………………………………
18. Fair Value of Security in the Currency of Denomination: …………………

FOR EQUITIES ONLY
(Security Types 1, 2, 3 or 4)

19. Number of Shares: ………………………………………………………………

FOR ALL DEBT SECURITIES
(NON-ASSET-BACKED AND ASSET-BACKED SECURITIES)
(Security Types 5, 6, 7, 8, 9, 10, 11, or 12)

20. Face Value (for non-ABS) or Remaining Principal Outstanding (for ABS) in the Currency of Denomination: ……………………………

FOR ASSET-BACKED SECURITIES ONLY
(Security Type 12)

21. Original Face Value in the Currency of Denomination: ……………………

FOR ALL DEBT SECURITIES
(NON-ASSET-BACKED AND ASSET-BACKED SECURITIES)
(Security Types 5, 6, 7, 8, 9, 10, 11, or 12)

22. Issue Date: (MMDDYYYY)…………………………………………………………
23. Maturity Date: (MMDDYYYY)……………………………………………………
### SCHEDULE 3: CUSTODIANS USED

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Reporter Identification Number (RSSD): ...........................................</td>
</tr>
<tr>
<td>2</td>
<td>Sequence Number: ...........................................................................</td>
</tr>
<tr>
<td>3</td>
<td>Custodian Code: (Refer to Appendix F) ...........................................</td>
</tr>
<tr>
<td></td>
<td>If the U.S.-resident custodian used is not in the Appendix, please enter 99 and complete items 9 through 14.</td>
</tr>
<tr>
<td>4</td>
<td>Total US$ Fair Value of Foreign Equity Securities: ..................</td>
</tr>
<tr>
<td>5</td>
<td>Total US$ Fair Value of Foreign Short-Term Debt Securities (excluding asset-backed securities): ..................</td>
</tr>
<tr>
<td>6</td>
<td>Total US$ Fair Value of Foreign Long-Term Debt Securities (excluding asset-backed securities): ..................</td>
</tr>
<tr>
<td>7</td>
<td>Total US$ Fair Value of Foreign Asset-Backed Securities: ...........</td>
</tr>
<tr>
<td>8</td>
<td>Reporting As: ..................................................................................</td>
</tr>
<tr>
<td></td>
<td>1 = U.S.-resident end-investor (as defined in Appendix G – Glossary)</td>
</tr>
<tr>
<td></td>
<td>2 = U.S.-resident custodian (as defined in Appendix G – Glossary), who is in turn entrusting these securities to another U.S.-resident custodian that knows the identities of its customers</td>
</tr>
<tr>
<td></td>
<td>Complete items 9 through 14, identifying the U.S.-Resident Custodian, only if the Custodian Code in Item 3 is 99:</td>
</tr>
<tr>
<td>9</td>
<td>Name of U.S.-Resident Custodian: ................................................................</td>
</tr>
<tr>
<td>10</td>
<td>Street Address of U.S.-Resident Custodian: ............................................</td>
</tr>
<tr>
<td>11</td>
<td>City: ..................................................................................</td>
</tr>
<tr>
<td>12</td>
<td>State: ..................................................................................</td>
</tr>
<tr>
<td>13</td>
<td>Zip Code: ..................................................................................</td>
</tr>
<tr>
<td>14</td>
<td>Telephone Number of U.S.-Resident Custodian: ............................................</td>
</tr>
</tbody>
</table>