

## FORM U4

## UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

DST WEALTH MANAGEMENT LLC(302110)

Rev. Form U4 (05/2009)

Individual Name: Boden, Michael Joseph (7428870)

U4 Initial - Filing ID: 56981312

Filing Date: 08/19/2021

## 1. General Information

**First Name:** Michael  
**Middle Name:**  
**Last Name:** Boden  
**Suffix:**

**Firm CRD #:** 302110  
**Firm Name:** DST WEALTH MANAGEMENT LLC  
**Employment Date (MM/DD/YYYY):** 08/17/2021

**Firm Billing Code:**  
**Individual CRD #:** 7428870  
**Individual SSN:** XXX-XX-XXXX

Do you have an independent contractor relationship with the above named firm?:

☒ Yes ☐ No

Office of Employment Address:

| CRD Branch # | NYSE Branch Code # | Firm Billing Code | Address  | Private Residence | Type of Office | Start Date | End Date |
|--------------|--------------------|-------------------|--|-------------------|----------------|------------|----------|
| IA Main      |                    |                   | 45110 CLUB DRIVE<br>SUITE B<br>INDIAN WELLS, CA 92210<br>United States | No                | Located At     | 08/17/2021 |          |

## 2. Fingerprint Information

Electronic Filing Representation

- ☒ By selecting this option, I represent that I am submitting, have submitted, or promptly will submit to the appropriate SRO a fingerprint card as required under applicable SRO rules; or  
Fingerprint card barcode
- ☐ By selecting this option, I represent that I have been employed continuously by the filing firm since the last submission of a fingerprint card to CRD and am not required to resubmit a fingerprint card at this time; or,

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- ☒ By selecting this option, I represent that I have been employed continuously by the *filing firm* and my fingerprints have been processed by an *SRO* other than FINRA. I am submitting, have submitted, or promptly will submit the processed results for posting to CRD.

#### Exceptions to the Fingerprint Requirement

- ☒ By selecting one or more of the following two options, I affirm that I am exempt from the federal fingerprint requirement because I/*filing firm* currently satisfy(ies) the requirements of at least one of the permissive exemptions indicated below pursuant to Rule 17f-2 under the Securities Exchange Act of 1934, including any notice or application requirements specified therein:
- ☐ Rule 17f-2(a)(1)(i)
  - ☐ Rule 17f-2(a)(1)(iii)

#### Investment Adviser Representative Only Applicants

- ☒ I affirm that I am applying only as an investment adviser representative and that I am not also applying or have not also applied with this *firm* to become a broker-dealer representative. If this radio button/box is selected, continue below.
- ☐ I am applying for registration only in *jurisdictions* that do not have fingerprint card filing requirements, or
- ☒ I am applying for registration in *jurisdictions* that have fingerprint card filing requirements and I am submitting, have submitted, or promptly will submit the appropriate fingerprint card directly to the *jurisdictions* for processing pursuant to applicable *jurisdiction* rules.

### 3. Registration With Unaffiliated Firms

Some *jurisdictions* prohibit "dual registration", which occurs when an individual chooses to maintain a concurrent registration as a representative/agent with two or more *firms* (either BD or IA *firms*) that are not affiliated. *Jurisdictions* that prohibit dual registration would not, for example, permit a broker-dealer agent working with brokerage *firm* A to maintain a registration with brokerage *firm* B if *firms* A and B are not owned or controlled by a common parent. Before seeking a dual registration status, you should consult the applicable rules or statutes of the *jurisdictions* with which you seek registration for prohibitions on dual registrations or any liability provisions.

Please indicate whether the individual will maintain a "dual registration" status by answering the questions in this section. (Note: An individual should answer 'yes' only if the individual is currently registered and is seeking registration with a *firm* (either BD or IA) that is not affiliated with the individual's current employing *firm*. If this is an initial application, an individual must answer 'no' to these questions; a "dual registration" may be initiated only after a initial registration has been established).

Answer "yes" or "no" to the following questions:

- |  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| A. Will <i>applicant</i> maintain registration with a broker-dealer that is not <i>affiliated</i> with the <i>filing firm</i> ? If you answer "yes", list the <i>firm(s)</i> in Section 12 (Employment History).       | <input type="radio"/> | <input checked="" type="radio"/> |
| B. Will <i>applicant</i> maintain registration with an investment adviser that is not <i>affiliated</i> with the <i>filing firm</i> ? If you answer "yes", list the <i>firm(s)</i> in Section 12 (Employment History). | <input type="radio"/> | <input checked="" type="radio"/> |

### 4. SRO Registrations

**Select appropriate SRO Registration requests.**

**Qualifying examinations will be automatically scheduled if needed. If you are only scheduling or rescheduling an exam, skip this section and complete Section 7 (EXAMINATION REQUESTS).**

**REPRESENTATIVE LEVEL REGISTRATION CATEGORIES****REGISTRATION CATEGORIES**

|   | FINRA                    | NYSE                     | NYSE-AMER                | NYSE-ARCA                | NYSE-CHI                 | NYSE-NAT                 | CBOE                     | CBOE C2                  | CBOE BYX                 | CBOE BZX                 | CBOE EDGA                | CBOE EDGX                | NOX                      | BX                       | ISE                      | ISE GEMX                 | ISE MRX                  | PHLX                     | MIAX Emerald             | MIAX Options             | MIAX PEARL               | BOX                      | TEX                      | LTSE                     | NEX                      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| IR - Investment Company and Variable Contracts Products Rep. (S6TO) | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| GS - Full Registration/General Securities Representative (S7TO)     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DR - Direct Participation Program Representative (S22TO)            | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| MR - Municipal Securities Representative (S52TO)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| TD - Securities Trader (S57TO)                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IB - Investment Banking Representative (S79TO)                      | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| PR - Limited Representative - Private Securities Offerings (S82TO)  | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| RS - Research Analyst (S86 and S87)                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| OS - Operations Professional (S99TO)                                | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Other _____ (Paper Form Only)                                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |

**RETIRED REGISTRATION CATEGORIES**

|  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| AR - Assistant Representative/Order Processing                   | <input type="checkbox"/> |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          | <input type="checkbox"/> |  |                          |                          |                          |  |                          |                          |                          |                          |                          |                          |                          |
| CD - Canada-Limited General Securities Registered Representative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CN - Canada-Limited General Securities Registered Representative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |                          |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS - Corporate Securities Representative                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          | <input type="checkbox"/> |  |                          |                          |                          |  |                          |                          |                          |                          |                          |                          |                          |
| FA - Foreign Associate   | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                          |                          |                          |                          |

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IE - United Kingdom - Limited General  
Securities Registered Representative  
OR - Options Representative  
RG - Government Securities Representative

## REGISTRATION CATEGORIES

## PRINCIPAL LEVEL REGISTRATION CATEGORIES

- OP - Registered Options Principal (S4)**
- SU - General Securities Sales Supervisor (S9 and S10)**
- CO - Compliance Official (S14)**
- CR - Compliance Officer (S14)**
- SA - Supervisory Analyst (S16)**
- GP - General Securities Principal (S24)**
- RP - Research Principal (S24)**
- BP - Investment Banking Principal (S24)**
- TP - Securities Trader Principal (S24)**
- PO - Private Securities Offerings Principal (S24)**
- IP - Investment Company and Variable Contracts Products Principal (S26)**
- FN - Financial and Operations Principal (S27)**
- FI - Introducing Broker-Dealer/Financial and Operations Principal (S28)**
- DP - Direct Participation Program Principal (S39)**
- FP - Municipal Fund (S51)**
- MP - Municipal Securities Principal (S53)**
- PG - Government Securities Principal**

[illegible]



Other \_\_\_\_\_ (Paper Form Only)

**RETIRED REGISTRATION CATEGORIES**SM - Securities Manager ☐ ☐**EXCHANGE-SPECIFIC REGISTRATION CATEGORIES****REGISTRATION CATEGORIES**

| REGISTRATION CATEGORIES                         | FINRA | NYSE                     | NYSE-AMER                | NYSE-ARCA                | NYSE-CHI                 | NYSE-NAT                 | CBOE                     | CBOE C2                  | CBOE BYX                 | CBOE BZX                 | CBOE EDGA                | CBOE EDGX                | NQX                      | BX                       | ISE                      | ISE GEMX                 | ISE MRX                  | PHLX                     | MIAX Emerald             | MIAX Options             | MIAX PEARL               | BOX                      | IEX | LTSE                     | MENX |
|---|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|--------------------------|------|
| AP - Approved Person                            |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |     |                          |      |
| CF - Compliance Official Specialist             |       | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | <input type="checkbox"/> |     |                          |      |
| FE - Floor Employee                             |       | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |     |                          |      |
| LE - Securities Lending Representative          |       | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | <input type="checkbox"/> |                          |                          |                          | <input type="checkbox"/> |     |                          |      |
| LS - Securities Lending Supervisor              |       | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |     |                          |      |
| ME - Member Exchange                            |       | <input type="checkbox"/> |                          |                          | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |     |                          |      |
| MT - Market Maker Authorized Trader-Equities    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          | <input type="checkbox"/> |                          |                          |                          | <input type="checkbox"/> |     |                          |      |
| OM - Options Member (S57TO)                     |       |                          | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |     | <input type="checkbox"/> |      |
| CT - Securities Trader Compliance Officer (S14) |       |                          |                          |                          | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |     | <input type="checkbox"/> |      |
| FL - Floor Clerk - Equities (S19)               |       | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |     |                          |      |

**5. Jurisdiction Registration**Check appropriate *jurisdiction(s)* for broker-dealer agent (AG) and/or investment adviser representative (RA) registration requests.

| JURISDICTION | AG                       | RA                                  | JURISDICTION | AG                       | RA                       | JURISDICTION  | AG                       | RA                       | JURISDICTION   | AG                       | RA                       |
|--------------|--------------------------|-------------------------------------|--------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|
| Alabama      | <input type="checkbox"/> | <input type="checkbox"/>            | Illinois     | <input type="checkbox"/> | <input type="checkbox"/> | Montana       | <input type="checkbox"/> | <input type="checkbox"/> | Puerto Rico    | <input type="checkbox"/> | <input type="checkbox"/> |
| Alaska       | <input type="checkbox"/> | <input type="checkbox"/>            | Indiana      | <input type="checkbox"/> | <input type="checkbox"/> | Nebraska      | <input type="checkbox"/> | <input type="checkbox"/> | Rhode Island   | <input type="checkbox"/> | <input type="checkbox"/> |
| Arizona      | <input type="checkbox"/> | <input type="checkbox"/>            | Iowa         | <input type="checkbox"/> | <input type="checkbox"/> | Nevada        | <input type="checkbox"/> | <input type="checkbox"/> | South Carolina | <input type="checkbox"/> | <input type="checkbox"/> |
| Arkansas     | <input type="checkbox"/> | <input type="checkbox"/>            | Kansas       | <input type="checkbox"/> | <input type="checkbox"/> | New Hampshire | <input type="checkbox"/> | <input type="checkbox"/> | South Dakota   | <input type="checkbox"/> | <input type="checkbox"/> |
| California   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Kentucky     | <input type="checkbox"/> | <input type="checkbox"/> | New Jersey    | <input type="checkbox"/> | <input type="checkbox"/> | Tennessee      | <input type="checkbox"/> | <input type="checkbox"/> |

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|                      |                          |                          |               |                          |                          |                |                          |                          |                |                          |                          |
|----------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|
| Colorado             | <input type="checkbox"/> | <input type="checkbox"/> | Louisiana     | <input type="checkbox"/> | <input type="checkbox"/> | New Mexico     | <input type="checkbox"/> | <input type="checkbox"/> | Texas          | <input type="checkbox"/> | <input type="checkbox"/> |
| Connecticut          | <input type="checkbox"/> | <input type="checkbox"/> | Maine         | <input type="checkbox"/> | <input type="checkbox"/> | New York       | <input type="checkbox"/> | <input type="checkbox"/> | Utah           | <input type="checkbox"/> | <input type="checkbox"/> |
| Delaware             | <input type="checkbox"/> | <input type="checkbox"/> | Maryland      | <input type="checkbox"/> | <input type="checkbox"/> | North Carolina | <input type="checkbox"/> | <input type="checkbox"/> | Vermont        | <input type="checkbox"/> | <input type="checkbox"/> |
| District of Columbia | <input type="checkbox"/> | <input type="checkbox"/> | Massachusetts | <input type="checkbox"/> | <input type="checkbox"/> | North Dakota   | <input type="checkbox"/> | <input type="checkbox"/> | Virgin Islands | <input type="checkbox"/> | <input type="checkbox"/> |
| Florida              | <input type="checkbox"/> | <input type="checkbox"/> | Michigan      | <input type="checkbox"/> | <input type="checkbox"/> | Ohio           | <input type="checkbox"/> | <input type="checkbox"/> | Virginia       | <input type="checkbox"/> | <input type="checkbox"/> |
| Georgia              | <input type="checkbox"/> | <input type="checkbox"/> | Minnesota     | <input type="checkbox"/> | <input type="checkbox"/> | Oklahoma       | <input type="checkbox"/> | <input type="checkbox"/> | Washington     | <input type="checkbox"/> | <input type="checkbox"/> |
| Hawaii               | <input type="checkbox"/> | <input type="checkbox"/> | Mississippi   | <input type="checkbox"/> | <input type="checkbox"/> | Oregon         | <input type="checkbox"/> | <input type="checkbox"/> | West Virginia  | <input type="checkbox"/> | <input type="checkbox"/> |
| Idaho                | <input type="checkbox"/> | <input type="checkbox"/> | Missouri      | <input type="checkbox"/> | <input type="checkbox"/> | Pennsylvania   | <input type="checkbox"/> | <input type="checkbox"/> | Wisconsin      | <input type="checkbox"/> | <input type="checkbox"/> |
|                      |                          |                          |               |                          |                          |                |                          |                          | Wyoming        | <input type="checkbox"/> | <input type="checkbox"/> |

**AGENT OF THE ISSUER REGISTRATION (AI)** ☐ Indicate 2 letter *jurisdiction* code(s): \_\_\_\_\_

#### 6. Registration Requests with Affiliated Firms

Will *applicant* maintain registration with *firm(s)* under common ownership or control with the *filing firm*?  
If "yes", fill in the details to indicate a request for registration with additional *firm(s)*.

☐ Yes ☒ No

#### 7. Examination Requests

**Scheduling or Rescheduling Examinations** Complete this section only if you are scheduling or rescheduling an examination or continuing education session. Do not select the Series 63 (S63) or Series 65 (S65) examinations in this section if you have completed Section 5 (JURISDICTION REGISTRATION) and have selected registration in a *jurisdiction*. If you have completed Section 5 (JURISDICTION REGISTRATION), and requested an AG registration in a *jurisdiction* that requires that you pass the S63 examination, an S63 examination will be automatically scheduled for you upon submission of this Form U4. If you have completed Section 5 (JURISDICTION REGISTRATION), and requested an RA registration in a *jurisdiction* that requires that you pass the S65 examination, an S65 examination will be automatically scheduled for you upon submission of this Form U4.

|                               |                                |                              |                                |                                |
|-------------------------------|--------------------------------|------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> SIE  | <input type="checkbox"/> S16   | <input type="checkbox"/> S30 | <input type="checkbox"/> S52TO | <input type="checkbox"/> S79TO |
| <input type="checkbox"/> S3   | <input type="checkbox"/> S22TO | <input type="checkbox"/> S31 | <input type="checkbox"/> S53   | <input type="checkbox"/> S82TO |
| <input type="checkbox"/> S4   | <input type="checkbox"/> S23   | <input type="checkbox"/> S32 | <input type="checkbox"/> S54   | <input type="checkbox"/> S86   |
| <input type="checkbox"/> S6TO | <input type="checkbox"/> S24   | <input type="checkbox"/> S34 | <input type="checkbox"/> S57TO | <input type="checkbox"/> S87   |
| <input type="checkbox"/> S7TO | <input type="checkbox"/> S26   | <input type="checkbox"/> S39 | <input type="checkbox"/> S63   | <input type="checkbox"/> S99TO |

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☐ S9 ☐ S27 ☐ S50 ☐ S65 ☐ S101  
☐ S10 ☐ S28 ☐ S51 ☐ S66 ☐ S201  
☐ S14

Other \_\_\_\_\_ (Paper Form Only)

OPTIONAL: Foreign Exam City \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_

If you have taken an exam prior to registering through the CRD system please enter the exam type and date taken.

Exam type: S65

Date taken: 4/23/2021

### 8. Professional Designations

Select each designation you currently maintain.

- ☐ Certified Financial Planner
- ☐ Chartered Financial Consultant (ChFC)
- ☐ Personal Financial Specialist (PFS)
- ☐ Chartered Financial Analyst (CFA)
- ☐ Chartered Investment Counselor (CIC)

### 9. Identifying Information/Name Change

|  |  |  |                          |
|--|--|--|--------------------------|
| <b>First Name:</b><br>Michael                  | <b>Middle Name:</b><br>Joseph  | <b>Last Name:</b><br>Boden               | <b>Suffix:</b>           |
| <b>State of Birth</b><br>Virginia              | <b>Province of Birth</b>   | <b>Country of Birth</b><br>United States |                          |
| <b>Date of Birth(MM/DD/YYYY)</b><br>07/27/1985 | <b>Sex</b><br><input checked="" type="radio"/> Male <input type="radio"/> Female | <b>Hair Color</b><br>Brown               | <b>Eye Color</b><br>Blue |
| <b>Height (ft)</b><br>6                        | <b>Height (in)</b><br>2  | <b>Weight (lbs)</b><br>195               |                          |

**10. Other Names**

No Information Filed.

**11. Residential History**

| From    | To      | Street Address  |
|---------|---------|---|
| 02/2021 | PRESENT | 4016 Crondall Drive<br /> Sacramento, CA 95864<br /> United States  |
| 06/2014 | 02/2021 | 6705 Freehaven Drive<br /> Sacramento, CA 95831<br /> United States |

**12. Employment History**

| From    | To      | Name of Firm or Company   | Address                           | Investment Related | Position Held                           |
|---------|---------|---------------------------|-----------------------------------|--------------------|---|
| 08/2021 | PRESENT | DST Wealth Management LLC | Indian Wells, CA<br>United States | Yes                | Investment<br>Advisor<br>Representative |
| 09/2008 | 08/2021 | Elite Worldwide           | San Diego, CA<br>United States    | No                 | Director of<br>Marketing                |

**13. Other Business**

Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non *Investment-related* activity that is exclusively charitable, civic, religious or fraternal and is recognized as tax exempt.) If YES, please provide the following details: the name of the other business, whether the business is *Investment-related*, the address of the other business, the nature of the other business, your position, title, or relationship with the other business, the start date of your relationship, the approximate number of hours/month you devote to the other business, the number of hours you devote to the other business during securities trading hours, and briefly describe your duties relating to the other business.

☒ Yes ☒ No

If 'Yes', please enter details below.

**14. Disclosure Questions**

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS 'YES', COMPLETE DETAILS OF ALL EVENTS OR PROCEEDINGS ON APPROPRIATE DRP(S)

**REFER TO THE EXPLANATION OF TERMS SECTION OF FORM U4 INSTRUCTIONS FOR EXPLANATIONS OF ITALICIZED TERMS.**

**Criminal Disclosure****14A. (1) Have you ever:**

- (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any *felony*?
- (b) been *charged* with any *felony*?

**Yes No**☒ ☒☒ ☒

**(2) Based upon activities that occurred while you exercised control over it, has an organization ever:**

- (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any *felony*? ☐ Yes ☒ No
- (b) been *charged* with any *felony*? ☐ Yes ☒ No

**14B. (1) Have you ever:**

- (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a *misdemeanor* involving: investments or an *investment-related* business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses? ☐ Yes ☒ No
- (b) been *charged* with a *misdemeanor* specified in 14B(1)(a)? ☐ Yes ☒ No

**(2) Based upon activities that occurred while you exercised control over it, has an organization ever:**

- (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to a *misdemeanor* specified in 14B(1)(a)? ☐ Yes ☒ No
- (b) been *charged* with a *misdemeanor* specified in 14B(1)(a)? ☐ Yes ☒ No

**Regulatory Action Disclosure****14C. Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:**

- (1) *found* you to have made a false statement or omission? ☐ Yes ☒ No
- (2) *found* you to have been *involved* in a violation of its regulations or statutes? ☐ Yes ☒ No
- (3) *found* you to have been a cause of an *investment-related* business having its authorization to do business denied, suspended, revoked, or restricted? ☐ Yes ☒ No
- (4) entered an *order* against you in connection with *investment-related* activity? ☐ Yes ☒ No
- (5) imposed a civil money penalty on you, or *ordered* you to cease and desist from any activity? ☐ Yes ☒ No
- (6) *found* you to have willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board, or *found* you to have been unable to comply with any provision of such Act, rule or regulation? ☐ Yes ☒ No
- (7) *found* you to have willfully aided, abetted, counseled, commanded, induced, or procured the violation by any person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board? ☐ Yes ☒ No
- (8) *found* you to have failed reasonably to supervise another person subject to your supervision, with a view to preventing the violation of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board? ☐ Yes ☒ No

**14D. (1) Has any other Federal regulatory agency or any state regulatory agency or foreign financial regulatory authority ever:**

- (a) *found* you to have made a false statement or omission or been dishonest, unfair or unethical? ☐ Yes ☒ No

- (b) *found* you to have been *involved* in a violation of *investment-related* regulation(s) or statute(s)? ☐ ☒
- (c) *found* you to have been a cause of an *investment-related* business having its authorization to do business denied, suspended, revoked or restricted? ☐ ☒
- (d) entered an *order* against you in connection with an *investment-related* activity? ☐ ☒
- (e) denied, suspended, or revoked your registration or license or otherwise, by *order*, prevented you from associating with an *investment-related* business or restricted your activities? ☐ ☒
- (2) Have you been subject to any final order of a state securities commission (or any agency or officer performing like functions), state authority that supervises or examines banks, savings associations, or credit unions, state insurance commission (or any agency or office performing like functions), an appropriate federal banking agency, or the National Credit Union Administration, that:**
- (a) bars you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in the business of securities, insurance, banking, savings association activities, or credit union activities; or ☐ ☒
- (b) constitutes a *final order* based on violations of any laws or regulations that prohibit fraudulent, manipulative, or deceptive conduct? ☐ ☒

**14E. Has any self-regulatory organization ever:**

- |  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| (1) <i>found</i> you to have made a false statement or omission?   | <input type="radio"/> | <input checked="" type="radio"/> |
| (2) <i>found</i> you to have been <i>involved</i> in a violation of its rules (other than a violation designated as a " <i>minor rule violation</i> " under a plan approved by the U.S. Securities and Exchange Commission)?   | <input type="radio"/> | <input checked="" type="radio"/> |
| (3) <i>found</i> you to have been the cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked or restricted?   | <input type="radio"/> | <input checked="" type="radio"/> |
| (4) disciplined you by expelling or suspending you from membership, barring or suspending your association with its members, or restricting your activities?   | <input type="radio"/> | <input checked="" type="radio"/> |
| (5) <i>found</i> you to have willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board, or <i>found</i> you to have been unable to comply with any provision of such Act, rule or regulation? | <input type="radio"/> | <input checked="" type="radio"/> |
| (6) <i>found</i> you to have willfully aided, abetted, counseled, commanded, induced, or procured the violation by any person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board?                      | <input type="radio"/> | <input checked="" type="radio"/> |
| (7) <i>found</i> you to have failed reasonably to supervise another person subject to your supervision, with a view to preventing the violation of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board?    | <input type="radio"/> | <input checked="" type="radio"/> |

**Have you ever had an authorization to act as an attorney, accountant or federal contractor that was revoked or suspended?** ☐ ☒

**Have you been notified, in writing, that you are now the subject of any:** ☐ ☒

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- (1) regulatory complaint or *proceeding* that could result in a "yes" answer to any part of 14C, D or E? (If "yes", complete the *Regulatory Action Disclosure Reporting Page*.) ☐ ☒
- (2) *investigation* that could result in a "yes" answer to any part of 14A, B, C, D or E? (If "yes", complete the *Investigation Disclosure Reporting Page*.) ☐ ☒

**Civil Judicial Disclosure**

- 14H. (1) Has any domestic or foreign court ever:** Yes No
- (a) *enjoined* you in connection with any *investment-related* activity? ☐ ☒
- (b) *found* that you were *involved* in a violation of any *investment-related* statute(s) or regulation(s)? ☐ ☒
- (c) dismissed, pursuant to a settlement agreement, an *investment-related* civil action brought against you by a state or foreign financial regulatory authority? ☐ ☒
- (2) Are you named in any pending *investment-related* civil action that could result in a "yes" answer to any part of 14H(1)?** ☐ ☒

**Customer Complaint/Arbitration/Civil Litigation Disclosure**

- 14I. (1) Have you ever been named as a respondent/defendant in an *investment-related*, consumer-initiated arbitration or civil litigation which alleged that you were *involved* in one or more *sales practice violations* and which:** Yes No
- (a) is still pending, or; ☐ ☒
- (b) resulted in an arbitration award or civil judgment against you, regardless of amount, or; ☐ ☒
- (c) was settled, prior to 05/18/2009, for an amount of \$10,000 or more, or; ☐ ☒
- (d) was settled, on or after 05/18/2009, for an amount of \$15,000 or more? ☐ ☒
- (2) Have you ever been the subject of an *investment-related*, consumer-initiated (written or oral) complaint, which alleged that you were *involved* in one or more *sales practice violations*, and which:**
- (a) was settled, prior to 05/18/2009 for an amount of \$10,000 or more, or; ☐ ☒
- (b) was settled, on or after 05/18/2009, for an amount of \$15,000 or more? ☐ ☒
- (3) Within the past twenty four (24) months, have you been the subject of an *investment-related*, consumer-initiated, written complaint, not otherwise reported under question 14I(2) above, which:**
- (a) alleged that you were *involved* in one or more *sales practice violations* and contained a claim for compensatory damages of \$5,000 or more (if no damage amount is alleged, the complaint must be reported unless the *firm* has made a good faith determination that the damages from the alleged conduct would be less than \$5,000), or; ☐ ☒
- (b) alleged that you were *involved* in forgery, theft, misappropriation or conversion of funds or securities? ☐ ☒
- Answer questions (4) and (5) below only for arbitration claims or civil litigation filed on or after 05/18/2009.**
- (4) Have you ever been the subject of an *investment-related*, consumer-initiated arbitration claim or civil litigation which alleged that you were *involved* in one or more *sales practice violations*, and which:**
- (a) was settled for an amount of \$15,000 or more, or; ☐ ☒
- (b) resulted in an arbitration award or civil judgment against any named respondent(s)/defendant(s), regardless of any amount? ☐ ☒

**(5) Within the past twenty four (24) months, have you been the subject of an *investment-related*, consumer-initiated arbitration claim or civil litigation not otherwise reported under questions 14I(4) above, which:**

- (a) alleged that you were *involved* in one or more *sales practice violations* and contained a claim for compensatory damages of \$5,000 or more (if no damage amount is alleged, the arbitration claim or civil litigation, must be reported unless the *firm* has made a good faith determination that the damages from the alleged conduct would be less than \$5,000), or;
- (b) alleged that you were *involved* in forgery, theft, misappropriation or conversion of funds or securities?

**Termination Disclosure**

**14J. Have you ever voluntarily *resigned*, been discharged or permitted to *resign* after allegations were made that accused you of:**

- (1) violating *investment-related* statutes, regulations, rules, or industry standards of conduct?
- (2) fraud or the wrongful taking of property?
- (3) failure to supervise in connection with *investment-related* statutes, regulations, rules or industry standards of conduct?

**Financial Disclosure**

**14K. Within the past 10 years:**

- (1) have you made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?
- (2) based upon events that occurred while you exercised *control* over it, has an organization made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?
- (3) based upon events that occurred while you exercised *control* over it, has a broker or dealer been the subject of an involuntary bankruptcy petition, or had a trustee appointed, or had a direct payment procedure initiated under the Securities Investor Protection Act?

**14L. Has a bonding company ever denied, paid out on, or revoked a bond for you?**

**14M. Do you have any unsatisfied judgments or liens against you?**

**15. Signatures**

Please Read Carefully

All signatures required on this Form U4 filing must be made in this section.

"signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

**6A. INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT**

This section must be completed on all initial or Temporary Registration form filings.



**15B FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS**

This section must be completed on all initial or Temporary Registration form filings.

**15C TEMPORARY REGISTRATION ACKNOWLEDGMENT**

This section must be completed on Temporary Registration form filings to be able to receive Temporary Registration.

**15D INDIVIDUAL/APPLICANT'S AMENDMENT ACKNOWLEDGMENT AND CONSENT**

This section must be completed on any amendment filing that amends any information in Section 14 (Disclosure Questions) or any Disclosure Reporting Page (DRP).

**15E FIRM/APPROPRIATE SIGNATORY AMENDMENT REPRESENTATIONS**

This section must be completed on all amendment form filings.

**15F FIRM/APPROPRIATE SIGNATORY CONCURRENCE**

This section must be completed to concur with a U4 filing made by another *firm* (IA/BD) on behalf of an individual that is also registered with that other *firm* (IA/BD).

**15A. INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT**

1. I swear or affirm that I have read and understand the items and instructions on this form and that my answers (including attachments) are true and complete to the best of my knowledge. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers.
2. I apply for registration with the *jurisdictions* and SROs indicated in Section 4 (SRO REGISTRATION) and Section 5 (JURISDICTION REGISTRATION) as may be amended from time to time and, in consideration of the *jurisdictions* and SROs receiving and considering my application, I submit to the authority of the *jurisdictions* and SROs and agree to comply with all provisions, conditions and covenants of the statutes, constitutions, certificates of incorporation, by-laws and rules and regulations of the *jurisdictions* and SROs as they are or may be adopted, or amended from time to time. I further agree to be subject to and comply with all requirements, rulings, *orders*, directives and decisions of, and penalties, prohibitions and limitations imposed by the *jurisdictions* and SROs, subject to right of appeal or review as provided by law.
3. I agree that neither the *jurisdictions* or SROs nor any person acting on their behalf shall be liable to me for action taken or omitted to be taken in official capacity or in the scope of employment, except as otherwise provided in the statutes, constitutions, certificates of incorporation, by-laws or the rules and regulations of the *jurisdictions* and SROs.
4. I authorize the *jurisdictions*, SROs, and the *designated entity* to give any information they may have concerning me to any employer or prospective employer, any federal, state or municipal agency, or any other SRO and I release the *jurisdictions*, SROs, and the *designated entity*, and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I agree to arbitrate any dispute, claim or controversy that may arise between me and my *firm*, or a customer, or any other person, that is required to be arbitrated under the rules, constitutions, or by-laws of the SROs indicated in Section 4 (SRO REGISTRATION) as may be amended from time to time and that any arbitration award rendered against me may be entered as a judgment in any court of competent *jurisdiction*.
6. For the purpose of complying with the laws relating to the offer or sale of securities or commodities or investment advisory activities, I irrevocably appoint the administrator of each *jurisdiction* indicated in Section 5 (JURISDICTION REGISTRATION) as may be amended from time to time, or such other person designated by law, and the successors in such office, my attorney upon whom may be served any notice, process, pleading, subpoena or other document in any action or *proceeding* against me arising out of or in connection with the offer or sale of securities or commodities, or investment advisory activities or out of the violation or alleged violation of the laws of such *jurisdictions*. I consent that any such action or *proceeding* against me may be commenced in any court of competent *jurisdiction* and proper venue by service of process upon the appointee as if I

were a resident of, and had been lawfully served with process in the *jurisdiction*. I request that a copy of any notice, process, pleading, subpoena or other document served hereunder be mailed to my current residential address as reflected in this form or any amendment thereto.

7. I consent that the service of any process, pleading, subpoena, or other document in any *investigation* or administrative *proceeding* conducted by the SEC, CFTC or a *jurisdiction* or in any civil action in which the SEC, CFTC or a *jurisdiction* are plaintiffs, or the notice of any *investigation* or *proceeding* by any SRO against the *applicant*, may be made by personal service or by regular, registered or certified mail or confirmed telegram to me at my most recent business or home address as reflected in this Form U4, or any amendment thereto, by leaving such documents or notice at such address, or by any other legally permissible means.

I further stipulate and agree that any civil action or administrative *proceeding* instituted by the SEC, CFTC or a *jurisdiction* may be commenced by the service of process as described herein, and that service of an administrative subpoena shall be effected by such service, and that service as aforesaid shall be taken and held in all courts and administrative tribunals to be valid and binding as if personal service thereof had been made.

8. I authorize all my employers and any other person to furnish to any *jurisdiction*, SRO, *designated entity*, employer, prospective employer, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination. Moreover, I release each employer, former employer and each other person from any and all liability, of whatever nature, by reason of furnishing any of the above information, including that information reported on the Uniform Termination Notice for Securities Industry Registration (Form U5). I recognize that I may be the subject of an investigative consumer report and waive any requirement of notification with respect to any investigative consumer report ordered by any *jurisdiction*, SRO, *designated entity*, employer, or prospective employer. I understand that I have the right to request complete and accurate disclosure by the *jurisdiction*, SRO, *designated entity*, employer or prospective employer of the nature and scope of the requested investigative consumer report.
9. I understand and certify that the representations in this form apply to all employers with whom I seek registration as indicated in Section 1 (GENERAL INFORMATION) or Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS) of this form. I agree to update this form by causing an amendment to be filed on a timely basis whenever changes occur to answers previously reported. Further, I represent that, to the extent any information previously submitted is not amended, the information provided in this form is currently accurate and complete.
10. I authorize any employer or prospective employer to file electronically on my behalf any information required in this form or any amendment thereto; I certify that I have reviewed and approved the information to be submitted to any *jurisdiction* or SRO on this Form U4 Application; I agree that I will review and approve all disclosure information that will be filed electronically on my behalf; I further agree to waive any objection to the admissibility of the electronically filed records in any criminal, civil, or administrative *proceeding*.

*Applicant or applicant's agent has typed applicant's name under this section to attest to the completeness and accuracy of this record. The applicant recognizes that this typed name constitutes, in every way, use or aspect, his or her legally binding signature.*

Date (MM/DD/YYYY)

08/19/2021

Signature of Applicant

Michael Joseph Boden

Signature



**15B. FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS**

3/7/25, 10:39 AM

Web CRD - Form U4, All Sections [User Name: ichamberlain19, OrgID: 302110]

To the best of my knowledge and belief, the *applicant* is currently bonded where required, and, at the time of approval, will be familiar with the statutes, constitution(s), rules and by-laws of the agency, *jurisdiction* or SRO with which this application is being filed, and the rules governing registered persons, and will be fully qualified for the position for which application is being made herein. I agree that, notwithstanding the approval of such agency, *jurisdiction* or SRO which hereby is requested, I will not employ the *applicant* in the capacity stated herein without first receiving the approval of any authority that may be required by law.

This *firm* has communicated with all of the *applicant's* previous employers for the past three years and has documentation on file with the names of the persons contacted and the date of contact. In addition, I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application.

I have provided the *applicant* an opportunity to review the information contained herein and the *applicant* has approved this information and signed the Form U4.

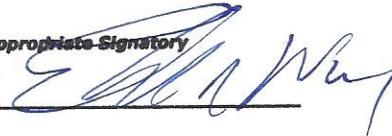
Date (MM/DD/YYYY)

08/19/2021

Signature of Appropriate Signatory

Edward Woolery

Signature



**Bankruptcy / SIPC / Compromise with Creditors**

No Information Filed

**Bond DRP**

No Information Filed

**Civil Judicial DRP**

No Information Filed

**Criminal DRP**

No Information Filed

**Customer Complaint DRP**

No Information Filed

**Investigation DRP**

No Information Filed

**Judgment Lien DRP**

No Information Filed

**Regulatory Action DRP**

No Information Filed

**Termination DRP**

No Information Filed