**THIS IS A PUBLIC FILING AND IT WILL BE DISSEMINATED.**
For a confidential filing, please see our [Form N-PX-CTR Client Worksheet](https://go.toppanmerrill.com/form-N-PX-ctr-cover-worksheet-IM).

See our [Form N-PX Proxy Voting Record Worksheet](https://go.toppanmerrill.com/form-N-PX-proxy-voting-record)

**FORM N-PX
FILER INFORMATION:**

|  |  |  |
| --- | --- | --- |
| Filer CIK: |  |  |
|  |  |
| Filer Name: |  |
|  |  |
| Date of Report: |  |  |
|  | MM-DD-YYYY |  |
|  | (Must begin with 06/30 or 09/30) |  |

**For N-PX/A (amendment) filings only:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Check here if Amendment: |  | Amendment Number:  |  |
|  | (2-character limit) |
| This Amendment (Check only one.): |  | Is a restatement. |
|  |  | Adds new proxy voting entries. |
|  |  |  |

**This section is required if “Adds new proxy voting entries” is checked above:**

|  |  |
| --- | --- |
|  | This filing lists proxy vote information reported on the Form N-PX filed pursuant to a request for confidential treatment and for which that request was denied, or confidential treatment expired. |
| If the box above indicating that confidential treatment has expired or was denied is checked, then the following information is required: |
| Date denied or on which confidential treatment expired |  |  |
|  | MM-DD-YYYY |
| Date proxy vote information reported on the Form N-PX  |  |  |
|  | MM-DD-YYYY |
| Reason for non-confidentiality: |  | Confidential Treatment Expired |
|  |  | Denied |
|  |  |  |

**Name and address of reporting person:**

|  |  |
| --- | --- |
| Name of reporting person:\* |  |
|  | (150-character limit) |
| Address: \* |  |
|  | Street 1 (40-character limit) |
|  |  |
|  | Street 2 (40-character limit) |
|  |  |  |  |
|  | City | [State](http://www.sec.gov/edgar/searchedgar/edgarstatecodes.htm)\*\* | Zip/Foreign Postal Code |
|  | (30-character limit) |  | (10-character limit) |
| Telephone Number:  |  |
|  | (Including area code, 20-character limit) |

\* Name and entire Address must exactly match the name and address associated with the filer’s CIK on the SEC EDGAR database (includes spelling and punctuation, but not casing).
Ask your Customer Service Representative for a copy of your SEC EDGAR profile, as needed.

\*\* “State” must use the [SEC list of predefined State/Country Codes](http://www.sec.gov/edgar/searchedgar/edgarstatecodes.htm) (Ctrl+Click on link).

|  |  |  |  |
| --- | --- | --- | --- |
| SEC Investment Company Act or Form 13F File Number: |  | CRD Number, if any: |  |
|  | 17-character limit (e.g., file number prefix 811- or 028-) |  | (9-character limit) |
| Other SEC File Number, if any: |  | Legal Entity Identifier, if any: |  |
|  | 17-character limit (e.g., file number prefix 008- or 801-) |  | (20-character limit) |

**Name and address of agent for service:**

|  |  |
| --- | --- |
| Name of agent for service: |  |
|  | (150-character limit) |
| Address: |  |
|  | Street 1 (40-character limit) |
|  |  |
|  | Street 2 (40-character limit) |
|  |  |  |  |
|  | City | [State](http://www.sec.gov/edgar/searchedgar/edgarstatecodes.htm)/[Country Code](https://www.sec.gov/edgar/searchedgar/edgarstatecodes#other) | Zip/Foreign Postal Code |
|  | (30-character limit) |  | (10-character limit) |

**Report for either the:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| year ended June 30 |  |  |  |  |
| OR |
| period July 1, |  | to September 30, |  |  |

**Institutional Manager Report Type** (Check only one.)**:**

|  |  |
| --- | --- |
|  | **Institutional Manager Voting Report**(Check here if all proxy votes of this reporting manager are reported in this report.) |
|  |  |
|  | **Institutional Manager Notice Report**(Check here if no proxy votes are reported in this report and complete the notice report filing explanation section below) |
|  |  |
|  |  | all proxy votes for which the manager exercised voting power are reported by other reporting persons |
|  |  | the manager did not exercise voting power for any reportable voting matter and therefore does not have any proxy votes to report |
|  |  | the manager has a clearly disclosed policy of not voting, and did not vote, on any proxy voting matters |
|  |  |  |
|  | **Institutional Manager Combination Report**(Check here if a portion of the proxy votes for this reporting manager are reported in this report and a portion are reported by other reporting person(s).) |

**Confidential Treatment**

|  |  |
| --- | --- |
|  | **Confidential Treatment Requested.**  |
|  | (The Institutional Manager has omitted from this public Form N-PX one or more proxy vote(s) for which it is requesting confidential treatment from the U.S. Securities and Exchange Commission pursuant to the instructions of this form) |

**List of Other Persons Reporting for this Manager:**

(Required for Notice and Combination Reports. If there are no entries in this list, omit this section.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Investment Company Act or Form 13F File Number\***(17-character limit) | **CRD No.**\*\*(9-character limit) | **Other SECFile Number**\*\*\*(17-character limit) | **LEI**\*\*(20-character limit) | **Name**\*\*\*\*(150-character limit) |
|  |  |  |  |  |
|  |  |  |  |  |

(Add additional rows as needed, up to 100 may be added.)

\* Required. Must begin with **811-** or **028-**.

\*\* Optional.

\*\*\* Optional. May begin with **801-, 8-, 866-, 802-**.

\*\*\*\* Required.

**Information relevant to Special Instruction B.4:**

|  |  |  |
| --- | --- | --- |
| Do you wish to provide information pursuant to Special Instruction B.4? (check) |  |  |
| **Additional Information:**  |
|  |

(The box for Special Instruction 5 must be checked to enter text in this field. 4000-character limit.)

**FORM N-PX
SUMMARY PAGE**

**Information about Institutional Managers**(Required for Voting Reports and Combination Reports)

**Report Summary:**

|  |  |
| --- | --- |
| Number of Included Institutional Managers: |  |
| (if none, enter number zero (“0”)) | (3-digit limit, matches number of rows inList of Included Managers below) |

**List of Included Institutional Managers:**

Provide a numbered list of the name(s) and Form 13F number(s) of all institutional investment managers with respect to which this report is filed, other than the manager filing this report.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No**.(1) | **Name** (2)(150-character limit) | **Form 13FFile Number**(3)(17-character limit) | **CRD No.**(4)(9-character limit) | **SEC File Number**(5)(17-character limit) | **LEI**(4)(10-character limit) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

(Add additional rows as needed, 999-row limit. If the table is blank, the word NONE will appear.)

(1) Required. Numbers must be integers only and each row numbered in order, but need not be consecutive/sequentially (*e.g.*, 1, 2, 5, 9, 12, …999, maximum of 999).

(2) Required.

(3) Optional. Must begin with **028-**.

(4) Optional.

(5) Optional. May begin with **801-, 8-, 866-, 802-**.

**FORM N-PX
SIGNATURES**

Pursuant to the requirements of the Securities Exchange Act of 1934 (for Institutional Managers), the reporting person has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

|  |  |
| --- | --- |
| Filer Name: |  |
|  | Provide exact name of filer.(150-character limit) |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Signature(150-character limit) | Printed Signature(150-character limit) | Title(60-character limit) | DateMM-DD-YYYY |

(Add additional signatures as needed)