



# Trustmont Group

February 10, 2022 1<sup>st</sup> Quarter Mandatory Webinar



# Industry News



1<sup>st</sup> Quarter 2022

## SPECIAL RULES FOR SPOUSE IRA BENEFICIARIES



The SECURE Act may have upended the rules for inherited IRAs, but the rules for spouse beneficiaries remain as advantageous as ever. In fact, naming a spouse as an IRA beneficiary is a better option than ever before. Now, an older spouse beneficiary will get more favorable payout options than a much younger adult child. Why? That is because the adult child must use the 10-year rule. No such restrictions exist for spouses. The SECURE Act keeps all the special benefits for spousal beneficiaries intact.

The special rules for spouse beneficiaries only apply if the spouse is the **sole** IRA beneficiary. However, even if the spouse is one of several IRA beneficiaries, the spouse can still qualify as a sole beneficiary if her share is split into a separate IRA by December 31st of the year following the year of the IRA owner's death.

If you inherited an IRA from your spouse, it may make sense to keep it as an inherited IRA when you are under age 59½, instead of doing a spousal rollover. If a spousal rollover is done, the account would be treated as your own IRA. If you want to take any money out before age 59½, there would be a 10% penalty which is assessed on retirement plan owners who tap into their retirement accounts early (assuming no other exceptions apply). But this 10% penalty does not apply to beneficiaries. After reaching age 59½, you would still have the rollover option available. Choosing to remain a beneficiary does not restrict you from being able to roll over later on. However, once the spousal rollover is done, there is no going back. Don't jump to spousal rollover too quickly.



1<sup>st</sup> Quarter 2022



**GOOD NEWS: You ASKED...We LISTENED!**

Compliance has started sending out a 1-page monthly newsletter with important information and reminders. (they will also be available on the website)

We were asked by several reps/advisors to send out information more frequently.

If you have an idea of something you want to see featured in our newsletter, please send us an email or give us a call. We want to include information that you need and will be helpful to others in our organization.

# COMPLIANCE REMINDERS

January's **Check Log** is due **February 15th**

January's **Correspondence Log** is due **February 15th**



**Double  
Check**

All paperwork  
should be  
complete before  
submitting



Check your  
email  
**DAILY**

*\*Make sure to check the website for additional important reminders\**

CLIENT PROFILE FORM

Trustmont Financial Group  Trustmont Advisory Group  
 Update Address  Updated Profile  36-Month Update  Update (Other)

The following information is required by FINRA. All spaces must be completed.

Check if new account  
If Other (please specify)

# Client Profile Form Procedure

\*A copy of the principally signed client provide form is to be sent to every client

\*Document the date sent so that it can be recalled later if requested

 Having your clients add a Trusted Contact is important...

# Email signature and name



Make sure the name that appears in outgoing mail is yours and is spelled correctly

Trustmont Group

Options

Settings

Signatures **2**

Name

Name: MaryLynne Hixenbaugh **4 Create & Save**

Editor: Rich

Rich

2 (10 pt)

Regards,  
MaryLynne Hixenbaugh  
Chief Compliance Officer

Trustmont Group

Your Trusted Partner Since 1986

200 Brush Run Road  
Greensburg, PA 15601  
O: 724-468-5665, x 119  
F: 724-468-5675  
www.trustmontgroup.com

Make sure you have an email signature (DO NOT need to include disclosure it is automatically added)

Settings

General **2**

Signatures

Profile

Change Password

Messages

Advanced

Mail

Calendar

Contacts

Tasks

Notes

Options **1**

Administration

General Read Mail **3** Write Mail Calendar/Tasks

Send Options

Name that appears in outgoing mail: TrustmontCompliance **4**

Reply-to for outgoing mail:

Save copy of outgoing mail in Sent folder

When typing email addresses, auto-complete using address book entries

Automatically Spell Check all messages

Periodically auto-save a temporary copy of email in your Draft folder

Editor type: Rich



1<sup>st</sup> Quarter 2022

# SECURE



# EMAIL

## BAE SYSTEMS

Type **Secure:** FIRST in the Subject line

|   |          |                         |
|---|----------|-------------------------|
| <br>Send | From ▾   | mjh@trustmontgroup.com  |
|   | To...    | ach@trustmontgroup.com; |
|   | Cc...    |                         |
|   | Subject: | Secure: Client info     |



## erado

Type **Secureit** anywhere in the body of the message



200 Brush Run Road  
Greensburg, PA 15601  
[www.trustmontgroup.com](http://www.trustmontgroup.com)  
724-468-5665

Secureit 

This communication may contain privileged and/or confidential information. If you received this communication in error, please contact the sender immediately. The information contained in this e-mail is not warranted as to completeness.



1<sup>st</sup> Quarter 2022





### Political Contributions Quarterly Log

Registered Representative: \_\_\_\_\_ Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

List below any political contributions that have been made by the adviser, or a member of the immediate household below (note: this comprises all political contributions, including but not limited to state representatives, school board candidates, political action committees, presidential campaigns, etc.):

| Recipient of Contribution | Date of Contribution | Dollar Amount | Prior approval? |
|---------------------------|----------------------|---------------|-----------------|
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I verify that the statements made in this Certification are true and correct. I understand that false statements herein are made subject to the criminal penalties of 18Pa. C.S. 4909 relating to unsworn falsification.

\_\_\_\_\_  
Registered Representative's Signature/ Date

\_\_\_\_\_  
Compliance Initials/Date



# Political Contributions

\*This form will be required quarterly starting 1<sup>st</sup> quarter 2022 **only if you are making contributions**

\*It is available on the Trustmont Website

\*It should be emailed to [compliance@trustmontgroup.com](mailto:compliance@trustmontgroup.com) or faxed to 724-468-5675 quarterly or as contributions are made throughout the year

**\*Reminder all political contributions of \$250 or more per individual per election must be pre-approved by the firm's compliance department prior to making the donation.**



## 1<sup>st</sup> Quarter 2022



**Remote  
Branch Exams  
Continue through  
June 2022**



# Communications with the Public & Social Media Marketing

1. Must follow the content standards in FINRA Rule 2210
2. Social Media Marketing—Must maintain a clear line between Personal and Business
3. Testimonials and Endorsements
4. New SEC Marketing Rule

*\*Are you looking to start using **Social Media** in your business?*

Complete the Intent to Use Social Media form on the Trustmont website & email to [compliance@trustmontgroup.com](mailto:compliance@trustmontgroup.com) for approval



1<sup>st</sup> Quarter 2022

# NEW!

## New OBA/DBA Form has been added to the website

**Trustmont Group**  
MEMBER FINRA • SIPC

### OUTSIDE BUSINESS ACTIVITY AND DBA FORM

Complete all sections that apply.

**FINRA Rule 3270 Outside Business Activities of Registered Persons:** Prohibits any registered person from being an employee, independent contractor, sole proprietor, officer, director or partner of another person, or being compensated, or having the reasonable expectation of compensation, from another person as a result of any business activity, other than a passive investment, outside the scope of the relationship with his/her broker-dealer, unless he/she has provided prior written notice to the broker-dealer and received written approval. Such notice shall be in the form required by the broker-dealer.

Print your name \_\_\_\_\_ RR # \_\_\_\_\_

Check the following applicable box(es) – (both may apply)

I am a Registered Representative  
 I am an Investment Advisor Representative

Securities Business Address: \_\_\_\_\_

1. **DBA Disclosure:** Are you initiating a "DBA" and/or does this OBA involve a "DBA"?  Yes  No  
The phrase "doing business as" (abbreviated DBA, dba or d/b/a) is a legal term, meaning that the fictitious business or persons who actually own and are responsible for the business.

If you answered "yes", complete this section.

Are you conducting your securities business under a DBA?  Yes  No Start Date: \_\_\_\_\_

Name of DBA: \_\_\_\_\_

DBA Business Address: \_\_\_\_\_

Please indicate if your DBA is an  LLC  LLP  C Corp  S Corp  Other \_\_\_\_\_

Do you have a website for your DBA?  Yes  No Address: \_\_\_\_\_

2. **Insurance Activity Disclosure** (Check all that apply)

Life  Annuities  Health  P/C  LTC  Medicare  Life Settlements

Are you conducting your insurance business under the same business name as your securities business?  Yes  No

Insurance Business Name: \_\_\_\_\_

DBA Business Address: \_\_\_\_\_

Your relationship to this activity:  Owner  Independent Contractor  Employee  Other \_\_\_\_\_

Estimated current annual income \$ \_\_\_\_\_

Description of your duties (not your title/position) relative to this activity: \_\_\_\_\_

Hours per month during market hours devoted to this activity: \_\_\_\_\_ Total hours per month \_\_\_\_\_  
 Yes  No

Do you sell, refer, or receive compensation from life settlement activity?  Yes  No

Do you sell (fixed) equity indexed annuities?  Yes  No

Do you use the services of an IMO FMO or similar organization?  Yes  No

If so, please give the name: \_\_\_\_\_

3. **Outside Business Activity Information:**

a. Provide the full, legal name of the outside (non-Firm) company, entity or business venture (OBA) and the full address and phone number of this OBA: \_\_\_\_\_

b. Is there a website for this entity?  Yes  No  
If yes, please provide the web address of the site: \_\_\_\_\_

c. What date do you anticipate to be your start date with the OBA? \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

d. If you are an existing registered representative with Trustmont and this OBA is being disclosed after you have started, what is the reasoning for late disclosure? \_\_\_\_\_

e. Is this an investment-related business?  Yes  No (Note: Investment-related is defined by FINRA as activity that pertains to securities, commodities, banking, insurance, investment advisory activity or real estate.) If yes, please provide details: \_\_\_\_\_

f. Are you, or will you be an employee of this company?  Yes  No  
If yes, and you have signed or will sign an employment contract, please attach a copy of the contract.

g. Are you or will you be an independent contractor with this company?  Yes  No  
If yes, attach your agreement.

h. Do/will you serve as an Officer/Director/Partner/Trustee or act in a similar capacity with this entity?  Yes  No  
If yes, describe the title and the functions of the position: \_\_\_\_\_

i. Do/will you have any ownership, beneficial interest or any control of this entity?  Yes  No  
If yes, provide the following information:  
(i) Indicate the form of business structure/organizational documents of the entity (Single Ownership/Partnership/LLC/Corporation/etc.): \_\_\_\_\_ %  
(ii) Enter % ownership or beneficial interest or control you have: \_\_\_\_\_ %  
(iii) Enter the state which the entity is/was organized: \_\_\_\_\_  
(iv) The registration or business license number of this entity: \_\_\_\_\_  
(v) The state(s) in which this entity is licensed to do business: \_\_\_\_\_

j. Does/will an immediate family member have any ownership interest, beneficial interest or any control of this entity?  Yes  No  
If yes, please identify the person(s) and specify the amount and date of the investment: \_\_\_\_\_

k. Does/will any other Trustmont representative have any ownership interest, beneficial interest or any control of this entity?  Yes  No  
If yes, state the name of the Representative: \_\_\_\_\_

### Outside Business Activity Disclosure

To be completed by non-representatives

1. Are you a member of any insurance marketing organizations not affiliated with Trustmont Financial Group?  Yes  No

2. List the name, address and supervising principal of the insurance marketing organization(s)

a. Organization Name: \_\_\_\_\_  
b. Supervising Principal: \_\_\_\_\_  
c. Address: \_\_\_\_\_  
d. City, State, Zip: \_\_\_\_\_

3. List the insurance carriers and gross for which you actively write and service:

a. \_\_\_\_\_ \$ \_\_\_\_\_  
b. \_\_\_\_\_ \$ \_\_\_\_\_  
c. \_\_\_\_\_ \$ \_\_\_\_\_  
d. \_\_\_\_\_ \$ \_\_\_\_\_  
e. \_\_\_\_\_ \$ \_\_\_\_\_  
f. \_\_\_\_\_ \$ \_\_\_\_\_  
g. \_\_\_\_\_ \$ \_\_\_\_\_  
h. \_\_\_\_\_ \$ \_\_\_\_\_  
i. \_\_\_\_\_ \$ \_\_\_\_\_  
l. \_\_\_\_\_ \$ \_\_\_\_\_

4. Do you operate your own Registered Investment Advisor (RIA)?  Yes  No

a. RIA Legal Name: \_\_\_\_\_  
b. RIA CID Number: \_\_\_\_\_  
c. Total RIA Assets under management: \$ \_\_\_\_\_

5. Are you registered with RIA not affiliated with Trustmont Financial Group?  Yes  No

a. RIA Legal Name: \_\_\_\_\_  
b. RIA CID Number: \_\_\_\_\_  
c. Assets under management by yourself as IAR: \$ \_\_\_\_\_

6. Do you operate your practice under a new other than Trustmont Financial Group?  Yes  No

a. Are you compensated?  Yes  No  
b. Provide copy of Corporate Tax return for past two years.  
c. Provide proof of state local registration.  
d. Certified Financial Planner  
e. Chartered Financial Consultant  
f. Chartered Life Underwriter  
g. Attorney  
h. Chartered Financial Consultant  
i. Underwriter Training Council Fellow

Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

\*will no longer accept old form effective March 1, 2022



1<sup>st</sup> Quarter 2022



QUESTIONS



## **MANDATORY**



### **Webinar Schedule - 2022**

May 12, 2022 2:00-3:00 pm EST

August 11, 2022 2:00-3:00 pm EST

November 10, 2022 2:00-3:00 pm EST