

CONFIDENTIAL QUESTIONNAIRE

PERSONAL

Full Name: _____ Birth Date: _____
Social Security Number: _____ Email Address: _____
Business Address: _____
Business Phone: _____ Home Phone: _____ Today's Date: _____

PROFESSIONAL LICENSES/DESIGNATIONS AND RIA ACTIVITIES

Securities Licenses: _____ Designations: _____
Insurance Licenses: _____ Designations: _____
Are you a Registered Investment Advisor (RIA)? _____ Date Registered: _____
Do you plan to become an RIA? _____ Do you offset fees against commissions? _____
Do you want to affiliate with an RIA? _____ How much money do you
have under management? \$ _____
How and where invested? _____

PAST BROKER/DEALER AFFILIATIONS

Current: _____ Dates: From _____ To _____
Prior: _____ Dates: From _____ To _____
Prior: _____ Dates: From _____ To _____

What are you lacking in your current B/D association that you wish to find in a change?

How do you present yourself to your clients? (Stockbroker, Financial Planner, Investment Advisor, Registered Representative, etc.) _____

PAST LEGAL/REGULATORY HISTORY

- Yes No 1. Have you ever been the subject of (or involved in) any action or investigation by FINRA, state, or other regulatory agency?
- Yes No 2. Have you ever declared bankruptcy or been denied a bond?
- Yes No 3. Do you have any other criminal, financial, termination, or customer complaint/arbitration/civil litigation disclosures?
- Yes No 4. Will your termination from your current Broker/Dealer be for any reason other than a voluntary termination?

CONFIDENTIAL QUESTIONNAIRE CONT'D.

PAST BUSINESS HISTORY

Gross commission for the last two (2) years from your current Broker/Dealer:

Last year: \$ _____ Prior year: \$ _____ YTD current: \$ _____

Listed & OTC Stocks	\$ _____	Public & Private LP's	\$ _____
Municipal Bonds	\$ _____	Variable Annuities	\$ _____
Corporate Bonds	\$ _____	Variable Life	\$ _____
Government Bonds	\$ _____	Fixed Income	\$ _____
Mutual Funds	\$ _____	Fee Income	\$ _____
Unit Investment Trusts	\$ _____	TOTAL COMMISSION	\$ _____

Other sources of fee or commissionable income:

Source: _____ \$ _____

Income or loss from any other business activities:

Source: _____ \$ _____

REGISTERED INVESTMENT ADVISORY SERVICES

1. Are you an Associate, Officer, Director or Owner of an Independent Registered Investment Auditor? Yes No

2. List the states the investment advisory firm is registered with: _____

3. How much money do you have under management with your independent IRA? \$ _____

4. Type of accounts: _____

ERISA RETIREMENT PLANS

1. Do you currently provide advisor services to any of the following ERISA qualified retirement plans? Yes No

If yes, check those that you service:

- 401K Profit Sharing
- Profit Sharing
- Money Purchase
- Defined Benefit
- 403(b)/Plans with Employer Contributions
- Stock Bonus
- Employee Stock Ownership (ESOP and KSOP)
- Cash Balance
- Target Benefit

2. Do you anticipate working on any qualified retirement plans in the next 12 months? Yes No

3. How many qualified retirement plans do you currently service? (example - 6) _____

CONFIDENTIAL QUESTIONNAIRE CONT'D.

ERISA RETIREMENT PLANS CONT'D.

- 4. What are the total assets in the qualified retirement plans that you service? _____
(example - 10,000,000)
- 5. What percentage of the assets identified in question #4 are currently running through _____
the compensation schedule? (example - 35%)

WAIVER FOR PRE-HIRE CHECK

I hereby authorize TRUSTMONT FINANCIAL GROUP, INC. to access the FINRA's WEB CRD Representative Information System and contact any other regulatory body or consumer reporting agency necessary to obtain information to adequately review my background.

Signature of Applicant

Please print name

Date