



OUTSIDE BUSINESS ACTIVITY AND DBA FORM

MEMBER FINRA • SIPC

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 under which the business or operation is conducted and presented to the public is not the legal name of the legal person 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

Name of DBA: _____ Start Date: ____/____/____

DBA Business Address: _____

Please indicate if your DBA is an LLC LLP C Corp S Corp Other _____ NA

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: _____ Start Date: ____/____/____

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 _____

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

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

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

If so, please give the name: _____

Do you have a website for your insurance activity? Yes No

If yes, please provide the web address: _____

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?

If yes, describe the title and the functions of the position: Yes No

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) 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:

- l. Does/will any Trustmont customer have any ownership interest, beneficial interest or any control of this entity?
 Yes No Unknown If yes, provide the name of the individual(s):

- m. Describe as completely as possible the business/activities of the OBA:

- n. Will you be marketing a product or service for this OBA? Yes No If yes, describe the product or service:

- o. Will/Have you marketed, solicited, or sold the product and services of this company to any Trustmont representative or client? Yes No If yes, provide customer name(s): _____

- p. Describe as completely as possible your functions/duties/responsibilities in this OBA: _____

- q. What do you anticipate the annual income/compensation from this OBA to be? \$ _____
- r. Hours per month during market hours devoted to this OBA: _____ Total hours per month _____
- s. Will you be involved in, or have you in the past been involved in raising money, funds, investments, or any other capital from any person for this business? Yes No If yes, please explain:

- t. Do you have signatory authority on the investment, savings or checking accounts for this OBA? Yes No
- u. Is there any additional information, not already provided, that you believe may be important to consider in order to complete the review of this activity: Yes No If yes, please provide the details below:

Representative Acknowledgment: I am aware that the Firm requires all outside business activities to be acknowledged by the Chief Compliance Officer PRIOR to my involvement or participation. If I do not receive prior written acknowledgment, I understand that I am prohibited from having any affiliation with the company or entity identified, regardless of its activities, revenues or purpose. I acknowledge that the Firm reserves the right to object to, or place conditions on, outside business activities that may constitute, in the judgment of the Firm, a potential conflict of interest to my association with the firm. I further understand that I am prohibited from using a fictitious/DBA business name and/or engaging in any business activity outside the Firm without prior written approval from Compliance. I also understand that the Firm may subsequently object to any previously approved activity at any time, for any reason, without notice. Further, by affixing my signature to this form, I authorize the Firm to amend my U4 to report the information provided in this disclosure and represent that the information provided is true and accurate to the best of my knowledge. **I also understand that upon ending involvement with the activity noted above, it is my responsibility to promptly notify Compliance and amend my U4 within 30 days of terminating the activity.**

I certify that I have no outside business activities.

--New Representatives must also complete Page 5--

Representative's Signature _____ Date _____

OUTSIDE BUSINESS ACTIVITY AND DBA FORM

(this page for Internal use only)

The proposed activity:

- | | | |
|---|-----|----|
| <input type="checkbox"/> Will interfere with or otherwise compromise the registered person's responsibilities to the RR's customers? | Yes | No |
| <input type="checkbox"/> Will be viewed by customers or the public as part of Trustmont Financial's business based upon, among other factors, the nature of the proposed activity and the manner in which it will be offered? | Yes | No |
| Will be properly characterized as an outside business activity? | Yes | No |
| Should be treated as a private securities transaction? | Yes | No |

If yes to any of questions above, describe any actions taken or any restrictions or conditions imposed: _____

Approved by Trustmont Financial Group Title Date

Not approved by Trustmont Financial Group Title Date

Outside Business Activity Disclosure

To be completed by new 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 cases:

- a. _____ \$ _____
- b. _____ \$ _____
- c. _____ \$ _____
- d. _____ \$ _____
- e. _____ \$ _____
- f. _____ \$ _____
- g. _____ \$ _____
- h. _____ \$ _____
- i. _____ \$ _____

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

- a. RIA Legal Name: _____
- b. RIA CRD 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 CRD Number: _____
- c. Assets under management by yourself as IAR \$ _____

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

- a. Are you incorporated? Yes No
- b. Provide copy of Corporate Tax return for prior two years.
- c. Provide proof of state/local registration.

7. List any professional designations which you have completed:

- a. Certified Financial Planner Date: _____
- b. Certified Public Accountant Date: _____
- c. Chartered Life Underwriter Date: _____
- d. Chartered Financial Consultant Date: _____
- e. Attorney Date: _____
- f. Life Underwriter Training Council Fellow Date: _____
- g. _____ Date: _____
- h. _____ Date: _____