



## ***Disclosure Documents***

All disclosure documents must be on file at the home office before registration begins.

In order to expedite the appointment process with those insurance companies with which you wish to do business, please forward copies of your insurance licenses along with this documentation.

Receipt of this document package does not intend to suggest that you are a licensed Registered Representative of Trustmont Financial Group, Inc or licensed Investment Advisor Representative for Trustmont Advisory Group, Inc.

You will not be approved as a licensed Registered Representative of Trustmont Financial Group, Inc or licensed Investment Advisor Representative of Trustmont Advisory Group, Inc. until officially notified in writing by the home office.





**Trustmont Internal Use Only**

CRD Number: \_\_\_\_\_

Rep Number: \_\_\_\_\_

Registrations: \_\_\_\_\_

Branch Number: \_\_\_\_\_

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

***PERSONAL DATA SHEET***

*(Please print legibly or use writable form)*

Full Name: \_\_\_\_\_

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

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

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Preferred Mailing List Address:      Home      Business

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth (City, State, County): \_\_\_\_\_

\_\_\_\_\_



## Direct Deposit Authorization

Agreement Type (please choose one)

New Agreement

Change Account

Registered Representative Name \_\_\_\_\_

### Account Information:

I authorize Trustmont Financial Group, Inc./Trustmont Advisory Group, Inc. to deposit net commission/fee into my (please choose one):

**CHECKING** account

**SAVINGS** account

Signature \_\_\_\_\_ Date \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Fax form to: 724-468-5675**

**Mail to:** Trustmont Group  
Attn: Alicia Walker  
200 Brush Run Road, Suite A  
Greensburg, PA 15601

**Email form to: alw@trustmontgroup.com**

**\*\* Attach a voided check \*\***  
We cannot process without a voided check—NO Starter Checks

**FINRA rule states a Broker/Dealer can only pay a licensed person--you must be an owner or joint owner listed on the above account.**

**NO CORPORATE ACCOUNTS can be accepted (ex. LLC, S Corp, C Corp, DBA etc.)**

*For Admin. Use Only*

Set Up (Name) \_\_\_\_\_ Date \_\_\_\_\_



## Compliance Manual(s) Acknowledgment

I acknowledge the following:

I have read and understand the contents of the Trustmont Group Inc. Compliance Manual(s) and agree to be bound by the policies and procedures therein. I have also accessed the Trustmont website to familiarize myself with its layout and the location of required paperwork, procedures and policies.

I will provide new employees, including trainees, with access to the Compliance Manual(s) and will ensure that all persons whom I supervise know and understand the contents of the Compliance Manual(s), as well as use it in day-to-day activities.

I will ensure that any supplements or revisions to the Compliance Manual(s) are distributed to persons under my supervision with proper instruction for their use.

### **Signed:**

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*Signature*

---

*Print Name*

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*Date*



## **Clients' Security Certificate Rule Acknowledgment**

I am aware that Trustmont Financial Group, Inc. and Trustmont Advisory Group, Inc. and their agents and advisors are not permitted under regulatory rules to take possession of clients' security certificates or funds.

*CUSTOMER SECURITY CERTIFICATES MUST BE MAILED BY THE CUSTOMER TO THE APPROPRIATE CORRESPONDENT. FINRA RULES DO NOT ALLOW FOR ANY REPRESENTATIVE TO TAKE POSSESSION AT ANYTIME OF ANY CERTIFICATES.*

**Signed:**

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*Signature*

---

*Print Name*

---

*Date*



## Advertising Acknowledgment

I understand that ALL advertising and marketing materials must be submitted for approval to the Compliance Department of Trustmont Group, Inc via the online submission form on the website prior to its publication. I understand that the item may need to be submitted to FINRA's advertising department for review. I am aware that there are costs associated with submitting advertising material to FINRA and that such costs would be my responsibility.

I also understand that if I intend to give a seminar to the general public, I must submit all materials associated with the seminar including sponsors, costs, invitations, handouts, presentation slides, outlines, etc. for approval prior to the seminar and that I must submit a list of attendees within a reasonable period of time after the completion of the seminar.

### **Signed:**

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*Signature*

---

*Print Name*

---

*Date*



## Correspondence Acknowledgment

I understand that when sending correspondence to 25 or less customers or potential customers, whether electronic or hard copy, it does not require prior approval but must be submitted to the Compliance Department of Trustmont monthly via the correspondence log.

I also understand that when sending correspondence to more than 25 customers or potential customers, whether electronic or hard copy, it requires that I receive principal approval prior to disseminating using the “Request for Approval of Public Communications Form” located on the Trustmont website.

I acknowledge that all communications to customers must be retained for at least six years after the closing of an account.

I acknowledge that all securities business-related email communications must be directed through my Trustmont approved email address. *A Trustmont-approved email account is either an assigned Trustmont Group email address or a domain email address that is being captured and archived by Trustmont Group.* Should I receive a securities business-related email through a personal email account, I understand that I must respond to the email through my Trustmont approved email address directing all future correspondence to be sent to the Trustmont Group approved address.

I acknowledge that the use of text messaging in my securities business is prohibited unless those messages are being archived and prior approval is given.

### Signed:

---

*Signature*

---

*Print Name*

---

*Date*



## Paperwork Guidelines Acknowledgment

I understand that **ALL** new business paperwork must be forwarded to the home office for principal approval prior to being sent to the custodian. This includes change of broker/dealer forms as well as additional investments into an account that is 25% of the existing account value or \$50,000+, whichever is less. Customer checks under \$50,000 or less than 25% of the existing account value should be forwarded immediately to the custodian of record and a copy sent to Trustmont using the check receipt form located on the Trustmont website.

Trustmont Required paperwork includes the following in addition to the Custodian's paperwork\*:

### Financial

1. Client Profile Form (CPF)
  2. Trustmont Required Disclosures Coversheet
- Disclosures to be given:
- CRS
  - Reg BI Disclosure
  - Business Continuity Plan
  - Privacy Policy-CIP-SIPC

### Advisory

1. Client Profile Form (CPF)
  2. Trustmont Required Disclosures Coversheet
- Disclosures to be given:
- CRS
  - Business Continuity Plan
  - Privacy Policy-CIP-SIPC
  - Ethics Policy
  - ADV 2A & ADV 2B
3. Financial Advisory Account Description
  4. Financial Advisory Agreement

\*Additional paperwork may be required for certain account types, please refer to the website for more information.

- I understand that I am required to provide all required disclosures to each new or prospective client. All of which are located on the Trustmont website.

-I understand that I must provide clients with a copy of the principally signed Client Profile Form (CPF) within 30 days of the date of the principal's signature when completing new business, material changes or 36-month updates.

-I understand that I must complete and submit the InvestorCOM Rollover Analyzer for all IRA to IRA, Plan to IRA and Plan to Plan transfers.

### Signed:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date





## Client Relationship Summary (CRS) Acknowledgment

I am aware that the U.S. Securities and Exchange Commission (the “SEC”) require that Form CRS be given to investors before or at the time of a recommendation regardless of whether or not the recommendation is acted on. (Consult Trustmont’s WSP’s for more information.)

I understand that the Trustmont Required Disclosures Delivery Confirmation Cover Sheet (located on the Trustmont website) must be submitted to the home office with all new business paperwork (including change of broker/dealer) as well as additional investments into an account that is 25% of the existing value or \$50,000+ whichever is lower. I understand that I am required to maintain a record of everyone to whom the CRS has been provided. If a recommendation did not result in additional required paperwork, I am aware that this form is to be retained at my office in a separate file and made available to Compliance upon request.

*Note: If CRS is delivered in paper format as part of a package of documents, I must ensure that the CRS is the first among any documents that are delivered at that time. If the CRS is delivered electronically, it must be presented prominently as a direct link or in the body of the email itself. I must also have documentation that the client has agreed to receive such disclosures via email.*

I will provide new employees, including trainees, with access to the CRS and will ensure that all persons whom I supervise know and understand the required delivery process.

I will ensure that any revisions to the CRS are distributed in a timely manner to persons under my supervision with proper instruction for its use.

**Signed:**

---

Signature

---

Print Name

---

Date



## Trustmont Financial Group and Trustmont Advisory Group, Inc.

### Ethics Policy

This Ethics Policy is for all employees, registered representatives and advisors of Trustmont Financial Group, Inc. (TFG) and Trustmont Advisory Group, Inc. (TAG). This policy is a guide to ethical practices in working with clients, the public, correspondents, Mutual Fund and Insurance Companies.

It is TFG's and TAG's policy to conduct its business in full compliance with both the letter and the spirit of the securities and other laws and regulations. This policy includes dealing fairly and honestly with all customers, making full disclosures of all material facts in connection with securities transactions, and obtaining sufficient customer information to determine that all securities transactions are suitable for the customer. Each registered representative and advisor has both a legal and business obligation to comply with all applicable laws and regulations. To meet these objectives, each registered representative and advisor should be fully informed and knowledgeable about the securities laws and regulations and must certify his or her understanding of those matters prior to any sales activity, and periodically thereafter, as part of an ongoing compliance program. TFG and TAG fully expect its registered representatives and advisors to exercise the highest degree of professional ethics in all actions they undertake on behalf of the firm(s). In furtherance of that objective, TFG and TAG expect its registered representatives and advisors to act in accordance with the policies set forth herein at all times.

1. No registered representative, advisor, officer or director shall, directly or indirectly, knowingly make or cause to be made a material false or misleading statement or omit to state or cause another person to omit to state any material fact to a customer, correspondent or regulatory official.
2. Neither TFG or TAG, nor any of its registered representatives or advisors, for their own accounts or others, shall purchase or sell securities while in the possession of information which might be considered "insider" (material, non-public) information, or discuss the information with a third party, unless a written opinion has been furnished by the firm's Compliance Department stating that in his or her opinion the proposed transaction or discussion would not violate the anti-fraud provisions of federal or state securities laws. Information is material if there is a substantial likelihood that its public disclosure would affect either a reasonable investor's decision to buy, sell or hold securities. Information is "non-public" if it is not made generally available by the means best calculated to make it publicly available. The SEC has opined that appropriate public disclosure is required.
3. TFG, TAG, its registered representatives and advisors shall comply with all applicable legal requirements of the United States and each state. Specifically, all registered representatives and advisors must abide by the laws and regulations of the Securities and Exchange Commission, FINRA, and state regulators where they are licensed.
4. The use of assets of TFG or TAG for any unlawful or improper purpose is prohibited.
5. No confidential information concerning TFG or TAG shall be used or revealed without proper authorization.

### **Confidential Information of TFG and TAG**

Registered representatives and advisors often learn confidential information about TFG and TAG. As such, company information is confidential and not to be shared with the general public unless specifically approved, in writing, by an officer of the company or the Compliance Department.

### **Confidential Information of Customers**

Unauthorized use of customer information, whether within or outside TFG or TAG, is a very serious violation and may result in immediate termination. Customer information may not be disclosed to third parties except as authorized for processing customer transactions or implementing customer requests. Registered representatives and advisors may not disclose customer information to anyone outside TFG or TAG unless

1. The outside firm needs to know the information in order to perform services for TFG or TAG and is bound to maintain its confidentiality.

FINRA rules declare that any and all customer information including statements, confirms, new account documents and correspondence are the property of Trustmont. It is Trustmont's position that this information also belongs to the registered representative or advisor who introduces the customer to Trustmont. Therefore, should a registered representative or advisor leave Trustmont, he/she will be permitted to take with them their copies of customer information. If you do not agree to this provision as a customer, you are required to notify Trustmont in writing. Your private information will be permitted to go with the registered representative or advisor upon their departure from Trustmont unless your written notice is on file.

2. The client has consented, in writing, or been given an opportunity to request that the information be shared.
3. As required by law or self-regulatory organizations.
4. Authorized by the Compliance Department.

Registered representatives and advisors should be mindful of these obligations when using the telephone or electronic mail, especially when using these forms of communications in the public where the conversation may be overheard or read. All documentation containing personal or confidential customer information should be shredded and disposed of properly when no longer needed.

### **Conflicts of Interest**

A list of conflicts cannot be exhaustive, thus when there is the slightest possibility for conflict, the registered representative or advisor must discuss the situation with an officer or Compliance Department of TFG or TAG and receive written approval prior to proceeding. Also, a registered representative or advisor, without written approval of an officer or Compliance Department;

1. May not give or receive gifts of more than a token value (currently \$100.00) that are in any way connected with business relationships.

2. Must comply with all provisions of federal, state and self-regulatory agency securities laws as well as all company policies.

**Outside Business Activities**

Outside business activities must be disclosed, in writing, to the Compliance Department. These include, but are not limited to, being appointed an officer or director of a public or private company, any activity where compensation is received, or the making of a private investment.

**Outside Brokerage Accounts**

Brokerage accounts may be opened with other broker/dealers but must be disclosed to the Compliance Department. Duplicate copies of confirms and statements are to be issued to the company, attention Compliance Department.

No employee shall conduct a transaction in a security while in possession of inside material non-public information concerning that security or entity.

No employee shall enter into a transaction intended to raise, lower, or maintain the price of any security or to create a false appearance of active trading.

**“Access Persons” Subject To the Reporting Requirements**

The SEC makes reference to “access persons”. An access person is a supervised person who has access to non-public information regarding client’s purchase or sale of securities, is involved in making securities recommendations to clients or who has access to such recommendations. Thus, any registered representative or advisor, and any of their office staff, working within their office or outside, are determined to be an access person. TFG and TAG require certain access persons to submit personal securities transaction reports. The required persons would be all registered representatives and advisors licensed with TFG and TAG.

**Annual Holdings Report**

SEC Rule 204A-1(b)(i) requires a complete report of each access person’s securities holdings at the time the person becomes an access person and at least once annually. The Rule requires new advisors to submit their report no later than 10 days after the person becomes an access person, and information must be current as of the date no more than 45 days prior to date the person became an access person. At least once annually the advisor must submit the report to the compliance department and the information must be current up to 45 days prior to the report being submitted.

**Quarterly Transactions Reports**

Additionally, the SEC requires reports of all personal securities transactions by access persons, and the adviser to review those reports, which are due no later than 30 days after the close of the calendar quarter. (SEC Rule 204A-1(b)(2) Two exceptions are permitted under this rule. No reports are required:

1. With respect to transactions effected pursuant to an automatic investment plan.
2. With respect to securities held in accounts over which the access person had no direct or indirect influence or control.

Every Registered Representative/Advisor must provide the Compliance Department copies of all statements from the broker/dealer, mutual fund company, insurance company or any other investment company. The copies must be accompanied with a signed statement attesting to the fact that these copies represent all reportable transactions made for that quarter. Each of those accounts should direct duplicate confirms at the time of the transaction(s) to the Compliance Department.

**Reportable Securities**

SEC Rule 204A-1 treats all securities as reportable, with the following exceptions;

1. Transactions and holdings in direct obligations of the US Government.
2. Money market instruments (banker’s acceptances, bank certificates of deposit, commercial paper, re- purchase agreements and other high quality short-term debt instruments.
3. Shares of money markets.
4. Transactions and holdings in shares of other types of mutual funds.
5. Transactions in units of a unit investment trust if the unit investment trust is invested exclusively in unaffiliated mutual funds.

**Initial Public Offerings (IPO’s)**

TFG and TAG do not participate in IPO’s.

**Reporting of Violations**

It will be the responsibility of the Compliance Department to report any violations of the Ethics Policy as required by SEC Rule 204A-1 to the president of TFG and TAG.

**Receipt of the Code of Ethics**

All employees will receive a Code of Ethics upon initial employment with Trustmont. Each Registered representative/Advisor must acknowledge annually that they are in receipt of the Code and will comply with the provisions.

*I certify that I have read and understand the firm’s Ethics Policy.*

**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



# Registered Representative Office Set up Information

As a Representative of Trustmont Financial Group and/or Trustmont Advisory Group you are required to maintain an email address for your securities business that will be monitored and archived by Trustmont. We allow the use of an outside personal domain (subject to domain capability, additional costs apply), or we can sent you up with an @trustmontgroup.com email.

If personal domain, please provide\*

If using Trustmont email, what you would like it to be\*?

\_\_\_\_\_   
 \*cannot be @gmail, yahoo, hotmail, etc.

\_\_\_\_\_@trustmontgroup.com   
 \*subject to compliance approval

**Required Voicemail Disclosure:** Must be included in your voicemail message on any phone that your client(s) call or any phone number held out to the public regarding your securities business.

*Please do not leave trade instructions on this voicemail as such instructions cannot be honored. If you are a securities client calling during market hours and you need immediate assistance, please call the home office of Trustmont Financial at 1-800-618-3666.*

## OFFICE DETAILS:

- Do you share office space with another investment firm or person not registered with Trustmont? \_\_\_\_\_
  - If so, who? \_\_\_\_\_
- Do you use a DBA in your business? \_\_\_\_\_
- Do you do seminars currently or plan to? \_\_\_\_\_
- Do you have a website\*? \_\_\_\_\_
  - If so, where is it hosted? \_\_\_\_\_

*\*NOTE: If you have an existing website it will need to be shut down until it is reviewed and/or moved to one or our approved platforms so that it can be archived.*

## OFFICE REQUIREMENTS:

REQUIRED FILES: Trustmont requires the following files to be maintained and accessible in your office, either hard copy or electronic:

- **Customer Complaint File** (hopefully this is always empty, but you need a specific file for complaints) Please remember you must notify Trustmont immediately upon receiving any customer complaints. Do NOT attempt to resolve the issue on your own.
- **CRS Log** Please keep a copy of Trustmont Required Disclosures Delivery Confirmation Cover Sheet for prospects and recommendations not taken in this file, to be submitted upon request of the compliance department.
- **Public Communications Log** (this includes Advertising, Sales Literature & Seminars) You will need to download the public communications log from our website to your computer. This is an excel spreadsheet that should be saved in an easily accessible location on your computer. This spreadsheet provides the "piece number" you will need to submit a "Request for Approval of Public Communications" using the Trustmont website. (It is located under the Compliance Requirements tab) This log should match up with each "Request for Approval of Public Communications" you submit. This log will help keep track of your submissions in process and should be updated once approval is received.
- **Correspondence File** Incoming & Outgoing, you need to keep a copy of all correspondence either in the client files or in a dedicated correspondence file for a minimum of 3 years. Trustmont needs a copy of all correspondence as well.
- **Check Blotter File** Please keep a copy of all checks with the "submission receipt" in either the client files or in a dedicated check blotter file. Trustmont needs a copy of all checks. If the check is an additional contribution to an already existing account, please submit a copy of the check with the "Check Receipt Form" which can be found on the Trustmont website, under "forms library" then "form miscellaneous". **NOTE: Any additional contribution over 25% of the current account value or check amount over \$50,000, whichever is less, must be sent to Trustmont for pre-approval. In the case of variable annuities, an updated Morningstar report will also be required.**
- **Gift & Gratuities Log** Keep a recording of any gift you receive and/or give, cannot be in excess of \$100 per individual per calendar year.
- **Outside Business Activity Approvals** Trustmont requires that you submit an individual request for approval of each outside business activity (form located in the Compliance Requirements tab under "potentially required forms") you are involved in when you join Trustmont or want to be involved in after being registered with us. Once you receive approval, keep a copy of the signed form in this file. All additional new outside business activities **MUST** be approved prior to engaging in said activity. *Remember you are responsible for keeping us informed of any changes that need made to your U4.*
- **Money Manager & Investment Due Diligence** anything that is relevant to due diligence you do on products or due diligence you do on any money managers you may be using.
- **Do not call list** Trustmont doesn't permit cold calling so we are not required to subscribe to the National Do Not Call List, this is important if you are given a referral from one of your customers, but that referral tells you they do not want called ever again, you would need to keep the name & phone number in this file as well as provide it to Trustmont.

\_\_\_\_\_  
Registered Rep Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Compliance Initials



# Initial Compliance Questionnaire

## Office Information:

1. Are you currently involved in any private securities transactions? \_\_\_\_\_ (compliance approval required)
2. Do you have any professional designations? \_\_\_\_\_
3. I intend to use a cellphone in my securities business. I also certify that my cellphone voicemail will have the proper disclosure as listed on the Trustmont website. PROVIDE cell phone#\*: \_\_\_\_\_  
\*if you do not use a cell phone in your business write N/A on the line
4. Do you intend to use any form of stationery in your business, i.e.: business card, letterhead, fax coversheet, printed envelope, brochure, etc.? \_\_\_\_\_ if yes, select which ones from the list below
 

|   |   |
|---|---|
| <input type="checkbox"/> business card  | <input type="checkbox"/> printed envelope |
| <input type="checkbox"/> letterhead     | <input type="checkbox"/> brochure         |
| <input type="checkbox"/> fax coversheet | <input type="checkbox"/> other _____      |

Note: You are required to obtain prior written approval for all advertising, sales or marketing materials, newspaper articles, radio or TV broadcasts, blogs, seminars, and social media posts, etc. Requests for approval are to be sent through the link on the Trustmont website 14 days in advance of requested date of use.

5. Do you use a shredding service to dispose of clients' personal and private information in a secure manner to prevent unauthorized access to it (if yes provide service used & cert of destruction)? \_\_\_\_\_
6. Do you use an online 3rd party fax service in your business (if yes provide program used)? \_\_\_\_\_
7. Do you use a cloud storage service (if yes provide program used)? \_\_\_\_\_
8. Do you use Laserapp or any other form of importing software in your business when completing client paperwork/forms (if yes provide program used)? \_\_\_\_\_
9. Do you conduct online meetings with your clients (if yes provide program used)? \_\_\_\_\_
10. Do you use a CRM (Client Records Management) Program (if yes provide program used & contract)? \_\_\_\_\_
11. Do you use Financial Planning Software (if yes provide program used & contract)? \_\_\_\_\_
12. Do you plan to provide consolidated reports to your clients (if yes provide program used)? \_\_\_\_\_

Note: prior approval will be required before use

## Social Media/Websites/Texting:

13. Do you use social media for personal use? \_\_\_\_\_ If yes, indicate which ones below
 

|                                   |                                    |                                      |
|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> LinkedIn | <input type="checkbox"/> Twitter   | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Instagram | _____                                |
14. Do you use any social media/websites for business purposes\*\*? \_\_\_\_\_ If yes, indicate which ones below  
\*\*all such activity must be discontinued upon being hired until compliance approval is obtained and archiving is set up
 

|                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> LinkedIn | <input type="checkbox"/> Instagram        |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Business Website |
| <input type="checkbox"/> Twitter  | <input type="checkbox"/> Other _____      |
15. Do you currently use text messaging in your securities business? \_\_\_\_\_ If yes, provide service used \_\_\_\_\_  
Note: business-related texting is prohibited without receiving prior compliance approval

**Discretionary Authority:** FINRA Rule 3241 required that registered persons must decline being named a customer's beneficiary or holding a position of trust for a customer unless he/she receives approval from a Principal of Trustmont.

Answer the following questions to the best of your ability, this **DOES** include family members.

16. Do you hold power of attorney for any client? \_\_\_\_\_ If yes, indicate who \_\_\_\_\_
17. Do you serve as trustee for any client? \_\_\_\_\_ If yes, indicate who \_\_\_\_\_
18. Do you serve as executor for any client? \_\_\_\_\_ If yes, indicate who \_\_\_\_\_
19. Are you listed as a beneficiary on any client account whether held at Trustmont or away? \_\_\_\_\_ If yes, indicate who \_\_\_\_\_
20. Do you have signature authority over any account other than your own personal account? \_\_\_\_\_ If yes, indicate who \_\_\_\_\_

Note: If any of the above applies, you will be required to obtain approval for these positions.

## Signed:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Compliance Initials



## Initial Social Media Attestation and Disclosure Form

Name: \_\_\_\_\_

Regulatory Notice 10-06 and 11-39 as well as FINRA Rule 2210 are FINRA rules and regulations regarding Associated Personnel's use of social media. Trustmont's Written Supervisory Procedures (WSP) describe the firm's current restrictions regarding the use of social media. These Procedures, in part, require that all Associated Persons of the broker dealer request approval, in writing, **PRIOR** to using a social media platform to solicit potential business or conduct any securities related business, correspondence or marketing.

These procedures also require that each Associated Person complete and sign this attestation disclosing any social media platform that an Associated Person is currently using or intends on using for **business purposes**. Please indicate below and all social media platforms that you are currently using or intend to use for business purposes:

I do not use, nor do I intend on using ANY social media website or platform to conduct, solicit or market any securities related business

If you currently use or intend on using social media website or for business purposes, please indicate below what websites or platforms you use or will use:

Facebook  
Account Name: \_\_\_\_\_

LinkedIn  
Account Name: \_\_\_\_\_

Twitter  
Twitter Handle: \_\_\_\_\_

YouTube  
Account Name: \_\_\_\_\_

Other: \_\_\_\_\_  
Account Name: \_\_\_\_\_

Other: \_\_\_\_\_  
Account Name: \_\_\_\_\_

*Please note that ONLY listing the name of the broker dealer as your employer in your profile on Facebook or other social media platforms (other than LinkedIn) may not need to be indicated above. However, any description of your job responsibilities, a description of the products and services of the broker dealer, any commentary on the financial markets or any specific company or security would have to be disclosed. If you have additional questions, please contact the Compliance Department for further guidance.*

**My signature below certifies that all of the information above is true and correct. Furthermore, I attest that I have read, understand, and agree to comply with the Social Media Written Supervisory Procedures of Trustmont Group.**

Registered Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Compliance Department Use Only

Approved      approved by: \_\_\_\_\_      Date: \_\_\_\_\_

Denied      denied by: \_\_\_\_\_      Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Initial Certification of Cyber Security & Electronic Device Disclosure

Protection of our customer information is our priority, and our obligation to protect our customer accounts and information has never been more important than it is today. Accordingly, to ensure that our customer’s non-public information is protected from any potential cyber-crimes, the firm implemented the policies and procedures addressing the protection of Digital Customer Information that are located in section 39 of the WSP’s. Please refer to section 39 for more detailed information.

Associated persons are required to disclose the use and/or termination of use of any electronic device used entirely or in part for business purposes by completing the table below:

| Device Description<br>(example: “primary office computer) Include smartphones, tablets and other devices | Device Type<br>(example: iMac, Dell PC desktop, iPhone, etc.) | Operating System Used | % Business Use | % Personal Use |
|--|---|-----------------------|----------------|----------------|
|  |   |                       |                |                |
|  |   |                       |                |                |
|  |   |                       |                |                |
|  |   |                       |                |                |

Are your computers and devices used for your securities business protected with up-to-date antivirus software, firewall software, and anti-malware software?  Yes  No

| Device | Anti-Virus Software | Firewall Software | Anti-Malware Software |
|--------|---------------------|-------------------|-----------------------|
|        |                     |                   |                       |
|        |                     |                   |                       |
|        |                     |                   |                       |
|        |                     |                   |                       |

Are your computers and devices log-in privileges protected by a strong password that is frequently changed?  Yes  No

Do all of your devices “time out” after 15 minutes or less of non-use?  Yes  No

Do all of your devices have Software auto-update set to “ON”?  Yes  No

Do you certify that ONLY associated personnel have access to your computers and devices?  Yes  No

Do you use a portable storage devices (external hard drives, thumb drives, CDs, DVDs, etc.) to store customer’s non-public personal information?  Yes  No If yes, do you certify that either the device or the data is encrypted (be prepared to provide proof of encryption upon request)?  Yes  No

If you cannot certify the truth and accuracy of any item listed above, please attach a detailed written explanation.

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





## Initial Certification of Office Personnel

Registered Reps are required to disclose all office personnel/staff members that they have working for them even if not part of your securities business. You are also required to complete a similar form located on the Trustmont website when any personnel/staff members employment is terminated.

Complete the table below:

| Personnel Name | Work Capacity<br>(title, jobs, duties, etc) | New<br>hire? | Already<br>Fingerprinted? |
|----------------|---|--------------|---------------------------|
|                |   |              |                           |
|                |   |              |                           |
|                |   |              |                           |
|                |   |              |                           |
|                |   |              |                           |

I do not have any personnel to report

If you cannot certify the truth and accuracy of any item listed above, please attach a detailed written explanation.

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. 4904 relating to unsworn falsification.

\_\_\_\_\_  
Registered Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Compliance Initials





## Political Contribution Disclosure

This form must be completed by the Registered Representative/  
Investment Advisor Representative at the time of appointment with  
Trustmont and as each occurrence makes reporting necessary.

Pursuant to 206(4)-5 under the Investment Advisers Act, covered persons must disclose their political contribution(s) or payment(s) made to any government entity, officials or candidates for the prior two years since the date the person becomes subject to such reporting requirement.

Contribution means any gift, subscription loan, advance, or deposit of money or anything of value made for: (i) the purpose of influencing any election for federal, state or local office; (ii) payment of debt incurred in connection with any such election; or (iii) transition or inaugural expenses of the successful candidate for state or local office.

Government entity means any state or political subdivision of a state, including: (i) any agency, authority, or instrumentality of the state or political subdivision; (ii) a pool of assets sponsored or established by the state or political subdivision or any agency, authority or instrumentality thereof, including, but not limited to a "defined benefit plan" as defined in section 414(j) of the Internal Revenue Code, or a state general fund; (iii) a plan or program of a government entity; and (iv) officers, agents, or employees of the state or political subdivision or any agency, authority or instrumentality thereof, acting in their official capacity.

Official means any person (including any election committee for the person) who was, at the time of the contribution, an incumbent, candidate or successful candidate for elective office of a government entity, if the office (i) is directly or indirectly responsible for, or can influence the outcome of, the hiring of an investment adviser by a government entity; or (ii) has authority to appoint any person who is directly or indirectly responsible for, or can influence the outcome of, the hiring of an investment adviser by a government entity.

Payment means any gift, subscription, loan, advance, or deposit of money or anything of value.

**I have made no political contributions in the past two years.**

Date of political contribution: \_\_\_\_\_

Recipient of contribution: \_\_\_\_\_

Amount of contribution: \_\_\_\_\_

(Please attach additional page to report additional contributions.)

Do you have a client who is a government entity, official, or candidate as defined above?  Yes  No

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Compliance Initials



## Certification of Testimonials and Endorsements Form

Testimonials and endorsements for which an investment advisor provides compensation, directly or indirectly, are defined as advertisements subject to the SEC marketing rule. Answer the following based on current practices in your business.

NOTE: The difference between endorsements and testimonials:

- endorsements are defined as recommendations made by a non-client
- testimonials are recommendations made from clients

1. From whom do you receive referrals (check all that apply):

- No referrals received
- Current Clients
- Outside Professionals (attorneys, accountants, etc.)
- Family
- Personal Friends
- Employees
- Lead Generation Firms/Advisor Referral Networks
- Likes on Facebook
- Recommendations/Endorsements on LinkedIn
- Other \_\_\_\_\_

2. In your practice currently, do you compensate a person/entity for providing a referral?

- Yes
- No

3. If yes, please check all forms of compensation that you provide:

- Cash (provide amount) \_\_\_\_\_
- Gift card (provide amount and type) \_\_\_\_\_
- Client appreciation event
- Entertainment
- Complimentary meal at a restaurant
- Promotional Item (describe item given and value of item) \_\_\_\_\_
- Reduced/temporarily waived advisory fee
- Other \_\_\_\_\_

4. Do you utilize a marketing brochure?

- Yes
- No

5. Do you currently include testimonials/endorsements in your public communications?

- Yes
- No

6. Do you currently include third-party ratings (e.g. Yelp, Google Reviews, 5-Star Advisor, etc.) in your public communications?

- Yes
- No

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. 4904 relating to unsworn falsification.

\_\_\_\_\_  
Registered Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Compliance Initials



## Initial Certification of Holdings

I realize that under SEC and FINRA guidelines, I must disclose any and all of my personal securities accounts and those of my immediate family members within my household to my broker/dealer, whether or not these accounts are held at Trustmont Group or another brokerage and/or investment advisory firm. By signing the 3210 letter release, I understand that Trustmont will send a request to receive duplicate statements and confirmations on any and all outside accounts. If the outside brokerage and/or investment advisory firm refuses to provide duplicates it will be my responsibility to provide them to Trustmont on a quarterly basis and certify any and all transactions. **I understand that I must receive approval from Trustmont before any brokerage accounts may be opened in the future by completing the form located on the Trustmont website.** If the account was opened or established prior to my association with Trustmont, I understand that I may be charged a \$25/quarter fee per account for those that I choose not to move and are held outside of Trustmont Group.

List **ALL** accounts, in your household including direct mutual fund accounts, 401k accounts, brokerage accounts, etc., and **attach a copy of the most recent statement for ALL accounts.**

| Custodian | Account Number | Account Owner | Type of Account | Type of Investments (MF, ETF, Stock, UITs, VA, Other) | Self Directed? Yes or No |
|-----------|----------------|---------------|-----------------|---|--------------------------|
|           |                |               |                 |   |                          |
|           |                |               |                 |   |                          |
|           |                |               |                 |   |                          |
|           |                |               |                 |   |                          |
|           |                |               |                 |   |                          |
|           |                |               |                 |   |                          |
|           |                |               |                 |   |                          |

If you cannot certify the truth and accuracy of any item listed above, please attach a detailed written explanation.

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



Scenic Drive Professional Center  
200 Brush Run Road, Suite A  
Greensburg, PA 15601

724-468-5665  
Fax: 724-468-5675  
www.trustmontgroup.com

**RE: Registered Representative-3210 Letter Release**

To Whom It May Concern:

As a registered representative with Trustmont Group I understand that under SEC and FINRA guidelines, I must disclose any and all of my personal and my immediate family's accounts to my broker/dealer, whether these accounts are held at Trustmont or other brokerage and/or investment advisory firms. In order to comply with the above guidelines I authorize Trustmont Group to send 3210 letters on my behalf to request duplicate statements of any and all of my accounts. Duplicate statements and confirms should be sent to Trustmont Group's Compliance Department at 200 Brush Run Road, Greensburg, PA 15601.

Thank you in advance for your time in this matter and I look forward to our continued business relationship.

Sincerely,

\_\_\_\_\_  
Registered Representative signature

\_\_\_\_\_  
Spouse signature

\_\_\_\_\_  
Registered Representative printed name

\_\_\_\_\_  
Spouse printed name



## Outside Business Activities Reminders

- \*You will need a separate Outside Business Activities Form for **EACH** OBA listed on your U4. (make as many copies of page 22-26 as you need for each OBA that you have)
  - \*You will complete section 1 on page 1 only if you have a DBA and are completing an OBA for that DBA
  - \*You will complete section 2 on page 1 if you are completing an OBA for Insurance sales
  - \*If you are not completing an OBA for your DBA or Insurance Sales skip section 1 and 2 and start at section 3 on page 2.
  - \*If you do Insurance Sales as part of one of your OBAs it does not need to be disclosed on the other OBAs you have any unless you are conducting insurance sales under those OBAs as well.
  - \*A DBA (Doing Business As) if you have one should be a name that is registered in the state(s) that you do business
-



# OUTSIDE BUSINESS ACTIVITY AND DBA FORM

MEMBER FINRA • SIPC

Complete all sections that apply. One form for each OBA.

**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:

- Will interfere with or otherwise compromise the registered person's responsibilities to the RR's customers?  Yes  No
- 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: \_\_\_\_\_

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\_\_\_\_\_  
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: \_\_\_\_\_



**Please use this area for notes or questions.**