

REGISTERED REPRESENTATIVE'S QUARTERLY CHECKLIST

Reporting Period:

	ch Registered Representative	("RR') associated with Tru	stmont Financial Gr	oup must complet	e and submit this	form to l	his				
	her Supervisor quarterly. GENERAL INFORMATION										
	Reporting RR's Name:			2. RR's Branch Co	ode:						
	RR's Branch Location:			_							
	RR's Supervisor's Name:										
	Business Type (check one):	Investment Banking	Securities/	Investment Adviso	rv						
J	radiniese rype (eneek eney.	Home Office/Other (S			•						
В. І	RR'S PERSONAL & RELATED C	• • •									
1.	During the reporting period	, have you made any cha	nges to your outside	e business activitie	s?	Yes	No				
	If yes, have you notified a	and received pre-approva	from your Supervis	or and the Home	Office?	Yes	No				
_	Have you checked your C	RD to ensure that such ch	anges have been re	eflected accurately	?	Yes	No				
2.	During the reporting period		• •			Yes	No				
	If yes, have your received participation in such active		ur Supervisor and t	he Home Office pr	ior to your	Yes	No				
_	Have you provided all info	ormation related to the to	ansaction(s) as requ	uired?		Yes	No				
3.	Have you or your family opened any new personal securities account(s) during the reporting period?						No				
	If yes, have you notified y	•	•	•		Yes	No				
	If opened with a broker-o		have you received	a copy of a (a/k/a	407 letter)	Yes	No				
4.	sent to the executing bro		information includ	ling but not limited	l to disclosure	N/A	No				
	Have you reviewed your For events, is current and comp		information, includ	iing but not iimitet	to disclosure	Yes	No				
C.	RR'S BUSINESS CONDUCT										
1.	Check ALL electronic media regarding activities referring	•	•	omers, prospective	customers and/c	r the pul	blic				
	Instant Messaging Text Messaging Chat Rooms Blogs Social Networking or Message Board Email with other than Trustmont approved email address (emailaddress): Other:										
2.	Have you submitted all outg					email ac Yes	ddress. No				
	(if Yes attach an "Outgoing										
3.	OR(initia Have you submitted all inco	l) Check and initial if you					No				
э.		your	Yes	No							
	Supervisor for review and/or approval? (if Yes attach an "Incoming Correspondence Log") OR (initial) Check and initial if you have not received any correspondence during the reporting period.										
4.	If and to the extent applicab with each log or blotter to y	le for this month, provide		•	• .	• .					
	Securities Received Blotter		Gifts and Gratuitie	es Log							
	I have attached the blott	☐ I have submitted my quarterly log.									
	Checks Log	Cash and Non-Cash Compensation Log									
	☐ I have submitted the mo	☐ I have submitted my quarterly log.									
	Direct Business Blotter										
	☐ I have submitted my g	uarterly log.									

D.	RR'S CUSTOMER ACCOL	JNTS AND ACTIVITIES									
1. During the reporting period, have you opened any new accounts for any customer(s)?											
	Customer Name	Acct Type	Custodian	Product Type	Investm	nent\$					
2.	During the reporting period, did you make any recommendations to any customer(s) of particular securities, investments or investment strategies which were not involved in or resulted in a securities										
	transaction?										
	☐ If Yes, did you con such recommend	mplete a "Recommended Ticket w lation?	ithout Securities Transactio	ns" form for each	Yes	No					
•	☐ Have you forward		Yes	No							
3.	During the reporting p	estments or	Yes	No							
investment strategies to your customers for the first time?											
If Yes, did you conduct/complete "reasonable basis suitability" due diligence on the securities, investment(s) or investment strategy(ies)? (Product Due Diligence)											
	☐ Did you complete a "Reasonable Basis Suitability Assessment" form (F006) for the investment(s) or										
☐ Did you complete a "Reasonable Basis Suitability Assessment" form (F006) for the investment(s) or Yes investment strategy(ies)?											
	Do vou have a client w	by you have a client which is a government entity? If yes, provide the following information.									
4.	Account Name	Account HeldAt	Account Number	Account Type							
					nmission	Based					
				Advisory Con	nmission	Based					
				Advisory Con	nmission	Based					
E. C	ERTIFICATION										
Wit	h my signature below,	I certify that: (i) I personally com	pleted this form; and (ii) all	information and state	ments co	ntained					
		complete to the best of my known	=	_							
misleading statements or information, and/or any material omission(s), may result in disciplinary action up to and including											
termination of my association with the firm.											
RR's	s Name	RR's Number	RR's Signature	Da	te						
Wit	h my signature below,	, I certify that I reviewed this do	cument and discussed each	n section with the rep	orting RR	t who is					
supervised by me. Furthermore, I agree to contact and report promptly and fully to the firm's CCO any/all violations											
or potential violations detected during the review of this document, and/or that I detected otherwise.											
pot	ential violations detect	ed during the review of this docun	nent, and/or that I detected	otherwise.							
Sup	ervisor's Name		Supervisor's Signature	Da	te						

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