



# Fiduciary Services Supplemental Application

1. Funds under control of the firm:

	Last Fiscal Year	Estimate for Current Fiscal Year
Total funds under discretionary management	\$	\$
Total number of accounts		
Number of clients with managed funds greater than \$1million		
Total funds under non-discretionary management	\$	\$
Total number of accounts		
Number of clients with managed funds greater than \$1million		

**If the firm has discretionary investment authority on any of the above funds, please complete the Financial Planning and Investment Supplement**

2. Does any Firm member have check signature authority?  Yes  No  
If yes, please check all that apply:

- Countersignature required for all checks
- Personnel issuing checks do not reconcile account
- Client authorizes all expenditures
- Client has access to bank statement
- Deposits are logged by one person and deposited by another
- Other controls: \_\_\_\_\_

3. Number of employees that handle funds: \_\_\_\_\_

4. Are client funds commingled with other funds?  Yes  No

If yes, please explain: \_\_\_\_\_

5. Does the firm currently have a surety bond or other form of employee dishonesty insurance coverage?  Yes  No

If yes, please provide a copy of the bond, current insurance coverage declarations page, or the actual coverage endorsement showing the limit of insurance.

If no, would you like to add employee dishonesty coverage to the policy?  Yes  No

Select from the following limits:  \$100,000 limit  \$250,000 limit

6. Is compensation based on any method other than hourly fees?  Yes  No

If yes, please explain method of compensation: \_\_\_\_\_

\_\_\_\_\_

The applicant understands the information submitted herein becomes a part of the applicant's application and is subject to the same representations and conditions.

\_\_\_\_\_  
Signature of Authorized Representative of the Firm

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title (must be signed by managing partner or managing executive of the Firm)

Attest \_\_\_\_\_

Producer / Agent \_\_\_\_\_

License Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_