



## Financial Planning – Insurance – Real Estate Supplemental Application

1. Provide gross annual revenues on an accrual basis earned by the firm for the prior fiscal year from providing financial advisory services, asset management services, investment advisory services, other financial services, or from compensation in connection with the recommendation or sale of securities, real estate, insurance products or other investments.

Current Fiscal Year (Est.)	Last Fiscal Year	Prior Fiscal Year

Was this revenue included in the revenues reported on the application?  Yes  No

2. On all financial services provided, does your firm require signed engagement letters and do they include a definition of client’s investment objectives (if applicable) and the services to be performed?  Yes  No

If yes, how often are engagement letters updated? \_\_\_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

3. If a conflict or potential conflict of interest does or did exist, do you require a written disclosure to all parties involved?  Yes  No

### FINANCIAL PLANNING AND INVESTMENT ADVISORY SERVICES

#### Financial Planning and Investment Advisory Services

If this section is not applicable, please mark N/A and move to the next section.  N/A

4. Indicate which products were sold or services were provided by any firm member or affiliate over the last five years (use check box in chart to indicate). Estimate the percentage of revenue earned for the last fiscal year from professional services or sales of the following classes.

Type of Product or Service <i>Check all services provided within the last 5 years</i>	Compensation Type**	Percentage of last fiscal year’s revenues	Discretionary Asset Management or Discretionary Authority (Y/N) (where applicable)
<b>FINANCIAL ADVISORY SERVICES</b>			
<input type="checkbox"/> Financial Planning Services			
<input type="checkbox"/> Referrals to third party Broker/Dealers or Investment Advisors			
<input type="checkbox"/> Portfolio Management Services			
<input type="checkbox"/> Registered Investment Advisor			
Type of Product or Service <i>Check all services provided within the last 5 years</i>	Compensation Type**	Percentage of last fiscal year’s revenues	Discretionary Asset Management or Discretionary Authority (Y/N) (where applicable)

<b>FINANCIAL ADVISORY SERVICES Cont.</b>			
<input type="checkbox"/> Securities Broker or Dealer			
<input type="checkbox"/> Owned or managed investment company or fund			
<input type="checkbox"/> Other Financial Advisory Services *Describe below			
<b>PRODUCTS RECOMMENDED OR SOLD</b>			
<input type="checkbox"/> Listed Stocks/Bonds			
<input type="checkbox"/> Unlisted Stocks and Bonds			
<input type="checkbox"/> Foreign Securities			
<input type="checkbox"/> Mortgage backed securities			
<input type="checkbox"/> Subprime Lending or Nonconforming Mortgage Loan Investments			
<input type="checkbox"/> Private Placements			
<input type="checkbox"/> Mutual Funds			
<input type="checkbox"/> General and Limited Partnerships			
<input type="checkbox"/> Options and Futures			
<input type="checkbox"/> REITs			
<input type="checkbox"/> Derivatives			
<input type="checkbox"/> Other Securities *Describe below			
<b>EMPLOYEE BENEFITS</b>			
<input type="checkbox"/> Management of Investments for Employee Benefit Plans			
<input type="checkbox"/> Design of Employee Benefit Plans			
<input type="checkbox"/> Employee Benefit Consulting			
<input type="checkbox"/> Multiple Employer Trusts			
<input type="checkbox"/> Multiple Employee Welfare Arrangements			
<input type="checkbox"/> Other Employee Benefits Services *Describe below			

\*\*Compensation Type: Commission (C), Hourly (H), Set Fee (F), Contingent Fee (CF) or Other (O) describe\*:  
\*Other – Describe:

5. Complete the following for each client with managed funds greater than \$1 million and /or for clients where you have discretionary investment authority over \$1 million  N/A

Client Name	\$ Funds Managed	Description of services provided	Written Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Add on a separate sheet if additional space is needed  
For any client where no written agreement is in place, please explain: \_\_\_\_\_  
\_\_\_\_\_

Provide explanation of how firm maintains compliance with SEC and other regulatory rulings:  
\_\_\_\_\_

6. Does your firm or anyone in your firm act as:

- a. Registered Investment Advisor  Yes  No
- b. Securities Broker Dealer  Yes  No
- c. Investment Company or Fund  Yes  No

7. If coverage is requested for a Registered Representative, please provide the following and Include a Copy of the Current Insurance Declaration Page:  N/A

Name of Representative	FINRA License	Name of Broker/Dealer	Value of Funds under Asset Management

Add on a separate sheet if additional space is needed

**LIFE HEALTH INSURANCE AGENT**

**Life/ Health Insurance Agent:**

If this section is not applicable, please mark N/A and move to the section.  N/A

8. Indicate which products were sold or services were provided by any firm member or affiliate over the last five years (use check box in chart to indicate). Estimate the percentage of revenue earned for the last fiscal year from professional services or sales of the following classes.

INSURANCE PRODUCTS OR SERVICES <i>Check all services provided within the last 5 years</i>	Compensation Type**	Percentage of last fiscal year's revenues	Discretionary Asset Management or Discretionary Authority (Y/N) (where applicable)
<input type="checkbox"/> Sale of Life/Health/Disability Accident Insurance			
<input type="checkbox"/> Sale of Fixed Annuities			
<input type="checkbox"/> Sale of Variable Annuities			
<input type="checkbox"/> Sale of Viatical Agreements			
<input type="checkbox"/> Sale of COLI/STOLI Products			
<input type="checkbox"/> Insurance Consulting			
<input type="checkbox"/> Other Professional Products or Services* Describe below			

Describe: \_\_\_\_\_

9. Does your firm or anyone in your firm act as an Insurance Agency, Broker, Company, or Self Insured Fund?  Yes  No

10. If coverage is requested for Life Insurance Sales services, please provide the following and Include a Copy of the Current Insurance Declaration Page:  N/A

Name of Representative	Type of License	Annual Premium Sold	Has the Agent placed coverage with any company rated lower than A-?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Add on a separate sheet if additional space is needed

**LICENSED REAL ESTATE AGENT**

**Licensed Real Estate Agent:**

If this section is not applicable, please mark N/A.

N/A

11. Indicate which products were sold or services were provided by any firm member or affiliate over the last five years (use check box in chart to indicate). Indicate gross revenues from the last fiscal year for each of the following:

REAL ESTATE <i>Check all services provided within the last 5 years</i>	Gross Revenues	Number of Transactions
<input type="checkbox"/> Sales		
<input type="checkbox"/> Leasing		
<input type="checkbox"/> Appraisals		
<input type="checkbox"/> Property Management		
<input type="checkbox"/> Mortgage Brokering		
<input type="checkbox"/> Real Estate Consulting		
<input type="checkbox"/> Other:		

12. Is coverage requested for Real Estate sales or services?

Yes  No

If yes, provide the name, and copy of current coverage for each person with a real estate license.

Name of Representative

Add on a separate sheet if additional space is needed

a. Does any applicant engage in any eviction services?

Yes  No

b. Does any the applicant engage in acquiring properties of financially distressed homeowners, including sale/leaseback agreements?

Yes  No

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_