

- ◆ Please type or print clearly. ◆ Please DO NOT use pencil.
- ◆ All questions must be answered completely. ◆ Supplement must be signed by principal of the firm.

**Applicant or Firm Name** \_\_\_\_\_

1. Indicate THE AMOUNT OF gross revenues earned by the firm, firm affiliates and their personnel from financial planning, asset management, investment advisory services and product sales

a) Last fiscal year \$ \_\_\_\_\_ b) Estimate for current fiscal year \$ \_\_\_\_\_

2. From the amount listed in 1a above, provide the **percentage** of revenue from the following areas of practice. Total of all items must equal 100%

Referrals to 3 <sup>rd</sup> Parties	%	Non-Discretionary Asset Management	%
*General Financial Planning/ Tax Planning, including the preparation of financial plans <i>(Describe below)</i>	%	Sale of Securities	%
		Sale of Insurance Products	%
		Investment Advisory Services	%
		Other services <i>(Describe below)</i>	%

**Description of Other services** \_\_\_\_\_

**Describe General Financial Planning etc;** \_\_\_\_\_

**\* If 100% of the Revenue comes from General Financial Planning services NO NEED to complete the remainder of this supplement.**

3a. Please provide the name and credentials of any owner, officer, employee producer or subagent of the applicant, who in the last five years has been registered or qualified with the SEC, NASD or a state securities agency as an investment adviser or supervised person of an investment adviser or registered representative of a securities broker-dealer.

Name of Applicant	Professional Designations (e.g. RIA, CFP, CFA)	Agency of registration

3b. Are any of the professionals listed above a registered Representative of a Broker / Dealer?  Yes  No

If Yes please provide the name of the Broker / Dealer \_\_\_\_\_

3c. Does the Broker / Dealer provide the applicant with E & O coverage. ?  Yes  No

3d. If yes, what are the limits of liability? \$ \_\_\_\_\_

4. Year investment advisory operations commenced: \_\_\_\_\_

**FINANCIAL PLANNING/ INVESTMENT ADVICE SUPPLEMENT**

5a. Total Asset value of all accounts managed:

Current Year \$ \_\_\_\_\_ Previous Year \$ \_\_\_\_\_

b. Number of accounts lost during last 12 months and corresponding asset value: \_\_\_\_\_ Accounts \$ \_\_\_\_\_

c. Reasons for lost accounts \_\_\_\_\_

d. Percentage of accounts for which the applicant acts as custodian: \_\_\_\_\_%

e. Percentage of accounts for which the applicant acts as a financial planner or consultant: \_\_\_\_\_%

f. Maximum size of account currently acceptable as a new account: \$ \_\_\_\_\_

6. Portfolio distribution for accounts for which the applicant acts as Investment Advisor, Organizer or Manager:

Information on <u>Discretionary</u> Accounts:	Asset value of Largest Account	Type of Remuneration	Total Asset value of All Accounts	Total Number of Accounts
		(Commission, Referral Fee, Other)		
ERISA Fiduciary Plans	\$		\$	
NON ERISA Pension and Employee Benefit Plans	\$		\$	
REITS	\$		\$	
Mutual Funds	\$		\$	
All other accounts including all Investment ventures.				
<b>Total</b>	\$		\$	

Information on <u>Non - Discretionary</u> Accounts	Asset value of Largest Account	Type of Remuneration	Total Asset value of All Accounts	Total Number of Accounts
ERISA Fiduciary Plans	\$		\$	
Non ERISA Pension and Employee Benefit Plans	\$		\$	
All other accounts including all Investment ventures.	\$		\$	
<b>Total</b>	\$		\$	

7. Highest single management fee in the applicant's current portfolio as a percentage of assets under management:

Current year \_\_\_\_\_%

Previous year \_\_\_\_\_%

8. Does the applicant disclose all 12b, fees to affected clients?

Yes  No

**FINANCIAL PLANNING / INVESTMENT ADVICE SUPPLEMENT**

9. Within the last 5 years have you invested client funds or recommended investments to any client (such recommendation being acted upon) in specific offerings in the following product areas?

Registered Securities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Foreign Securities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hedge Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tax Shelters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Derivatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commodity Futures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Private Placements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Options	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Limited Partnerships	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Are all clients required to select their own brokers for executions?  Yes  No
11. Does the applicant guarantee, in any way, a predetermined return on investments to its Clients?  Yes  No
12. Within the past 3 years has the firm recommended to their clients any non-public investments in which the firm has an ownership interest?  Yes  No
13. Does the firm use an engagement letter or contract with each client outlining the client's investment objectives, the services to be provided and obtain an updated one annually?  Yes  No
14. Does the firm have a written procedure requiring the preservation of written records of the factual source and verification made by the firm in connection with client investment objectives return objectives and risk tolerance?  Yes  No
15. Does the firm, as a fiduciary or adviser to an ERISA plan, recommend investments or mutual funds to which the firm provides other accounting services or acts as an officer or director ?  Yes  No
16. Does the firm have established procedures, and a system to apply such procedures, which would reasonably be expected to prevent and detect any failure to adhere to agreed upon investment guidelines?  Yes  No
17. Does the firm have established procedures, and a system to apply such procedures, which would reasonably be expected to prevent and detect violations of the 1988 Insider Trading Act?  Yes  No
18. Does the product training provided to those to be covered for their activities in the provision of investment advice or sales of securities business through the applicant include regular training on:

a. Required compliance policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Federal securities laws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Self-regulatory organization (SRO) rules?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. NASD Conduct Rule 2310?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

19. Please provide the current Form ADV, Parts I & II (as filed with the SEC) for each investment adviser in the firm.

ADV Number \_\_\_\_\_ Date Approved \_\_\_\_\_

Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Owner, Officer or Partner