

Cetera Financial Institutions has developed a questionnaire that allows us to analyze your book of business to formulate a well planned transition for you and your clients. This information will be held in strict confidence. Thank you in advance for your assistance.

Please complete this document, provide your previous 12 month GDC and AUM report and email it to the individual that sent it to you.

Date: _____

Full Legal Name: _____ Title: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____ Cell Phone: _____

Preferred Email: _____

Registered Branch Address (if different from above): _____

Does the rep have a book of business? Yes No

Does the rep have a non-solicitation? Yes No If yes, provide a copy to the Firm

Is there a non-compete agreement with the current or last broker-dealer that needs to be addressed? Yes No If yes, please provide a copy to the Firm.

Other pertinent information you think the home office should know: _____

Current Broker Dealer

If you are currently with another provider, please indicate provider name: _____

Additional Information

Do you have your own Registered Investment Adviser (RIA)? Yes No

If yes, approximate AUM: \$ _____

If yes, are the financial advisors involved in your RIA? If so, please describe their role:

Do you currently have/offer Employer Sponsored Retirement Plans? Yes No

If yes, how many plans do you have? _____

Approximately how much in AUM: \$ _____

If no, are you interested in offering them in the future? Yes No

Will you be able to transfer your existing book/relationships? Yes No

If yes, please estimate the assets expected to move: \$ _____

Please add any additional comments that you think will help us best evaluate your practice:

Product Information

Product	Sales <i>Previous 12 months</i>	Non-recurring (Commission) <i>Previous 12 months</i>	Recurring (Trails/Fees) <i>Previous 12 months</i>
Mutual Funds	\$	\$	\$
Variable Annuities	\$	\$	\$
Variable Life	\$	\$	\$
Fixed Insurance	\$	\$	\$
Fixed Annuities	\$	\$	\$
General Securities	\$	\$	
Direct Alternatives/LPs	\$	\$	\$
Advisory Fees	\$		\$
TAMP Business	\$		\$
Total	\$	\$	\$

Assets

Assets	Retail Brokerage	Direct	Advisory	TAMP
Mutual Funds (Non-Trails)	\$	\$	\$	\$
Mutual Funds Trails	\$	\$	\$	\$
Variable Annuities (Non-Trails)		\$		
Variable Annuities Trails		\$		
Variable Life		\$		
Fixed Insurance		\$		
General Securities	\$		\$	\$
Direct Alternatives/LPs	\$	\$	\$	\$
Cash Balances	\$	\$	\$	\$
Total	\$	\$	\$	\$

Number of Accounts

The following information will allow us to estimate the expenses associated with your conversion. **Do not include zero balance or negative balance accounts in these totals.**

Assets	Retail Brokerage	Direct	Advisory	TAMP
Non-Qualified				
Qualified				

Account Transfer Expenses

Non-Qualified account termination fee: \$

Qualified account termination fee: \$

Qualified account maintenance fee: \$

Private Label Information

Are you currently doing business under a private label name? Yes No

If yes, please provide name: _____

Do you have a branded website? Yes No

If yes, what is the website? _____

Do you have any branded marketing materials? Yes No

Growth Plan

Document your future growth plan below (or provide in a separate document):

Outside Business Activity

Do you currently have any outside business activity that you would be reporting to Cetera upon affiliation with us?

If so, please explain: _____

Training Information

In the event you choose to affiliate with Cetera Financial Institutions, the following information will be used to register you for Advisor Orientation in St. Cloud:

Emergency Contact Name: _____ Phone: _____

Dietary Restrictions: _____

Date of Birth: _____

Preferred Airport: _____

Thank you for considering Cetera Financial Institutions.