



Prospective Advisor

Questionnaire



| | | | | | |
|----------------------------------|-------|-----|--------------------------------------|--|--|
| Name | | | Today's Date: | | |
| City | State | Zip | Phone | | |
| Current Broker Dealer | | | Email Address | | |
| How did you hear about BDFS/IAC? | | | Avg. Annual Production (last 2 yrs): | | |

Please answer the following questions about you and your business:

| | | |
|---|-----|-----|
| Do you have a non-compete with your current B/D or similar agreement? | Yes | No |
| Do you currently have any pending or open inquiries or disclosures with FINRA? | Yes | No |
| Do you have any convictions to any Felony or investigations by FINRA, SEC, the state, or Insurance Dept.? | Yes | No |
| Have you personally filed a bankruptcy petition or declared bankruptcy? Do you have liens? | Yes | No |
| Do you have unsatisfied judgements, garnishments or liens against you or unresolved matters with IRS? | Yes | No |
| Do you have brokerage accounts? | Yes | No |
| Do you sell insurance? (Fixed, Fixed Index, LT, DI, Life) | Yes | No |
| Do you sell alternative products or do you have any in your book of business? | Yes | No |
| Do you provide advisory services? (Advisory Managed, Third Party, Fin Planning) Who is the custodian? | | |
| Do you do fixed and/or variable insurance? Do you currently use an IMO? What insurance carriers? | | |
| What is your annual gross dealer concession? (proof is requested on application) | | |
| What is your mix of brokerage/advisory/fixed insurance/alternative investments? | / | / / |
| Of your annual GDC, how much is reoccurring income? (Trails and advisory fees) | | |

What brings you to BDFSC/IAC?

| | | | | | | | | |
|--|-------------|--------------------------|-----------|--------------------------|--------------|--------------------------|-------|--------------------------|
| Reason: | | | | | | | | |
| When are you looking to transition? | Now to 3 mo | <input type="checkbox"/> | 3 to 6 mo | <input type="checkbox"/> | 6 mo to 1 yr | <input type="checkbox"/> | 1yr + | <input type="checkbox"/> |
| What do you expect from your future B/D? | | | | | | | | |

If you have any additional comments that you feel would be necessary, please let us know here: (250 characters only)

I hereby certify that to the best of my knowledge and belief the information contained in this questionnaire is true and correct. You may type your name and date.

Signature : _____ Date: _____

You may send this via email to joinus@bdfs.com, fax it to 515-727-6764 Attn: Recruiting Team or mail.

| | |
|--|--|
| Broker Dealer Financial Services Corp. • Member FINRA & SIPC divisions: BDF Investments & IBA Securities • (515) 727-6700 Investment Advisors Corp. • (515) 727-6720 | 140 South 68th Street, #2200, West Des Moines, IA 50266 Mailing Address: P.O. Box 71339, Clive, IA 50325-0339 Facsimile: (515) 727-6790 • Toll-Free (800) 352-5634 |
|--|--|

LETTER OF EXPLANATION OF

DISCLOSURES, BANKRUPTCY, LIENS, JUDGEMENTS, GARNISHMENTS OR CONVICTIONS

Date of Action: _____

Action: _____

Reason: _____

Explanation: _____

Date of Action: _____

Action: _____

Reason: _____

Explanation: _____

Date of Action: _____

Action: _____

Reason: _____

Explanation: _____

***NOTE* Use additional paper if necessary**

Professional Titles & Designations: _____

To which professional associations to do you belong? _____

What positions (if any) have you held in any of the associations listed above?

References:

_____ *Email* _____ *Phone*

_____ *Email* _____ *Phone*

_____ *Email* _____ *Phone*

_____ *Email* _____ *Phone*