

OUTSIDE BUSINESS ACTIVITY AND DBA FORM



Introduction

FINRA Rule 3270 Outside Business Activities of Registered Persons: Prohibits any registered person from being an employee, independent contractor, sole proprietor, officer, director or partner of another person, or being compensated, or having the reasonable expectation of compensation, from another person as a result of any business activity, other than passive investment, outside the scope of the relationship with his/her broker-dealer, unless he/she has provided prior written notice to the broker-dealer and received written approval. Such notice shall be in the form required by the broker-dealer.

Print your name _____ Branch Office # (Required) _____

Check the following applicable box(es) (both may apply)

- I am a REGISTERED REPRESENTATIVE
- I am an INVESTMENT ADVISOR REPRESENTATIVE

Securities Business Address: _____ City _____ State _____ Zip _____

Do you share office space with another business? Yes No If yes, provide details: _____

Discontinued Outside Business Activity — (Skip to Item #29)

1. DBA DISCLOSURE: If you are initiating a “DBA” or does this OBA involve a “DBA”?
 YES NO

DBA : The phrase “doing business as” (abbreviated DBA, dba or d/b/a) is a legal term, meaning that the fictitious business, under which the business or operation is conducted and presented to the public is not the legal name of the legal person (or persons) who actually own and are responsible for the business.

If you answered “Yes”, complete this section:

Are you conducting business under a DBA? YES NO

If yes, provide: Name: _____ Start Date ____/____/____

DBA Business Address: _____

Please indicate if your DBA is an LLC LLP C Corp S Corp Other _____ N/A

Do you have a website for your DBA? Yes No Website address: _____

2. Insurance Activity Disclosure - Check all that apply.

Life Annuities Health Dental P&C LTC Medicare Life Settlements

Are you conducting your insurance business under the same business name as your securities business? Yes No

Insurance Business Name: _____ Start Date ____/____/____

DBA Business Address: _____ City _____ ZIP _____

Your relationship to this activity: Owner Independent Contractor Employee Other _____

Estimated current annual income \$ _____

Description of duties (not your title/position) relative to this activity:

Hours per month during market hours devoted to this activity: _____ Total hours per month _____

Do you sell, refer, or receive compensation from life settlement activity?: YES NO

Do you sell (fixed) equity indexed annuities? YES NO Do you sell fixed annuities? YES NO

Do you use the services of an IMO, FMO or similar organization? YES NO

If so, please give the name: _____

Do you have a website for any of your insurance activity? YES NO If so, please provide the web address: _____

3. OUTSIDE BUSINESS ACTIVITY INFORMATION:

4. Provide the full, legal name of the outside (non-Firm) company, entity or business venture (OBA) and the full address and phone number of this OBA:

5. Is there a Website for this entity? YES NO *If YES, provide the web address of the site:*

6. What date do you anticipate to be your start date with the OBA? Month _____ Year _____

7. If you are an existing Financial Advisor with First Asset, and this OBA is being disclosed after you have started, what is the reasoning for late disclosure?

8. Is this an investment related business? YES NO (Note: Investment-related is defined by FINRA as activity that pertains to securities, commodities, banking, insurance, investment advisory activity or real estate.)

If YES, please provide details:

9. Are you or will you be an employee with this company? YES NO

If YES, have you signed or will you sign an employment contract? (If YES, attach a copy of your contract.)

10. Are you or will you be an independent contractor with this company? YES NO (If YES attach your agreement.)

11. Do/Will you serve as an Officer/Director/Partner/Trustee or act in a similar capacity with this entity?

If YES, describe the title and the functions of the position: YES NO

12. Do/Will you have any ownership, beneficial interest or any control of this entity? YES NO

If YES, provide the following information:

a. Indicate the form of business structure/organizational documents of the entity (Single Ownership/Partnership/LLC/Corporation/etc.) of this entity:

b. Enter % of ownership, or description of beneficial interest or control you have: _____%

c. The state which the entity is/was organized: _____

d. The registration or business license number of this entity: _____

e. The state(s) in which this entity is licensed to do business: _____

13. Do/Will you or an immediate family member have any ownership interest, beneficial interest or any control this entity? YES NO *If YES, please identify the person(s) and specify the amount invested and the date of the investment:* _____

14. Does/Will any other FAF representative have any ownership interest, beneficial interest or any control of this entity? YES NO If YES, state the name of the Representative:

15. Does/Will any FAF or Chief Advisor customer have any ownership interest, beneficial interest or any control of this entity? YES NO
16. Was the individual who introduced you to this OBA a current or former customer of the firm? YES NO
If YES, please provide the name of the individual and description of the customer relationship:

17. Describe as completely as possible the business/activities of the OBA:

18. Will you be marketing a product or service for this OBA? YES NO If YES, describe the product or service:

Please identify and provide a copy of any marketing material, sales literature or business cards associated with this OBA.
19. Will/Have you marketed, solicited, or sold the product and services of this company to any firm Representatives or clients? YES NO (If YES, please provide customer names and Firm products owned by the customers.)

20. Describe as completely as possible your functions/duties/responsibilities in this OBA:

21. Are you required to hold any licenses, registration or professional designations to market this product or services? YES NO If YES, describe: _____
22. What do you anticipate the annual income/compensation from this OBA to be? \$ _____
23. Describe, in detail, the steps you will take to ensure potential customer, Firm customers and/or Firm Representatives understand that this OBA has no relation to your affiliation with the Firm:

24. Between 8:30 AM CST and 3:00 PM CST how many hours each month do you plan to devote to your OBA?
_____ hours How many hours TOTAL each month do you plan to devote to your OBA?
_____ hours
25. Describe, in detail, how this proposed activity will not interfere with or other compromise your responsibilities to the Firm and/or the Firm's customers:

26. Will you be involved in, or have you in the past been involved in:
a. Raising money, funds, investments, or any other capital from any person for this business? YES NO
b. Referring any person to any other person or entity seeking money funds, investments or any other capital for investment in this business? YES NO
27. Are you aware of any members of the public who have invested in this business? YES NO
If YES, please identify the person(s) and specify the amount invested and the date of the investment:

28. Is there any additional information, not already provided, that you believe may be important to consider in order to complete the review of this activity? YES NO *If YES, please provide the detail below:*

Outside Business Activity Disclosure Form

Registered Representative Acknowledgement:

I am aware that the Firm requires all outside business activities to be acknowledged by the Chief Compliance Officer (CCO) **PRIOR to my involvement or participation**. If I do not receive prior written acknowledgement, I understand that I am prohibited from having any affiliation with the company or entity identified, regardless of its activities, revenues or purpose. I acknowledge that the Firm reserves the right to object to, or place conditions on, outside business activities that may constitute, in the judgment of the Firm, a potential conflict of interest to my association with the firm. I further understand that I am prohibited from using a fictitious/DBA business name and /or engaging in any business activity outside the Firm without prior written approval from the CCO. The Firm will contact me via email once my outside business activity and/or DBA request is approved OR disapproved. I also understand that the Firm may subsequently object to any previously acknowledged activity at any time, for any reason, without notice. Further, by affixing my signature to this form, I authorize the Firm to amend my U4 to report the information provided in this disclosure and represent that the information provided is true and accurate to the best of my knowledge.

I also understand that upon ending involvement with the activity noted above, it is my responsibility to promptly notify the CCO and amend my U4 within 30 days of terminating the activity.

Registered Representative's:

Signature: **X** _____ Date: _____

Phone Numbers: Cell _____ Business _____ FAX _____

Personal Email Address Used for Personal Email: _____

29. DISCONTINUED BUSINESS ACTIVITY:

Please remove the following previously disclosed activity and update my Form U-4 (if necessary) with FINRA.

Name of discontinued activity:	End Date of Activity
_____	_____

Signature _____ Date Signed: _____

Rep # _____

Outside Business Activity Disclosure Form Review

Registered Representative Name (print)

OBA Name (print)

Chief Compliance Officer review of OBA

I have reviewed this OBA Disclosure and I choose to:

Object **Not Object** to the Registered Representative’s involvement in this activity.

I have determined that the activity will not interfere with or otherwise compromise the RR’s responsibilities to the Firm and/or the Firm’s customers for the following reasons:

I have determined that customers or members of the public will not view the activity as part of the Firm’s business for the following reasons:

I have determined that specific conditions or limitations on the activity will or will not be imposed.*

I have determined that the activity is properly characterized as an outside business activity rather than an outside securities activity for the following reasons:

If I have chosen to Not Object to the outside business activity disclosed, then I understand that the FAF Written Supervisory Procedures Manual also provides that not all disclosed activities need to be filed with FINRA as current employment activities.

Upon review of this OBA disclosure I have determined that this particular activity:

- Is an activity that constitutes a current employment activity and must be disclosed to FINRA on Form U-4.
- Is an activity that does not constitute a current employment activity and does not need to be disclosed to FINRA.

This disclosure will be retained by the Registration Department for FAF record keeping purposes only.

CCO Signature: _____ **Date:** _____

***(A letter from the CCO will follow this form if the OBA is objected to and this statement will need to be signed by the Registered Representative at that time.)**

Registered Representative Acknowledgment of Objection to OBA:

By affixing my signature below, I certify that I am not involved, nor will I become involved, with the OBA identified above while registered with the Firm. If I have had any previous involvement in this activity while registered with the Firm, I certify that I will immediately cease all such involvement and have outlined below all pertinent details surrounding my previous affiliation with this entity.

Description of previous involvement with the OBA:

Registered Representative Signature:

X _____ **Date:** _____