



# RECRUIT QUESTIONNAIRE

We appreciate your interest in CCS. This questionnaire is an essential tool so we can decide, together, whether we're the right fit for you. It is imperative for you to complete all of the questions completely and as accurately as possible. Since this information is used in considering your request to join the broker dealer, missing information could delay your request.

NAME (First, Middle, Last)

SOCIAL SECURITY #                      DATE OF BIRTH

## CURRENT PLACE OF BUSINESS\*

*\*Please provide this information only if CCS can contact you at this location without compromising your existing broker/dealer relationship*

STREET ADDRESS

CITY                                      STATE                      ZIP

BUSINESS PHONE

BUSINESS FAX

EMAIL ADDRESS

WEBSITE ADDRESS                      Reviewed on \_\_\_\_\_ by \_\_\_\_\_

## RESIDENTIAL INFORMATION same

STREET ADDRESS

CITY                                      STATE                      ZIP

HOME PHONE

HOME FAX

PERSONAL EMAIL ADDRESS

## PRODUCTION LEVEL

	Year to Date	Last Year	Year Before
Gross Dealer Concession	\$	\$	\$

\*Attach most recent commission statement for the current year and year end statements for the prior two years

## DISCIPLINARY HISTORY/CUSTOMER COMPLAINTS

1. # of written complaints in last 24 months? \_\_\_\_\_ # of verbal complaints in last 24 months? \_\_\_\_\_

2. Do you have any "YES" answers on your current Form U-4?  Yes  No

List on a separate page the details of any situation in your background that would result or has resulted in a "Yes" answer on your Form U-4 and/or Form ADV. Include dates, allegations, and dollar amounts of claims.

3. Is your spouse or other member of your immediate family employed or licensed in the securities industry?  Yes  No

If yes, please provide their firm name and address detail their involvement in your securities-related activities:

\_\_\_\_\_

\_\_\_\_\_

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## LICENSING PROFILE

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1. What securities licenses do you currently hold (e.g. 7, 24)?

\_\_\_\_\_

2. What states would you like to be registered in for *securities* transactions?

\_\_\_\_\_

3. What states are you currently *insurance* licensed in?

\_\_\_\_\_

4. What states would you like to be registered in for offering *investment advisory* services?

\_\_\_\_\_ \* Please Complete the IA Activity Section

5. What professional designations do you currently maintain?

\_\_\_\_\_

FOR CCS USE:

- WEBCRD Licenses confirmed
- WEBCRD States confirmed
- CE Status Confirmed
- CCC States Confirmed
- CCA Licensed/Exempt

## COMMUNICATIONS PROFILE

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1. Do you currently use a personal electronic device (IE: Blackberry, iPhone) to communicate with your clients?

\_\_\_\_\_

2. Do you have your own domain for email (IE: johnregrep@financialguru.com)? If so, what is it?

\_\_\_\_\_

3. Are you a member of any social networking sites (IE: Facebook, MySpace)? If so, which one(s)?

\_\_\_\_\_

## BRANCH PROFILE

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1. Are you currently located in a  Registered Branch Office OR  Non-Registered Branch Office  
(\* Note: all offices of CCS must be Registered Branch Offices.

2. Is your current office an OSJ (Office of Supervisory Jurisdiction)?  Yes  No  
If Yes, are you the OSJ Manager?  Yes  No

3. Is your Branch located in a personal residence?  Yes  No

4. Do you have an Independent Contractor Relationship with your current firm? Yes  No

5. Indicate the types of financial industry activities conducted through your Broker Dealer at your Branch:

- Sales
- Investment Advisory Services through Broker/Dealer's affiliated RIA
- Investment Advisory Services though an RIA independent of the Broker Dealer

6. Do you conduct any other type of "investment-related" activities at this branch? "*Investment related activities*" are defined as: "*pertains to securities, commodities, banking, insurance, or real estate*"  Yes  No

If Yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

7. Do you conduct any of the activities indicated above under any name other than your current broker dealer's?  
 Yes  No If yes, please indicate the names of each these businesses here:

\_\_\_\_\_

\_\_\_\_\_

8. Do you have a website for any of the activities indicated above?  Yes  No

If yes, please indicate each web site address here:

\_\_\_\_\_

9. Do you occupy or share office space with, or jointly market with a bank, savings bank, savings association, credit union, or other federally insured depository?  Yes  No

10. Does any person or entity other than you, have responsibility, either directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities?  Yes  No

If yes, provide the person or entity's Name and a statement as to whether the individual or entity is FINRA registered and their CRD# or Tax ID#.

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## **OUTSIDE BUSINESS ACTIVITIES**

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If you conduct any business activity other than the sale of securities as a representative of your current broker dealer or an affiliated firm, you must disclose the outside business activity for each separate business activity conducted. Do not include business activities conducted through your current broker dealer.

No, I am not, nor do I plan to be involved in Outside Business Activities.

Yes, I am, or I plan to be involved in Outside Business Activities (a completed Outside Activity Disclosure Form is required for each activity prior to registration with our firm.)

Please describe the activity(s), i.e. Registered Investment Advisor, Insurance Agency, Real Estate, Mortgage services, etc.

\_\_\_\_\_

\_\_\_\_\_

Does this activity involve the offer or sale of any of these products? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Viatical Settlements | <input type="checkbox"/> Pay Phone Sales  |
| <input type="checkbox"/> Life Settlements     | <input type="checkbox"/> ATM Sales        |
| <input type="checkbox"/> Indexed Annuities    | <input type="checkbox"/> Promissory Notes |

### **Please note the following:**

We do not permit representatives to conduct any business activity that would include the custody of client assets including, but not limited to, having check writing authority, having power of attorney, or acting as a trustee/custodian/executor of any client account.

We also prohibit representatives from engaging in Investment Banking, acting as a Commodities Broker, selling Viatical Settlements or Private Equity or Debt Instruments.

If you intend to offer investments on the premises of a Financial Institution, the Compliance Department will contact you to establish the required agreements for this activity.

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**INVESTMENT ADVISORY ACTIVITIES**

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If you are not currently licensed as an investment advisor or investment advisor representative and do not intend to be, please check this box and proceed to the next section.

**CURRENT INVESTMENT ADVISORY STATUS:**

1. Are you currently registered as your own Investment Advisory Firm?  Yes  No  
If yes, RIA Firm Name: \_\_\_\_\_ Registered with:  State  SEC  
\*\*attach a copy of Form ADV Part I and II and copies of Client Services Agreement(s).

2. Do you plan to become an Investment Advisor Representative of CCS?  Yes  No  
If yes, a completed IA Rep Agreement is required.

**INVESTMENT ADVISORY ACTIVITIES:**

1. Are you providing financial planning services to your clients?  Yes  No  
If yes, please identify the financial planning services you are providing (check all that apply):  
 Written Financial Plans  
 Seminars  
 Consultations  
 Other: \_\_\_\_\_

On average, what type of fee are you charging for these services?  Fixed \$ \_\_\_\_\_ or  Hourly \$ \_\_\_\_\_/hour

2. Are you managing client assets?  Yes  No If yes, indicate the types of assets you manage:  
 No-Load Mutual Funds  B-Share Mutual Funds  Limited Partnership  
 A-Share Mutual Funds at NAV  C-Share Mutual Funds  Stocks  
 A-Share Mutual Funds  Variable Annuities  Bonds

Other (please explain): \_\_\_\_\_

Please estimate the assets you have under management: \$ \_\_\_\_\_

Do you have Discretionary trading authority over your client accounts?  Yes  No

On average, what type of fee are you charging for these services? \_\_\_\_\_% annually

3. Are you using wrap programs or separately managed account programs offered through your clearing firm?  Yes  No

Name of Program	Assets under Management	Average Fee Paid to You
_____	\$ _____	_____ % per year
_____	\$ _____	_____ % per year
_____	\$ _____	_____ % per year
_____	\$ _____	_____ % per year

4. Do you solicit clients for any third-party money manager or RIA firm?  Yes  No  
 If yes, please list:

Name of Program	Assets under Management	Average Fee Paid to You
_____	\$ _____	_____ % per year
_____	\$ _____	_____ % per year
_____	\$ _____	_____ % per year
_____	\$ _____	_____ % per year

5. Are you currently offering non-advisory “fee-in-lieu-of-commission” accounts?  Yes  No

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**TRANSITION PLAN**

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1. To ensure a smooth transition from your current broker dealer, please review any Representative Agreement that you have signed. Specifically you should carefully review any restrictions in the agreement which prohibit you from soliciting your customers if you terminate your registration with your current broker dealer.

If your Representative Agreement contains any restriction on your activities upon termination, please check here and attach a copy of the Agreement.

2. Does your firm charge a termination fee, or transfer fee?  Yes, Amount \$ \_\_\_\_\_  No

3. What is your current firm’s policy on block transferring non-brokerage customer accounts?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Approximate number of CUSTOMERS: \_\_\_\_\_ (ex. John Doe)  
 Approximate number of ACCOUNT Registrations: \_\_\_\_\_ (ex. John Doe, John Doe IRA, John & Mary Doe)  
 Approximate Number of Brokerage Accounts: \_\_\_\_\_  
 Approximate Number of Non-Brokerage Accounts: \_\_\_\_\_

Approximate Number of Investment Companies where client accounts are held: \_\_\_\_\_

5. What is your transition time line (i.e. target date to register with CCS)? \_\_\_\_\_

6. Do you have a sales assistant or other clerical support available to you to assist with the transition paperwork?  
 Yes  No

7. Do you maintain your client contact information and suitability information in:  
 electronic format or  paper format



**REP AUTHORIZATION AND SIGNATURE**

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*I HEREBY AUTHORIZE Coordinated Capital Securities, Inc. to perform a pre-hire search of my CRD records as they appear on Web CRD and a credit check report from a reputable credit reporting agency. I authorize my employers and any other person to furnish to any jurisdiction, SRO, employer, prospective employer, or any agent acting on its behalf, any information they have, including my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in case of former employers, complete reasons for my termination. Moreover, I release each employer, former employer and each other person from any and all liability, of whatever nature, by reason of furnishing any of the above information, including that information reported on my Form U-5.*

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_. By \_\_\_\_\_

CCS SUPERVISOR APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

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