



2020 Investment Adviser/Broker-Dealer Questionnaire

State Registered Investment Adviser:

*** 1. Are you a State Registered Investment Adviser (RIA)?**

Select "YES" if your firm has less than \$110 million in assets under management and if you are registered in Indiana. Section 202(a)(11) of the Investment Advisers Act of 1940 <https://www.sec.gov/about/laws/iaa40.pdf> states an "Investment adviser" means any person who, for compensation, engages in the business of advising others, either directly or through publications or writings, as to the value of securities or as to the advisability of investing in, purchasing, or selling securities, or who, for compensation and as part of a regular business, issues or promulgates analyses or reports concerning securities.

Yes

No



2020 Investment Adviser/Broker-Dealer Questionnaire

RIA Section:

*** 2. Firm CRD Number:**

The CRD number is unique to your firm and is different than your individual CRD number. It can be located on the IARD website.

*** 3. Firm's full legal name:**

Provide your firm's full legal name, not an alternative advisory name or Doing Business As (DBA) name.

*** 4. Alternative firm advisory business name or any DBA:**

Provide any advisory business names, DBA or alternative names used by your firm that differ from the firm's full legal name. (Enter N/A, if this item does not apply.)

*** 5. Phone Number:**

"xxx-xxx-xxxx"

*** 6. Contact Person:**

*** 7. Individual CRD Number for Contact Person:**

(Enter N/A, if this item does not apply)

*** 8. Contact Person Email:**

*** 9. Firm Website(s):**

(Enter N/A, if this item does not apply.)

*** 10. Business Address:**

Address

City/Town

State/Province

ZIP/Postal Code

*** 11. Is your firm located in a private residence?**

Yes

No

*** 12. Are there any other businesses located at this address that are affiliated with you or your firm?**

Yes

No

*** 13. Total number of employees at this location:**

Break down the total number of employees by each category. (Note: Some individuals may fall into multiple categories.)

Registered Representative(s)	<input type="text"/>
Non-Registered	<input type="text"/>
Investment Adviser Representative(s)	<input type="text"/>
Administrative Staff	<input type="text"/>

*** 14. Total number of independent contractors at this location:**

Break down the total number of independent contractors by each category. (Note: Some individuals may fall into multiple categories.)

Registered Representative(s)	<input type="text"/>
Non-Registered	<input type="text"/>
Investment Adviser Representative(s)	<input type="text"/>
Administrative Staff	<input type="text"/>

*** 15. Has any individual's employment or work relationship been terminated in the past 12 months for reasons other than "voluntary"?**

Yes
 No

*** 16. Number of Employees terminated in the past 12 months for reasons other than "voluntary":**

*** 17. Has your firm or any employee of the firm received any client complaints in the last two years?**

Yes
 No

*** 18. Number of complaints received in the last two years:**

*** 19. Are any individuals of the firm under heightened or special supervision?**

Yes

No

If "YES" indicate the number of individuals under heightened or special supervision.

*** 20. In the following fields, please select the type(s) of investments your firm recommends.**

Stocks	<input type="text"/>
Mutual Funds	<input type="text"/>
ETFs	<input type="text"/>
Bonds	<input type="text"/>
Private Placements	<input type="text"/>
Options	<input type="text"/>
Futures	<input type="text"/>
Penny Stocks	<input type="text"/>
Variable Annuities	<input type="text"/>
Insurance	<input type="text"/>
Hedge Funds	<input type="text"/>
Limited Partnerships	<input type="text"/>
Viaticals/Life Settlements	<input type="text"/>
Promissory Notes	<input type="text"/>
Real Estate Investment Trusts (REITs)	<input type="text"/>
Commodity Funds	<input type="text"/>

List any investments not included on this list.

*** 21. Has your office been examined by any regulator within the past two years?**

Yes No

If "YES" name the regulator and the date of the examination.

*** 22. Does your firm solicit for any other Investment Adviser?**

Does your firm work on another firm's behalf for compensation to bring in business for that firm?

Yes No

If "YES" provide the names and CRD/IARD number(s) for Investment Advisers for whom you solicit clients.

*** 23. Do any other individuals or advisory firms solicit on your firm's behalf?**

Is any firm or individual compensated to work on your firm's behalf to bring in business for the firm?

Yes No

If "YES" provide the name(s) and CRD/IARD number(s) of the Individual(s) and/or Firm(s) who solicit on your behalf.

*** 24. Does your firm offer financial planning services?**

Select "YES" if your firm has provided any financial planning services, including but not limited to: retirement planning; education/college planning; estate planning; business planning; insurance planning; bankruptcy planning; personal budget planning; or any other financial planning advice for which the firm has received compensation.

Yes
 No

*** 25. Does your firm or any affiliated person sell any type of insurance product including annuities?**

Yes No

*** 26. Does your firm offer Asset Management Services?**

Select "YES" if your firm provides continuous and regular supervisory or management services of securities portfolios.

Yes
 No

*** 27. What is your firm's total Assets Under Management (AUM) as of 12/31 of the previous year?**

(Enter N/A, if this item does not apply.)

*** 28. List the name(s) of all custodians your firm uses and the dollar amount held by each firm.**

(Enter N/A, if this item does not apply.)

Custodian 1:	<input type="text"/>
Custodian 2:	<input type="text"/>
Custodian 3:	<input type="text"/>
Custodian 4:	<input type="text"/>
Custodian 5:	<input type="text"/>
Custodian 6:	<input type="text"/>
Custodian 7:	<input type="text"/>
Custodian 8:	<input type="text"/>
Custodian 9:	<input type="text"/>
Custodian 10:	<input type="text"/>

*** 29. Does your firm charge performance-based fees?**

For information regarding the performance-based compensation exemption see [710 IAC 4-9-10](#)

Yes No

*** 30. Does your firm have custody of client funds or securities, other than directly deducting fees from client accounts?**

Select "YES" if your firm requires payment of advisory fees six (6) months or more in advance and in excess of five hundred dollars (\$500) per client. Additionally, if your firm obtains possession of third party checks or securities from a client in any capacity (such as general partner of a limited partnership, managing member of an LLC, manages or has a controlling interest in a pooled investment vehicle or any other private fund or serve as trustee of a trust) that gives you or any supervised person legal ownership or access to client funds or securities.

Yes No

31. If your firm has custody of client funds, as answered in Question 30, please select the manner in which you comply with the Amended Statement of Policy Regarding Investment Advisers with Custody of Client Funds dated October 21, 2015.

- Firm submitted an audited balance sheet to the Securities Division as outlined in 710 IAC 4-9-12(a) and (c).
- Firm submitted the reports of an annual surprise audit of client funds to the Securities Division as outlined in 710 IAC 4-9-13(a)(6).
- The firm did not submit either an audited balance sheet or the reports of an annual surprise audit to the Securities Division.

Please state the date in which you submitted either the audited balance sheet or reports of an annual surprise audit to the Division.

*** 32. Does your firm have a Standing Letter of Authorization ("SLOA") agreement with any client? Please refer to the October 4, 2018 Statement of Policy Regarding Custody Requirement of Investment Advisers with SLOA Arrangements for further information on SLOAs.**

- Yes
- No

*** 33. If "YES" does any SLOA permit the transfer of client assets to a third-party?**

- Yes
- N/A

34. If the firm has custody pursuant to the Statement of Policy Regarding Custody Requirements of Investment Advisers with Standing Letters of Authorization ("SLOA") Arrangements dated October 4, 2018, please provide the manner in which the firm has complied with requirements of Indiana law.

- Firm submitted an audited balance sheet to the Securities Division as outlined in 710 IAC 4-9-12(a) and (c).
- Firm submitted the reports of an annual surprise audit of client funds to the Securities Division as outlined in 710 IAC 4-9-13(a)(6).
- The firm only has custody based on a third-party SLOA arrangement with a client and meets all 9 conditions of the Statement of Policy Regarding Custody Requirements of Investment Advisers with Standing Letters of Authorization ("SLOA") Arrangements dated October 4, 2018.
- The firm did not submit either an audited balance sheet or the reports of an annual surprise audit to the Securities Division and does not meet all 9 conditions of the Statement of Policy Regarding Custody Requirements of Investment Advisers with Standing Letters of Authorization ("SLOA") Arrangements dated October 4, 2018.
- If the firm complied by submitting audited financial statements or reports of an annual surprise audit, please state the date in which the firm submitted results to the Division.

*** 35. Does your firm advertise performance figures?**

- Yes
- No

*** 36. Does your firm manage a Pooled Investment Vehicle (PIV) Fund?**

Pooled investments are ones in which many individual investors are combined (pooled) together; examples being a mutual fund or pension fund.

Yes No

If "YES" list the name of the PIV(s) managed by the firm.

*** 37. Does your firm or any associated person have access to a client's outside accounts at any custodian, such as a bank, broker-dealer, or retirement account, using the client's own personal login or user ID?**

Yes No

*** 38. Have you updated your Form ADV Parts 1 and 2 with material changes for the current calendar year?**

Reminder: Your ADV Parts 1 and 2 are required to be updated each calendar year by March 31st regardless of whether or not changes are otherwise necessary or the information itself has changed.

Yes

No



2020 Investment Adviser/Broker-Dealer Questionnaire

State Registered Broker-Dealer:

*** 39. Are you a State Registered Broker-Dealer (BD)?**

Select "YES" if you are registered in Indiana and any of the following apply: 1.) You or any personnel at this location are a registered representative of a broker-dealer in Indiana. 2.) You or any personnel at any location in Indiana are registered representatives of a broker-dealer. Section 3(a)(4)(A) of the Securities Exchange Act of 1934 <https://www.sec.gov/about/laws/sea34.pdf> defines a "broker" broadly as "any person engaged in the business of effecting transactions in securities for the account of others."

Yes

No



2020 Investment Adviser/Broker-Dealer Questionnaire

Broker-Dealer (BD) Section:

*** 40. Office type:**

Review FINRA's definition of a "Branch Office" and the difference between an Office of Supervisory Jurisdiction (OSJ) and a Non-OSJ branch. <http://www.finra.org/industry/manage-branch-office-registration>

Home Office

Non-OSJ Branch Office

OSJ Office

*** 41. Broker-Dealer Firm CRD number:**

The CRD number is unique to your firm and is different than your individual CRD number. It can be located on the CRD website.

*** 42. Firm's full legal name:**

Provide your firm's full legal name, not an alternative advisory name or Doing Business As (DBA) name.

*** 43. Alternative Broker-Dealer business name or any DBA:**

Provide any broker-dealer business names, DBA or alternative names used at this location that differ from the firm's full legal name.

(Enter N/A, if this item does not apply.)

*** 44. Firm Website(s):**

(Enter N/A, if this item does not apply.)

*** 45. Broker-Dealer Contact Person:**

Name

Job Title

Individual CRD# - if applicable

Email Address

*** 46. Total number of employees at this location:**

Break down the total number of employees by each category. (Note: Some individuals may fall into multiple categories.)

Registered Representatives	<input type="text"/>
Non-Registered	<input type="text"/>
Investment Adviser Representatives	<input type="text"/>
Administrative Staff	<input type="text"/>

*** 47. Total number of independent contractors at this location:**

Break down the total number of independent contractors by each category. (Note: Some individuals may fall into multiple categories.)

Registered Representatives	<input type="text"/>
Non-Registered	<input type="text"/>
Investment Adviser Representatives	<input type="text"/>
Administrative Staff	<input type="text"/>

*** 48. Are any individuals at this location under heightened or special supervision?**

Yes No

If "YES" provide the number of individuals under heightened or special supervision

*** 49. If this is a Broker-Dealer Home Office:**

Is the BD self-clearing? N/A

Is the BD an introducing/fully-disclosed BD?

If introducing/fully-disclosed, please provide the name of the clearing firm.

*** 50. Number of Indiana Branch Offices:**

OSJ Branches	<input type="text"/>
Non-OSJ Branches	<input type="text"/>

*** 51. Who is responsible for supervising this office?**

(If this is an OSJ, does this office report to another OSJ, a regional supervisor, or the home office? If this office is a Non-OSJ branch, what OSJ is responsible for supervision?)

Supervisor's Name

CRD#

Office Location

*** 52. If this is an OSJ office, are any Indiana branch offices under the supervision of this office?**

Yes

N/A

No

*** 53. How many Indiana branch offices are under the supervision of this OSJ office?**

*** 54. Has this office received an internal inspection or has an exam been conducted by the BD Home office at this location?**

Yes

No

If this office has not received an internal inspection by the Home office, list the reason why. If this office has received an internal inspection please include the date of the last inspection or exam.

*** 55. Has this office been examined by any regulatory agency in the past 12 months?**

Yes

No

If "YES" please name the regulator and date of the examination.

*** 56. In the following fields, please select the type(s) of investments your firm recommends.**

Stocks	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>
ETFs	<input type="checkbox"/>
Bonds	<input type="checkbox"/>
Private Placements	<input type="checkbox"/>
Options	<input type="checkbox"/>
Futures	<input type="checkbox"/>
Penny Stocks	<input type="checkbox"/>
Variable Annuities	<input type="checkbox"/>
Insurance	<input type="checkbox"/>
Hedge Funds	<input type="checkbox"/>
Limited Partnerships	<input type="checkbox"/>
Viaticals/Life Settlements	<input type="checkbox"/>
Promissory Notes	<input type="checkbox"/>

List any investments not included on this list.

*** 57. Have any employees at this location been terminated during the past 12 months for reasons other than "voluntary"?**

Yes

No

*** 58. Number of employees terminated in the past 12 months for reasons other than "voluntary"?**

*** 59. Are any employees at this location under heightened supervision, the subject of any complaint or investigation, or subject to restrictions by the BD home office?**

Yes

No

If "YES" provide the number of individuals under heightened or special supervision?

*** 60. Has any employee at this location been disciplined or fined by either the BD home office or any regulatory agency in the past 12 months?**

Yes

No

If "YES" provide the number of individuals who have been disciplined or fined and the name of the agency or office which imposed the disciplinary action or fine.

*** 61. Has this location received any customer complaints in the past 12 months?**

Yes

No

*** 62. Number of complaints at this location received in the last two years:**

*** 63. Does any person at this location conduct sales seminars?**

Yes

No

If "YES" provide dates, locations and subject matter of all seminars conducted during the past 12 months.

*** 64. Do any registered representatives at this location have power of attorney over any client accounts?**

Yes

No

*** 65. Does this office have discretionary trading authority over any brokerage accounts?**

Yes

No

If "YES" provide the number of discretionary brokerage accounts at this location and the percentage of all brokerage accounts.





2020 Investment Adviser/Broker-Dealer Questionnaire

Verification Page:

*** 66. Provide the name of the individual or firm completing this Questionnaire.**

Name

Company Name

Title

Address

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number