



# Secretary of State State of Indiana Securities Division

## COMPLIANCE ALERT

**TO:** All Indiana domiciled Registered Investment Advisers  
**FROM:** Indiana Securities Division  
**DATE:** February 14, 2025  
**RE:** Annual State Registered Firm Questionnaire Due on or before March 31, 2025.

The Indiana Secretary of State, Securities Division (“Division”) requires that all Indiana domiciled Investment Advisers (“Firm”) complete the Investment Adviser Questionnaire (“Questionnaire”) annually. Firms must electronically submit responses to the Questionnaire in its entirety to comply with this inquiry. The Questionnaire must be completed **on or before March 31, 2025**.

**The link for the Questionnaire was distributed to registered Firms via email.** The email was distributed through the online survey software company SurveyMonkey. The subject line for the email is: “2025 Indiana Securities Division Questionnaire – Responses Due on or Before March 31, 2025.” The email’s sender will display as “[SecuritiesExaminations@sos.in.gov](mailto:SecuritiesExaminations@sos.in.gov) via [SurveyMonkey](#).”

**Firms who have not received the link for the Questionnaire should check their junk or spam email folders and any other filter which may have disrupted its delivery. The obligation to ensure that the Questionnaire has been completed rests with a registered Firm. Any Firm who cannot find or has other difficulty accessing the Questionnaire link must contact the Division so that any technological issues can be resolved.**

Firms who successfully complete the survey through the link will receive a confirmation email from SurveyMonkey shortly after their responses have been submitted. Firms should preserve this confirmation email for their records.

The Questionnaire has multiple pages, which a user navigates through by clicking the “Next” button to proceed to the next page. Once all applicable prompts have been answered, the user completes and submits the Questionnaire by clicking the “Done” button.

For any questions, please contact: [SecuritiesExaminations@sos.in.gov](mailto:SecuritiesExaminations@sos.in.gov).

*Failure to complete and return the Questionnaire by March 31, 2025, may be deemed by the Division a violation of the Indiana Securities Act within the meaning of Ind. Code § 23-19-4-12(d)(2) and the matter may be referred to the Division’s Enforcement Section.*

Indiana Government Center South, E-111  
Indianapolis, Indiana 46204  
(317) 232-6681, Fax (317) 233-3675



## Investment Adviser Questionnaire - 2025

Welcome to the Annual Investment Adviser Questionnaire - 2025

The Indiana Secretary of State, Securities Division ("Division") requires that all Indiana domiciled Investment Advisers ("Firms") complete the Investment Adviser Questionnaire ("Questionnaire") annually. Firms must electronically submit responses to the Questionnaire in its entirety to comply with this inquiry. The Questionnaire must be completed on or before March 31, 2025.

Before you proceed, please ensure you review the copy of the PDF version. If you do not have a copy of the PDF, you may obtain a copy from the Indiana Secretary of State's website at: <https://securities.sos.in.gov/general-information/investment-adviser/> under Helpful Resources. This PDF is provided as a convenience to assist you in the preparation of your responses, however the survey must be completed and submitted online.

The Questionnaire's software will direct Firms to the specific questions they must complete. The Questionnaire has multiple pages, which a user navigates through by clicking the "Next" button to proceed to the next page. Once all applicable prompts have been answered, the user completes and submits the Questionnaire by clicking the "Done" button.

Firms who successfully complete the survey through the link will receive a confirmation email from SurveyMonkey shortly after their responses have been submitted. Firms should preserve this confirmation email for their records.

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## Investment Adviser Questionnaire - 2025

### **State Registered Investment Adviser:**

**\* 1. Is the Firm an Investment Adviser registered with the Indiana Secretary of State, Securities Division?**

*This does not apply to SEC registered investment advisers that have notice filed in Indiana.*

Yes

No

**\* 2. Does the Registered Investment Adviser ("Firm") have more than one office in the State of Indiana?**

Yes

No

If yes, provide the address and phone number of each office.

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## Investment Adviser Questionnaire - 2025

### **RIA Section:**

**\* 3. Firm CRD Number:**

**\* 4. Firm's full legal name:**

*Provide the Firm's full legal name, not an alternative name or Doing Business As (DBA) name.*

**\* 5. Alternative Firm advisory business name or DBA:**

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

**\* 6. Chief Compliance Officer or Primary Contact:**

**\* 7. Primary Contact's Phone Number:**

*xxx-xxx-xxxx*

**\* 8. Individual CRD Number for Primary Contact:**

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

**\* 9. Primary Contact's Email:**

**\* 10. Firm Website(s) and all Social Media (including but not limited to FaceBook, Instagram, LinkedIn, X, etc.):**

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

**\* 11. Business Address:**

Address	<input type="text"/>
Address 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP Code	<input type="text"/>

**\* 12. Is the Firm located in a private residence?**

- Yes  
 No

**\* 13. Are there any other businesses located at this address?**

- Yes  
 No

**\* 14. If yes, are any of these businesses affiliated with the Firm or any of its associated persons, employees, or contractors?**

- Yes                       No  
 N/A

**\* 15. Does the Firm or any of its associated persons, employees, or contractors maintain a PO box or alternate mailing address other than their personal residence or physical address of the Firm?**

- Yes  
 No

If yes, provide detailed information including the name, alternate address or PO Box, and reason.

**\* 16. Total number of persons 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"/>

**\* 17. Does the Firm engage independent contractors (compliance support, IA Representatives, etc.)?**

Yes

No

If yes, provide comprehensive details for each person including their roles and responsibilities.

**\* 18. Did the Firm terminate any individual or allow any person to resign in the last two years?**

*This question applies to full-time employees, part-time employees, and independent contractors.*

Yes

No

If yes, provide comprehensive details for each person who was terminated or allowed to resign.

**\* 19. Did the Firm or any of its associated persons, employees, or contractors receive any complaints in the last two years?**

Yes

No

If yes, provide comprehensive details related to each complaint.

**\* 20. Does the Firm have any person who is under heightened or special supervision?**

Yes

No

If yes, provide comprehensive details regard the individual(s), the reason for heightened or special supervision, and the process for monitoring and reporting.

**\* 21. In the following fields, please select the type(s) of investments the Firm recommends.**

Stocks	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>
ETFs/ETNs	<input type="checkbox"/>
Bonds or other Debt Securities	<input type="checkbox"/>
Derivatives (Options, Futures, Forwards, Swaps)	<input type="checkbox"/>
Variable Annuities	<input type="checkbox"/>
Insurance Products	<input type="checkbox"/>
Real Estate Investment Trusts (REITs)	<input type="checkbox"/>
Penny Stocks	<input type="checkbox"/>
Alternative Investments (Private Funds, Commodities, Venture Capital, etc.)	<input type="checkbox"/>
Private Placements	<input type="checkbox"/>
Digital Assets such as Cryptocurrency	<input type="checkbox"/>
Viaticals/Life Settlements	<input type="checkbox"/>
Promissory Notes	<input type="checkbox"/>
Unaffiliated, 3rd Party Investment Managers	<input type="checkbox"/>

List any investments not identified in the above list.

**\* 22. Has the Firm been examined by any regulator within the past two years?**

Yes

No

If yes, name the regulator and the date of the examination.

**\* 23. Does the Firm or any of its associated persons, employees, or contractors, solicit for, or refer prospective clients to another entity?**

*This includes referral or solicitation of prospective clients for compensation.*

Yes

No

If yes, provide the names and CRD/IARD number(s) of the entities for whom prospective clients are solicited.

**\* 24. Do any individuals or entities solicit on behalf of, or refer potential clients to the Firm?**

*This includes referrals or solicitation of potential clients where fees or other compensation is paid by the Firm to a third-party.*

Yes

No

If yes, provide the name and CRD/IARD number for each individual and/or entity which acts in such a manner on behalf of the Firm.

**\* 25. Does the Firm offer financial planning services?**

*Select YES if the Firm has provided any 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

**\* 26. Does the Firm or any of its associated persons, employees, or contractors sell any type of insurance product, including annuities?**

Yes

No

**\* 27. Does the Firm offer Asset Management Services?**

Yes

No

**\* 28. What is the Firm's total Assets Under Management (AUM) as of December 31, 2024?**

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



**\* 29. List the name(s) of all custodians with whom the Firm is reflected as the advisor of record on client accounts and the dollar value of assets held with each respective custodian.**

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

Custodian 1:

Custodian 2:

Custodian 3:

Custodian 4:

Custodian 5:

**\* 30. Does the Firm charge performance-based fees?**

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

Yes

No

**\* 31. Does the Firm withdraw advisory fees directly from client accounts?**

Yes

No

If yes, describe, in detail, the fee billing calculation methodology(s) and processes (e.g., advance, arrears, month/quarter end value, average daily balance, monthly, quarterly, direct debit from client account, withdrawal from client bank account, etc.).

**\* 32. Describe the Firm's process for depositing client funds and securities.**

**\* 33. Describe how Standing Letters of Authorization ("SLOA") are handled when the recipient is not an identically registered account?**

**\* 34. Describe the Firm's advertising initiatives and the process for publishing/releasing any type of advertising.**

**\* 35. Does the Firm manage any Pooled Investment Vehicles (PIV)?**

*Examples being a mutual fund or pension fund.*

Yes

No

If yes, provide comprehensive information on the PIV(s) managed by the Firm.

**\* 36. Does the Firm or any of its associated persons, employees, or contractors have access to any client's outside accounts, such as a bank, broker-dealer, mutual fund, or retirement account?**

Yes

No

If yes, describe how these accounts are accessed.

**\* 37. Has the Firm developed a written succession or business continuity plan in the event of the unexpected loss of executives, key personnel, or owners?**

*For example, business continuity plans may provide for; protection, backup and recovery of books and records, a method for communications with customers, and for responsible persons to act and/or smoothly wind down business in the event of death, disability, or incapacity of key personnel.*

Yes

No

**\* 38. Provide details regarding what type of records the Firm maintains exclusively in physical or paper format.**

*Enter N/A if all of the Firm's records are maintained in digital or electronic format.*

**\* 39. What is the Firm's primary form(s) of communications with clients?**

*Select all that apply.*

Phone

Text

Email

Written Correspondence

**\* 40. What systems are used to support the Firm's business (e.g., CRM, communication retention, billing, research, etc.)?**