Firm

 Investment/Financial Planning Supplement S-5

Investment/financial planning is a service in which the CPA assists the client with an investment portfolio.

1. Services include:

|  |  |  |
| --- | --- | --- |
| **Services** | Yes or No | Remuneration |
| Preparing Financial Plan Or Asset allocation modeling | [ ]  Yes [ ]  No |  [ ]  Commission [ ]  Fee [ ]  Referral Fee [ ]  Other |
| Discretionary Asset Management Services | [ ]  Yes [ ]  No |  [ ]  Commission [ ]  Fee [ ]  Referral Fee [ ]  Other |
| Non-Discretionary Asset Management Services | [ ]  Yes [ ]  No |  [ ]  Commission [ ]  Fee [ ]  Referral Fee [ ]  Other |
| Securities Sales | [ ]  Yes [ ]  No |  [ ]  Commission [ ]  Fee [ ]  Referral Fee [ ]  Other |
| Buying/Selling of Real Estate | [ ]  Yes [ ]  No |  [ ]  Commission [ ]  Fee [ ]  Referral Fee [ ]  Other |
| Make Investment Transactions on Behalf of Non-Accounting Clients | [ ]  Yes [ ]  No |  [ ]  Commission [ ]  Fee [ ]  Referral Fee [ ]  Other |

2. Products recommended or sold:

Indicate which products personnel recommend and/or sell AND estimate the percentage of revenue earned from recommending and/or selling these products:

|  |  |  |
| --- | --- | --- |
| **Category** | **% of Revenue By Category** | Products |
| Category 1 |      % | Mutual FundsVariable AnnuitiesFixed AnnuitiesLife/Health/Disability/Accident Insurance | [ ]  Yes[ ]  Yes[ ]  Yes[ ]  Yes | [ ]  No[ ]  No[ ]  No[ ]  No |
| Category 2 |      % | Listed Stocks/BondsProperty/Casualty Insurance | [ ]  Yes[ ]  Yes | [ ]  No[ ]  No |
| Category 3 |      % | Unlisted Stocks/BondsForeign SecuritiesOptions and FuturesReal Estate Investment TrustsPrivate PlacementsGeneral and Limited PartnershipsViatical Agreements | [ ]  Yes[ ]  Yes[ ]  Yes[ ]  Yes[ ]  Yes[ ]  Yes[ ]  Yes | [ ]  No[ ]  No[ ]  No[ ]  No[ ]  No[ ]  No[ ]  No |
| Category 4 |      % | DerivativesHedge FundsOther: (Describe)       | [ ]  Yes[ ]  Yes[ ]  Yes | [ ]  No[ ]  No[ ]  No |

3. Does your Firm have a contractual relationship with a securities broker or dealer? [ ]  Yes [ ]  No

If “Yes”, provide information below and attach a copy of the indemnification clause from the agreement.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **CRD Number** | **Separate Professional Liability Insurance?** | **Limits and Deductible** |
|       |       | [ ]  Yes [ ]  No |       |
|       |       | [ ]  Yes [ ]  No |       |
|       |       | [ ]  Yes [ ]  No |       |

4. Provide resumes of each individual providing services as an investment advisor.

5. For any asset management services please complete the information below:

|  |  |  |
| --- | --- | --- |
|  | **Current Year** | **Last Year** |
| **Non-Discretionary Asset Management - Total Funds** | $      | $      |
| Number of Clients |        |        |
|  |  |  |
| **Discretionary Asset Management - Total Funds** | $      | $      |
| Number of Clients |        |        |

1. Are investment management agreements used for these services? [ ]  Yes [ ]  No

If “Yes”, please provide a sample copy.

If “No”, what defines the Firm's and the client’s responsibilities?

7. Are the services provided under the name of a separate or affiliate entity? [ ]  Yes [ ]  No

 If “Yes”, please provide the name of the entity and complete the **Separate Entity Supplement (S-2.2)**.

1. Does the Firm, act as a fiduciary or adviser to an ERISA plan, recommend investment or mutual

funds to which the firm provides other accounting services or acts as an officer or director? [ ]  Yes [ ]  No

1. Describe the controls and procedures that the Firm has in place to insure compliance with all applicable

federal and state statutes, rules and regulations for the providing of financial planning, investment

management and asset advisory services.

1. Provide the current Form ADV, Parts II (as filed with the SEC) for each investment adviser in the Firm.

IARD / CRD Number:       Date Approved:

I recognize that information submitted on this supplement becomes a part of my application for coverage and is therefore subject to all of the representations and conditions of that application.

Completion of this supplement does not guarantee that coverage will be automatically granted. Any coverage will be subject to underwriting review.

**WARNING – Residents of Maryland**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature Date