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 Funds  Variable Annuities  Fixed Annuities  Life/Health/Disability/Accident Insurance | Yes  Yes  Yes  Yes | No  No  No  No |
| Category 2 | % | Listed Stocks/Bonds  Property/Casualty Insurance | Yes  Yes | No  No |
| Category 3 | % | Unlisted Stocks/Bonds  Foreign Securities  Options and Futures  Real Estate Investment Trusts  Private Placements  General and Limited Partnerships  Viatical Agreements | Yes  Yes  Yes  Yes  Yes  Yes  Yes | No  No  No  No  No  No  No |
| Category 4 | % | Derivatives  Hedge Funds  Other: (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

**FRAUD WARNINGS – Residents of California**

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Signature Date