

IMPORTANT INSTRUCTIONS:

Save this fillable form to your computer and complete the sections at your own pace. **Submit the completed form to recruiting@nhld.com** along with verifiable documentation of your Trailing Twelve Months of Production, Business Mix breakdown and your total Assets Under Management.



Securities - Insurance - Tax - Asset Management

200 Vesey Street, 25th Floor
New York, NY 10281

1.800.832.6084
yournational.com

Business Profile Questionnaire

1. Contact Information

Introduced by: _____

First Name	Middle Name	Last Name	
Primary Phone	Personal Email		

Current Business Address

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Proposed Address:

Choose one →

Same as above New location Existing National branch at: _____

Home Address

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

2. Affiliation Information

With which National entity(ies) do you plan on affiliating?

National Securities (Broker-Dealer) National Asset Management (RIA) National Insurance National Tax

Broker-Dealer Information

Current/ Prior Broker-Dealer	Your CRD#
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Brokerage Clearing Firm

NFS/FCCS Pershing First Clearing RBC Other _____

Current Licenses, Designations & Certifications

Series 6 Series 7 Series 24 Series 63 Series 65/66 Series 79 Series 9/10
 CFP CLU CFA CIMA Other _____

Do you have a DBA name?

No Yes* *If yes, complete the information below

DBA Name	DBA Website
Professional Designations	Business Card Title

3. Business Mix Information *Please attach verified documentation of Production Assets and Business Mix with this profile*

Revenue Breakdown

Total Revenues (All Sources):		
YTD \$ _____	T12 \$ _____	Prior Year \$ _____
How much is Brokerage revenue?		
YTD \$ _____	T12 \$ _____	Prior Year \$ _____
How much is Advisory revenue?		
YTD \$ _____	T12 \$ _____	Prior Year \$ _____
How much is Insurance revenue?		
YTD \$ _____	T12 \$ _____	Prior Year \$ _____

Client Breakdown

Total number of Clients/Households: _____	
Total number of Brokerage accounts: _____	How many are IRAs? _____
Total number of Advisory accounts: _____	How many are IRAs? _____
Total number of Direct accounts: _____	How many are IRAs? _____

Assets Under Management

Total AUM (All Sources): \$ _____	
Brokerage AUM: \$ _____	Cash Balances \$ _____
Advisory AUM: \$ _____	Margin Balances \$ _____
Insurance/Annuity AUM: \$ _____	Margin Accounts # of _____
Alternatives AUM: \$ _____	

Do you have clients with checking accounts?

No Yes* *If yes, how many? _____

Do you have clients with trust accounts?

No Yes* *If yes, how many? _____

Do you have any foreign clients?

No Yes* *If yes, which countries? _____

Product Mix & Activity (must total 100%)

Stocks _____ %	Alternative Investments _____ %
ETFs _____ %	Asset Management _____ %
Mutual Funds _____ %	Variable Annuities _____ %
Bonds _____ %	Variable Annuity Trails _____ %
UITs _____ %	Mutual Fund Trails _____ %
Structured Notes _____ %	Fixed Annuities _____ %
Options _____ %	Financial Plans _____ %
Index Annuities _____ %	Other _____ %

Transaction Information *(please provide an approximate monthly brokerage Trade Count)*

Stock/ETF trades per month _____ Mutual fund trades per month _____
Bond trades per month _____ Options trades per month _____

Product Vendors

Mutual Fund companies: _____

Variable Annuity carriers: _____

Fixed Insurance carriers: _____

Alternative Investment carriers: _____

Hedge Funds/Private Equity: _____

Advisory Business

Advisory Custodian:
 NFS/FCCS IWS PAS TD/Ameritrade Schwab RBC Other _____

Are your Advisory Assets self-managed? No* Yes

* If No, please provide key managers needed: _____

Advisory Money Managers: _____

Advisory Programs: _____

Software Vendors (billing/performance reporting): _____

Do you solicit for third party advisors? No Yes* *If yes, please list:* _____

Do you have an independent RIA? No Yes* *If yes, please list:* _____

Insurance Business

Are you insurance licensed? No Yes* *If yes, which license(s)?* Life Health P&C Disability

In which states are you licensed? _____

Agency/IMO/FMO appointments: _____

Accounting & Tax Business

Do you provide accounting and/or tax preparation services? No Yes*

*If yes, to how many clients? _____ What are your annual tax revenues? \$ _____

What tax prep software do you use? _____

4. Outside Business Disclosure

Do you have or do you intend to engage in an outside business activity either as an employee, independent contractor, sole proprietor, officer, director or partner of another person, or are you compensated, or do you have the reasonable expectation to be compensated, from any other person or entity as a result of any business activity outside the scope of your relationship with National Securities Corporation or National Asset Management? (Affiliated entities such as National Insurance Corporation and National Tax and Accounting are required to be disclosed and approved.)

No - If no, please proceed to following page

Yes- If yes, please provide details for each separate activity below

Outside Business #1 →

Outside Business Activity Name		
Nature of Business		Position/Title
Hours Per Week	% of Ownership	Annual Compensation
Address Line 1		Address Line 2
City	State/Province	Zip/Postal Code

Outside Business #2 →

Outside Business Activity Name		
Nature of Business		Position/Title
Hours Per Week	% of Ownership	Annual Compensation
Address Line 1		Address Line 2
City	State/Province	Zip/Postal Code

Outside Business #3 →

Outside Business Activity Name		
Nature of Business		Position/Title
Hours Per Week	% of Ownership	Annual Compensation
Address Line 1		Address Line 2
City	State/Province	Zip/Postal Code

Outside Business #4 →

Outside Business Activity Name		
Nature of Business		Position/Title
Hours Per Week	% of Ownership	Annual Compensation
Address Line 1		Address Line 2
City	State/Province	Zip/Postal Code

5. Disclosure Questionnaire

NOTE: Any misrepresentation, falsification, omission, or failure to respond to the inquiries listed are grounds for withholding or withdrawing any offer of association, or for immediate dismissal from National Securities Corporation any affiliate, whenever discovered.

Do you have an employment contract or non-solicit or non-compete clause?

No Yes* *If yes, please attach or upload copy.

Do you currently owe your firm money?

No Yes* *If yes, please provide amount: \$ _____

Have you ever been arrested for, charged with, convicted of, or pled guilty or nolo contendere to any felony or misdemeanor? (This includes any records which may have been expunged or sealed)

No Yes* *If yes, please provide details: _____

Are you currently or have you been notified that you may be under an internal or regulatory review?

No Yes* *If yes, please explain: _____

Do you have any "Yes" answers on your CRD for which you can provide more detailed explanations?

No Yes* *If yes, please explain: _____

Please provide any additional material information we should know regarding you or your business:

6. Authorization to Obtain CRD, Background & Credit Report

I hereby authorize the above-referenced corporation (the "Corporation"), its affiliates, and its authorized agents: (a) to obtain Consumer Credit Reports and to use information on any such report for any lawful business purpose, including without limitation, to verify any information referenced on any application or other forms provided to the Corporation, and/or in connection with investment or employment decisions, (b) to obtain registration history or records through the Central Registration Depository ("CRD"), and through other organizations, and to order and obtain CRD records from FINRA or other governmental agencies or self-regulatory organizations, and (c) to obtain an investigative consumer report, including information as to character, general reputation, personal characteristics, and mode of living.

I understand that upon my separate written request, I will be advised if a Consumer Credit Report was requested, and given the name, address and telephone number of the consumer agency from which it was requested, as well as the nature and scope of the request, if applicable, and if an investigative report is obtained, disclosures regarding the nature of any investigative report requested and a written summary of my rights. I also understand that if a Consumer Credit Report is

requested, I may have the right to obtain a copy of the report by contacting the agency directly. I understand that the Corporation may request subsequent Consumer Credit Reports, CRD or other records or investigative reports while I am associated with, employed by or doing business with the firm, without prior notification. I further understand that while the Corporation will attempt to keep credit report or other information obtained confidential, I release the Corporation from any liability whatsoever in connection therewith.

California residents—credit reports for employment purposes only:

I understand that the Corporation may obtain a Consumer Credit Report regarding my credit history from one or more of the following credit reporting agencies: TRW, Experian, Trans-Union, CBI.

I wish to receive a copy of any credit report concerning me that is used for employment purposes.

No Yes

Print Full Name		Date of Birth <i>MM/DD/YYYY</i>		Social Security Number	
Address Line 1			Address Line 2		
City	State	Zip	Driver's License State	Driver's License Number	

Signature	Date <i>MMDDYYYY</i>
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The required signature(s) and date(s) on this page must be accompanied by all pages of the Business Profile Questionnaire