



# NEW REPRESENTATIVE APPLICATION

## 1. Personal Information:

Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## 2. Business Information: (Please complete or attach business card.)

Business Name (dba): \_\_\_\_\_  
Current Broker/Dealer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Where would you prefer to be contacted?  Business  Cell  Home

Reason(s) for Broker/Dealer search: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_  
\_\_\_\_\_

Anticipated Transition Date: \_\_\_\_\_

List all others who will be transferring with you and their role/responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Do you have a non-compete or similar agreement?  Yes  No

What are the terms of the agreement? \_\_\_\_\_  
\_\_\_\_\_

## 3. Licensing & Registration Information: (Please check all that apply.)

FINRA Registrations:  6  7  24  26  63  65  66 Other \_\_\_\_\_

List states: \_\_\_\_\_

Insurance licenses:  Life  Accident & Health  Property & Casualty  Variable Annuities (where applicable)

List states: \_\_\_\_\_

Designations: (CFP, CLU, ChFC, CFA, CIC, PFS, etc.) \_\_\_\_\_

### **Investment Advisory (Fee Based) Activity:** (Please check all that apply.)

Are you an Investment Advisor Representative (IAR)  Yes  No (If no, skip to "Production History".)

List states currently licensed: \_\_\_\_\_

Do you currently have your own RIA?  Yes  No If yes,  Federal  State

List states in which you notice file: \_\_\_\_\_

Which of the following services do you provide?

Fee Based Financial Planning (Hourly or Flat fee)

What is your typical hourly or flat fee? \_\_\_\_\_

Fee Based Asset Management (Wrap Accounts)

What is your advisory fee schedule? \_\_\_\_\_

Third-Party Money Managers / Separately Managed Accounts

What is your advisory fee schedule? \_\_\_\_\_

List all managers you use: \_\_\_\_\_

**4. Production History:**

What is your current payout percentage? \_\_\_\_\_

**Gross Revenue (GDC)**

Total from Securities Commissions

Current Year

Prior Year 1

Prior Year 2

Total from Advisory Fees

Total Other

Total Revenue

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*\* Attach a copy of your previous year and year to date commissions statements to demonstrate proven production.*

What do you anticipate your Gross Revenue to be within the **first 6 months** \_\_\_\_\_ and the **first year** \_\_\_\_\_ of your transition date to Harbour Investments?

**5. Business Mix:**

Assets expected to be transferred (Commissions & Fee-based) \$ \_\_\_\_\_

Please indicate the approximate percentage of your total business revenue that is represented by each product.

Mutual Funds	_____ %	Managed Accounts	_____ %	EIA's	_____ %
Variable Annuity	_____ %	Wrap Accounts	_____ %	Fixed Annuity	_____ %
Stocks	_____ %	Life Insurance	_____ %	Long Term Care	_____ %
Bonds	_____ %	Other	_____ %		

Do you currently sell EIA's or intend to in the future?  Yes  No

How are you assets held?

Direct at Fund or Insurance Co \_\_\_\_\_ % Approx # of accounts: \_\_\_\_\_

in Brokerage Accounts \_\_\_\_\_ % Approx # of accounts: \_\_\_\_\_ Clearing Firm Name: \_\_\_\_\_

Total 100 %

**6. Current Business:**

List all Mutual Fund Families:

\_\_\_\_\_  
\_\_\_\_\_

List all Variable Annuity Companies: (New appointments will need to be processed for those listed.)

\_\_\_\_\_  
\_\_\_\_\_

List all Fixed Insurance Companies: (New appointments will need to be processed for those listed.)

\_\_\_\_\_  
\_\_\_\_\_

**7. E & O Information**

Current Policy Period: \_\_\_\_\_

Coverage: \_\_\_\_\_

Do you have proof of continuous prior coverage?  Yes  No

Premium \$ \_\_\_\_\_

**8. Compliance Information:**

Are you currently engaged in any outside business activity (other than the activities performed as a registered representative) either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise?  Yes  No (If yes, please explain or attach additional documentation.) \_\_\_\_\_

In the past 10 years, have you had any events or proceedings that have resulted or could result in a disclosure filing ("yes" answer) on your Form U-4?  Yes  No (If yes, check below which apply and explain or attach additional detailed documentation.)

- Criminal Action
- Regulatory Action
- Civil Judicial Action
- Customer Complaint/Arbitration/Civil Litigation
- Bankruptcy
- Bonding (Denied, paid out or revoked)
- Unsatisfied Judgment
- Terminated for cause

**9. Please provide a brief description of your business model.** (Attach additional information if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONSENT TO CONDUCT BACKGROUND INVESTIGATIONS**

Upon consent, Harbour Investments, Inc. has the authority to conduct a pre-hire investigation or post hire review using the FINRA-CRD System and to obtain a consumer report from TransUnion LLC prior to contracting and/or registering any of its representatives. *[For California, Minnesota and Oklahoma residents only - When we obtain our TransUnion LLC consumer report do you wish to receive a copy of that report?  Yes  No (If yes, your request will be forwarded to TransUnion, LLC.)]*

By signing below, I hereby authorize Harbour Investments, Inc. to obtain any and all necessary information pertaining to my credit history and securities industry background as I seek to pursue or continue contracting with and/or securities registration through Harbour Investments, Inc. as my broker/dealer.

I further attest that this consent indemnifies and holds harmless Harbour Investments, Inc. and any/all sources of information from any actions for the information that it is given.

I hereby certify that to the best of my knowledge and belief the information contained in this New Representative Application is true and correct.

\_\_\_\_\_  
Signature of Representative \_\_\_\_\_  
Date

***Do Not Write In This Area/For Harbour Home Office Use ONLY***

Two Senior Management signatures required for approval:  
 Approved by \_\_\_\_\_ Approved by \_\_\_\_\_  
 Rep # \_\_\_\_\_ CRD # \_\_\_\_\_ Payout Level \_\_\_\_\_  
 Special Considerations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

H:/Recruiting Kit/New Rep Application.doc, Rev. 12/2008

**Hobbies, Interests, Activities, Etc.** (This section is optional)

At Harbour, we enjoy knowing our Representatives as friends and close associates. Now that we know more about your business, we would like to know more about you. We'll leave this section open-ended, so feel free to share with us what you enjoy or what is important in your life.

Spouse or significant other:

Family - Children & ages

Education (high school, college)

Academic Awards Honors:

Activity/Sport Clubs:

Social/Recreation Group Activities:

Clubs/Organizations:

Volunteer Work:

Hobbies:

Favorite Sports Teams:

Favorite Restaurant, Food or Beverage:

Awards/Achievements (personal or business):

Favorite Vacation/Travel Spot, Second Home

Military Service:

Children's hobbies and interests:

Other interesting facts: