
CONFIDENTIAL PROFILE

RAYMOND JAMES®

Thank you for your interest in affiliating with Raymond James Financial.

We have achieved our position as a premier financial services company by ensuring that we complement our partners in terms of professional practices, standards and culture. The resulting shared values have proved to be an important force in the long-term success of the advisors and institutions affiliated with our firm.

Understanding your business

Just as we want you to have a complete understanding of our products, services, support and resources, we would like to gain a full understanding of you, your business, your achievements and your experience. This confidential profile is an important tool to help us achieve this.

Gathering some information

Please take a few minutes to complete the profile and return it to us at your earliest convenience.

Confidentiality

We pledge to maintain all this information in the strictest confidence.

Thank you for your candor and assistance in this important matter of our mutual interest. We sincerely believe we will be able to help you make the last platform/affiliation change of your career.

Please indicate your potential registered/licensed role with Raymond James:

Branch Manager Financial Advisor Support Staff

Personal Information

Contact Information

Name: _____

Nickname: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ Fax: (_____) _____

Cell: (_____) _____

Email: _____

How would you prefer we communicate with you?

Previous Firm Affiliations

How many years have you been a financial advisor? _____

Current: _____ Dates: _____

All Prior: _____ Dates: _____

_____ Dates: _____

_____ Dates: _____

Please list additional previous firm affiliations on a separate page.

Are you subject to any restrictive employment contracts? Yes No

Are you subject to any contractual or financial obligations? Yes No

Education, Professional Licenses and Designations

Education

High School Some College Undergraduate Degree MBA JD Other Graduate Degree Other

Colleges/Universities Attended: _____

Licenses

Series 3 Series 6 Series 7 Series 8 Series 9/10

Series 24 Series 31 Series 63 Series 65 Series 66

Insurance License: _____

Other Licenses: _____

Professional Designations

Please place a check next to any credentials you may have

Financial Planning

- Certified Financial Planner (CFP)
- Chartered Financial Consultant (ChFC)

Investment Management

- Certified Investment Management Analyst (CIMA)
- Certified Investment Management Consultant (CIMC)
- Chartered Financial Analyst (CFA)
- Accredited Asset Management Specialist (AAMS)
- Accredited Investment Fiduciary (AIF)
- Accredited Investment Fiduciary Auditor (AIFA)
- Chartered Market Technician (CMT)
- Chartered Mutual Fund Counselor (CMFC)
- Wealth Management Specialist (WMS)

Insurance Planning

- Certified in Long Term Care (CLTC)
- Chartered Life Underwriter (CLU)
- Life Underwriters Training Council Fellow (F)

Retirement Planning

- Certified Employee Benefits Specialist (CEBS)
- Certified Senior Advisor (CSA)
- Chartered Advisor for Senior Living (CASL)
- Chartered Retirement Planning Counselor (CRPC)
- Chartered Retirement Plans Specialist (CRPS)
- Registered Employee Benefits Consultant (REBC)

Estate Planning

- Accredited Estate Planner (AEP)
- Certified Estate Planner (CEP)
- Certified Specialist in Estate Planning (CSEPE)
- Chartered Advisor in Philanthropy (CAP)

Niche Planning

- Certified Divorce Financial Analyst (CDFA)

Other

- CPA
- FINRA Arbitrator
- Portfolio Concepts

Financial Information

Personal Financial Information

The following is a statement of all of my assets and liabilities and other material information as of this date for the purpose of indicating my personal financial situation.

Assets

Liquid cash reserves: \$ _____
 Accounts/notes receivable: \$ _____
 Funds, stocks and bonds: \$ _____
 Real estate – residence: \$ _____
 Real estate – other: \$ _____
 Automobiles: \$ _____
 Cash value of life insurance: \$ _____
 Retirement assets: \$ _____
 Other assets (itemize):
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Total Assets: \$ _____

Liabilities

Notes/accounts payable: \$ _____
 Income taxes payable: \$ _____
 Mortgages on residence: \$ _____
 Debts on other real estate: \$ _____
 Automobiles: \$ _____
 Loans against life insurance: \$ _____
 Liens, judgments: \$ _____
 Other debts (itemize):
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Total Liabilities: \$ _____

Net Worth: \$ _____

Other Financial Information

Other income sources (spouse, trusts or any other business activity, etc.): \$ _____

Description: _____

Contingent Liabilities – as endorser or co-maker: \$ _____

Description: _____

Are you aware of any liens, lawsuits, judgments, bankruptcies or pending issues that may appear on your credit report? If “Yes” or “Maybe,” please attach a separate sheet and briefly explain.

Yes No Maybe

Are any income tax returns made by you for prior years being contested? Yes No

If “Yes,” what do you estimate is the additional amount you may be required to pay? \$ _____

Have you ever declared bankruptcy? Yes No

If “Yes,” what do you estimate is the additional amount you may be required to pay? \$ _____

Is there anything else about your personal financial situation we should know? Yes No

If “Yes,” please provide additional information by attaching a separate sheet.

Business Profile

Production and Business Mix

What were your total assets under management for each of the last three years, starting with the most recent?

Year 20____: \$ _____ Year 20____: \$ _____ Year 20____: \$ _____

What are your current total assets under management? \$ _____

What was your trailing 12-month gross production for each of the last three years, starting with the most recent?

Year 20____: \$ _____ Year 20____: \$ _____ Year 20____: \$ _____

What is your current 12-month trailing production? \$ _____

Current number of relationships: _____

Current number of accounts: _____

Percent commission production: _____ %

Percent fee-based production:

- FA fee-based discretion: _____ %
- Third-party managed: _____ %
- Non-discretion, non-third-party managed: _____ %

Product mix (as a percentage of total assets):

Alternative investments/ structured products:	_____ %	Options:	_____ %
Cash/CDs:	_____ %	OTC stocks:	_____ %
Commodities/futures:	_____ %	Taxable bonds:	_____ %
Fixed annuities:	_____ %	Third-party managed products:	_____ %
Fixed insurance:	_____ %	Unit trusts:	_____ %
Group annuities:	_____ %	Variable annuities:	_____ %
Listed stocks:	_____ %	Variable insurance:	_____ %
Limited partnerships:	_____ %	Other: _____	_____ %
Municipal bonds:	_____ %	Other: _____	_____ %
Mutual funds:	_____ %	Other: _____	_____ %

Lending

Total client margin debit balances: \$ _____

Do you have any clients with accounts that have large margin debits? Yes No

Total non-purpose securities-based loans:

- Balance: \$ _____
- Number of loans: _____

Did you offer mortgage products at your prior firm? Yes No

Other

- Do you have discretionary authority over any accounts? Yes No
- Do you have large, concentrated positions in equity or debt securities? Yes No
- Do you deal directly with any money managers? Yes No
- Do you have large positions experiencing illiquidity? Yes No
- Are you a trustee, beneficiary, POA or have control over any nonrelated client assets? Yes No
- Do you currently have or plan to register your own independent RIA? Yes No
- Will you be transitioning as a team of FAs? Yes No
- Do you plan on transitioning support staff members with you? Yes No

If "Yes," how many do you plan on transitioning? _____

Legal/Regulatory History

Is there any question on the U-4 form to which you may answer "Yes"?

- Yes No Maybe

If "Yes" or "Maybe," please explain:

Are you aware of any possible or pending compliance issues that may not be reflected on your CRD or U-4?

- Yes No Maybe

If "Yes" or "Maybe," please explain:

Firm Affiliation Needs

What are the top three issues with your current firm that are prompting you to explore other opportunities?

- 1. _____
- 2. _____
- 3. _____

What do you consider the top three requirements when affiliating with a financial institution?

- 1. _____
- 2. _____
- 3. _____

What are the primary products and services you are seeking in a firm affiliation?

- | | | |
|---|--|--|
| <input type="checkbox"/> Annuity/insurance | <input type="checkbox"/> Financial planning | <input type="checkbox"/> Retirement planning |
| <input type="checkbox"/> Banking services | <input type="checkbox"/> High net worth capabilities | <input type="checkbox"/> RIA support |
| <input type="checkbox"/> Cash management accounts | <input type="checkbox"/> Investment banking services | <input type="checkbox"/> Succession planning |
| <input type="checkbox"/> Compliance support | <input type="checkbox"/> Marketing support services | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Continuing education | <input type="checkbox"/> Operations support | <input type="checkbox"/> Trust services |
| <input type="checkbox"/> Fee-based accounts | <input type="checkbox"/> Research | <input type="checkbox"/> Other |

Are there any particular products, vendors or asset managers that are critical to your business?

When doing your annual business planning for a period of expected moderate market growth, what target growth-rate do you typically establish for yourself or your business?

How important is practice management support from your firm in helping you achieve this targeted growth?

Business Style

How do you position yourself and your business in the market versus other advisors (what is your value proposition)?

What services do you provide your clients (e.g., portfolio management, financial planning, etc.)?

What are your plans for how you will grow or conduct your business in the future?

Outside Business Activities

Do you have any outside business activities in which you are engaged, employed, or act as an officer or a principal? Yes No

Company 1: _____

Type of business: _____

Position: _____

Percent of ownership: _____ Annual revenue: \$ _____

Company 2: _____

Type of business: _____

Position: _____

Percent of ownership: _____ Annual revenue: \$ _____

Do you have any plans or intentions of engaging in an outside business activity in the near future? Yes No

NOTE: Please attach additional outside business activities on a separate sheet. Regulations will require an electronic form submission at the time of hire for each business you are engaged in or plan to be involved in.

INTERNATIONAL HEADQUARTERS: THE RAYMOND JAMES FINANCIAL CENTER
880 CARILLON PARKWAY // ST. PETERSBURG, FL 33716 // TOLL-FREE: 866.903.6333 // ADVISORCHOICE.COM

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PRE-EMPLOYMENT VERIFICATION

In relation to Raymond James' evaluation of your potential employment, please circle the appropriate choice and initial the statements below:

I certify that I **am/am not** subject to any restrictive covenants (e.g., non-solicit, non-compete, etc.) contained in any document or electronic attestation or oral agreement executed by my previous or current employer(s). If I am subject to such covenant, the relevant document is attached. _____ (initial here)

I certify that I **am/am not** subject to any employment agreement or employment contract, written or oral, with my previous or current employer(s). If I am subject to such agreement, the relevant document is attached. _____ (initial here)

I certify that I **do/do not** have any outstanding financial obligations (including but not limited to any unsecured note, retention bonus or loan) to my previous or current employer(s). If I do have a financial obligation, the relevant note/document is attached. _____ (initial here)

Approximate amount owed on the above-mentioned financial obligations \$ _____

I will not remove any information from my employer in violation of Regulation SP or any of my employer's privacy policies. _____ (initial here)

This is to confirm that you agree to indemnify and hold harmless Raymond James & Associates, Inc., and its parent companies, subsidiaries and affiliates ("Raymond James"), for any and all costs and attorney's fees related to any threatened or actual complaints, claims, causes of action, regulatory matters and/or FINRA arbitration proceedings (including claims based on any contracts, restrictive covenants and/or confidentiality agreements between you and your prior employers that have not been disclosed to Raymond James) arising from activities occurring prior to your effective date of hire by Raymond James. _____ (initial here)

By completing and signing this form, you give your consent for us to make an inquiry concerning your employment and registration history through the Central Registration Depository (CRD) system. Additionally, you specifically authorize us to obtain a full consumer (credit) report and acknowledge receipt of the "Consumer Disclosure" page enclosed. Upon written request, we will provide information as to the scope of the inquiry.

(Applicant to retain "Consumer Disclosure" page.)

Please Print Name

_____-_____-_____
Social Security Number

Signature

Date

Date of Birth (MM/DD only)

Background Consent Form (RJA)



RJA Registrations
Department Fax
727-567-8420

01797

Form #

Branch #

Speed Dial #

This consent and disclosure form is three pages. Please complete all three pages and route as directed at the bottom of each page.

- Page 1 – General Consent, including background, CRD, and fingerprint check
- Page 2 – Credit Consent
- Page 3 – Political Contributions Disclosure

General Consent

By completing and signing this form, I give my consent for Raymond James to make an inquiry concerning my employment and registration history through the Central Registration Depository (CRD) system, and also to obtain information regarding my character, general reputation, and mode of living. I acknowledge that my fingerprints will be (or were) used to check the FBI's criminal history records.

My consent to these inquiries as mentioned above is freely and knowingly given. I understand that my consent for Raymond James to obtain this information will apply throughout my application/employment period unless I revoke or cancel my consent in writing by sending a signed letter or statement to Raymond James. If I am employed by or applying for employment with Raymond James & Associates, Inc., its parent Raymond James Financial, Inc., or an affiliate or subsidiary, I authorize Raymond James & Associates, Inc. to perform this background check on behalf of that entity. This disclosure and authorization form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by Raymond James.

Consenting Signature	Date
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Please print legibly to avoid delays in processing:

Name	Social Security Number	Month and Day of Birth
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For office use only:

Requested by: _____	Branch/Dept. #: _____	Approved by: _____ <i>(Branch Manager or Dept. Head)</i>		
Div/Region (select one):	<input type="radio"/> ECM	<input type="radio"/> FI	<input type="radio"/> INT'L	<input type="radio"/> Southern
	<input type="radio"/> Eastern	<input type="radio"/> Southwest	<input type="radio"/> North Central	<input type="radio"/> Great Lakes

Fax to RJA Registrations Department (Fax: 727-567-8420)

Credit Consent

I specifically authorize Raymond James to obtain a full consumer (credit) report as part of this background inquiry, and periodically at their discretion if I am hired/affiliated. In the event Raymond James extends credit to me (Ex: loan, advance, etc.), I also authorize the company to obtain a credit report with credit score at that time and periodically at their discretion until the debt is satisfied. Upon written request, Raymond James will provide information as to the scope of the inquiry.

CONSUMER DISCLOSURE

This is a release for Raymond James to obtain one or more consumer/credit reports about me for employment-related purposes (or for credit purposes, if applicable), including evaluating fitness of employment, promotion, assignment or reassignment (including assignment or reassignment to a contract as a contractor or an employee of a contractor), retention, or access to confidential information.

Under the Fair Credit Reporting Act, the term "employment purposes," when used in connection with a consumer report, means a report used for the purpose of evaluating a consumer for employment, promotion, reassignment or retention as an employee.

The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation.

My consent to credit/background inquiries as mentioned above is freely and knowingly given. I understand that my consent for Raymond James to obtain such report(s) will apply throughout my application/employment period unless I revoke or cancel my consent in writing by sending a signed letter or statement to Raymond James. If I am employed by or applying for employment with Raymond James & Associates, Inc., its parent Raymond James Financial, Inc., or an affiliate or subsidiary, I authorize Raymond James & Associates, Inc. to perform this background check on behalf of that entity. This disclosure and authorization form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by Raymond James.

Applicants/employees in CA, MN, and OK only:

- I have the right to request a copy of the consumer report obtained by Raymond James by checking the button. Raymond James will mail the consumer report directly to me. I wish to receive a copy of the consumer/investigative report. *(Check only if you wish to receive a copy.)*

Applicants/employees in ME and NY:

You are entitled to a copy of your credit report upon request.

Consenting Signature	Date
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Please print legibly:

(Be sure to provide your home address below, as we may be mailing you a copy of your consumer credit report and other disclosures.)

Name	Social Security Number	Month and Day of Birth	
Home Address	City	State	Zip
Home Phone #	Current Firm		

For office use only:

Requested by: _____	Branch/Dept. #: _____	Approved by: _____ <i>(Branch Manager or Dept. Head)</i>	
Div/Region <i>(select one)</i> : <input type="radio"/> ECM <input type="radio"/> Eastern	<input type="radio"/> FI <input type="radio"/> Southwest	<input type="radio"/> INT'L <input type="radio"/> North Central	<input type="radio"/> Southern <input type="radio"/> Great Lakes

Fax to RJA Registrations Department (Fax: 727-567-8420)

Political Contributions Disclosure

Raymond James' business is highly regulated under a number of "pay-to-play" laws and regulations that restrict political contributions to current elected officials, political candidates, bond ballot campaigns, political action committees (PACs) and/or state/local political parties (including in-kind contributions) – any contribution made by any employee has the potential to cause the firm to be banned from doing business with the recipient (or a related) political entity. Therefore, it is Firm policy that all its employees and affiliated personnel must obtain pre-approval before making any political contributions. In addition, all potential employees must disclose all contributions made in the two years before their employment as a condition of that employment.

Name <i>(please print)</i>	
Branch/Dept. Name or Location	Name of Hiring Manager

YES NO

- Are you a registered person with FINRA, SEC, (or any other SRO), or are you Insurance licensed?
- Have you solicited municipal underwriting business from an issuer in the previous year?
- Have you been paid a finder's fee for bringing in municipal finance business in the last year?
- Have you managed a Municipal Finance Professional (MFP) in the previous 12 months?

Within the past 24 months, have you made any cash or non-cash contributions (excluding personal volunteer time) to any of the following:

- Elected Officials – **If yes, please list contributions made in the table below.** *(Attach a separate sheet if necessary)*
- Political candidates – **If yes, please list contributions made in the table below.**
- Bond Ballot Campaigns – **If yes, please list contributions made in the table below.**
- State/Local Political Parties – **If yes, please list contributions made in the table below.**
- Political Action Committees (PACs) – **If yes, are you a Board Member of the PAC or are you in a position to direct or influence contributions made to or by the PAC?** Yes No

Date of Contribution	Dollar Value	Candidate Name	Office Currently Held	Office Sought	Eligible to Vote for Candidate (Y/N)

Acknowledgment: I have answered this form truthfully and have provided all required information. I understand these stated requirements and hereby agree to comply with them. I also understand that all offers of employment are contingent upon my full and accurate disclosure of the requested information and a determination by Raymond James, in its sole discretion, that such disclosure does not place the Firm out of compliance with the applicable regulations.

Signature	Date
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THIS FORM MUST BE RETURNED TO COMPLIANCE.

Home Office/Compliance review section:

<p>SEC (RJA Compliance Review)</p> <p><input type="radio"/> Check if form has been reviewed</p> <p>Reviewer Name: _____</p> <p>Date Reviewed: _____</p>
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<p>MSRB (RJA Fixed Income Compliance) Review</p> <p><input type="radio"/> Check if form has been reviewed</p> <p>Reviewer Name: _____</p> <p>Date Reviewed: _____</p>
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Fax to RJA Compliance (Fax: 877-872-8921)