



UNITED PLANNERS FINANCIAL SERVICES

A LIMITED PARTNERSHIP

7333 EAST DOUBLETREE RANCH ROAD, SUITE 120, SCOTTSDALE, ARIZONA 85258

Name: _____

CONFIDENTIAL QUESTIONNAIRE

The attached questionnaire represents part of the registration process at United Planners Financial Services of America. **All information obtained in this questionnaire is held in the strictest of confidence and will not be shared outside of United Planners.**

Please answer all questions and return to United Planners for its review and analysis. In addition, please attach to this form, copies of your production runs for the trailing twelve months and prior calendar years.

UPON APPROVAL BY UNITED PLANNERS YOU WILL BE SENT A FULL REGISTRATION KIT.

YOU SHOULD NOT RESIGN OR TERMINATE ANY AFFILIATION CONTRACT PRIOR TO RECEIVING APPROVAL FROM THE UNITED PLANNERS HOME OFFICE!

If you have any questions, please do not hesitate to contact Sheila Cuffari-Agasi at (800) 966-8737 ext 240.

*Please return this information by **email** to:*

United Planners
Attn: Partner Development
P.O. Box 5750
Scottsdale, AZ 85261

Attention: Partner Development Consultant
Confidential email and FAX for Sheila:
sjcuffari@unitedplanners.com
FAX (480) 503-8183

MEMBER: FINRA, SIPC

SECTION I

Name: _____ Date: _____

Home Address: _____

Home Telephone: _____ Home Fax (if applicable): _____

SECTION II

Do you have a business name (DBA – “Doing Business As”) YES NO

If so, what name? _____

Proposed Business Address: _____

Are there any other business names for this location? YES NO

If yes, please list:

Will there be other people working out of this proposed registered location? YES NO

If yes, please list:

Will there be any Satellite Branch Office(s) that would report to your office? YES NO

If yes, please list:

Business Telephone: _____ Business Fax: _____

Personal Email Address: _____

What Email do you intend to use? United Planners Branded email hosted by Redtail Technologies

Website: _____ Not Applicable

Who will host your website? _____

1) Administrative Assistant Name: _____

Licensed? YES NO Years in Industry _____

2) Administrative Assistant Name: _____

Licensed? YES NO Years in Industry _____

How long have you been in the industry? _____ Years

Current Securities Licenses: Series 6 7 22 24 26 39 63 66 65

51 53 Other: _____

Insurance Licensed? YES NO

States: _____

If applicable, name of existing UP manager sponsoring your registration:

How did you learn about United Planners?

Advertising Personal Referral Website Other: _____

Do you hold any professional designations?

CFP CPA CLU ChFC PFS CFA CIC Other: _____

Are you conducting joint business with any firm, agents, or registered representatives who will not be joining United Planners? YES NO

If yes, please describe: _____

Are there any pending administrative actions, customer complaints, liens, bankruptcies or other proceedings or investigations underway which are not currently reflected on your CRD Report? YES NO

If yes, explain: _____

Do you utilize discretion in commission based accounts? YES NO

Do you act as a trustee for non-immediate family members? YES NO

.....

SECTION III

A. Do you conduct Investment Advisory Business? YES NO (if Yes, Complete remaining questions)

Select all services that apply: Financial Plans Assets under Management Third Party Providers

Other: _____

Please list where all advisory assets are custodied:

- Pershing Charles Schwab Institutional TD Ameritrade
 Fidelity Matrix Mutual Funds Direct Variable Annuity Direct

Other: _____

Third party money managers: SEI Genworth/Assetmark Curian

Other: _____

Do you have discretionary on any advisory accounts? YES NO

If yes, please indicate the extent of the discretionary activity:

Is there any person affiliated with your RIA who is not affiliating with UP? YES NO

If yes, please explain: _____

B. How do you provide advisory services?

Current Broker/Dealer RIA Platform (if selected, skip to question C.)

Independent RIA: State SEC

Name of RIA Firm: _____

Are you a principal of the RIA? YES NO

Are you the Chief Compliance Office of the RIA? YES NO

If No, CCO name is required: _____

Do you manage ERISA accounts? YES NO

If Yes, are you properly bonded or exempt from bonding? YES NO

If No, please explain: _____

Are you a certified Accredited Investment Fiduciary (AIF)? YES NO

Are all conflicts of interest disclosed in the ADV? YES NO

If No, please explain: _____

Do you have custody of client assets? YES NO

If Yes, please explain: _____

C. Do you charge any advisory fees for assets that you have earned commissions on in the past? YES NO

If Yes, do you reduce/offset the Advisory fee? YES NO

United Planners reviews the following Independent RIA documents prior to processing affiliation documents:

1. Current ADV Parts I, II, and all schedules.
2. Additional (i.e. Wrap fee brochure) or Alternative Disclosure Documents (used in lieu of ADV Part II), if applicable.
3. Client Agreements.
4. Most recent audited Financial Statement and copy of auditors' management letter, if applicable.
5. Breakdown of Fee Schedule if not fully disclosed in other documents.
6. Copy of Fidelity Bond and any other RIA insurance coverage, as applicable.



TOTAL GROSS SECURITIES COMMISSIONS
(FOR THE LAST TWELVE MONTHS)
--Verification of production required: (W-2, Form 1099, etc.)

- 1. Mutual Funds (including trail commissions) _____
- 2. Stocks _____
- 3. Bonds _____
- 4. UITs _____
- 5. Variable Annuities _____
- 6. Variable Universal Life _____
- 7. Investment Advisory Fees _____

TOTAL GROSS DEALER CONCESSION _____
(Previous 12 months)

Traditional Life Insurance _____

Fixed Annuities _____

Other (i.e. Long-term Care, Disability) _____

Other (please describe below) _____

PRE-REGISTRATION CONSENT FORM

I, _____ currently/formerly with _____ hereby give my consent for my affiliating broker/dealer, United Planners Financial Services of America, to verify my previous employment and registration history through the CRD system. I also authorize United Planners Financial Services of America to conduct an investigation of my *creditworthiness through a consumer reporting agency.

The results of this inquiry are confidential and will not be released outside of United Planners.

The following information is required to conduct our investigation:

Social Security Number: _____ -- _____ -- _____

Name: _____

Home
Address: _____

Home Phone Number: _____

Date of Birth: ____/____/____

Place of Birth: _____
City State

Signature: _____ Date: _____

Please return this information by fax or mail to:

United Planners
Attn: Partner Development
P.O. Box 5750
Scottsdale, AZ 85261

Attention: Partner Development Consultant
Confidential email and FAX for Sheila:
sjcuffari@unitedplanners.com
FAX (480) 503-8183

*Inquiry could influence score.
