
DISCLOSURE OF OUTSIDE BUSINESS ACTIVITIES

FINRA requires that you notify United Planners of all outside business activities whether or not they are securities related.

Outside Business Activities may be described as (but not limited to) any activities in which you participate (either actively or passively) and receive any form of compensation that directly or indirectly benefits you.

"I understand that Rule 3030 of FINRA's Conduct Rules sets forth the requirement that I, as a registered representative of United Planners Financial Services of America (United Planners), shall not be employed by, or accept compensation from, any other party as a result of any business activity, other than a passive investment, outside the scope of my relationship with United Planners unless I have provided a prompt written notification to the firm. I further understand that United Planners reserves the right to object to, or place conditions on, outside business activities that may constitute, in the judgment of United Planners, a conflict of interest to my association with the firm. Also, if there is a material change in my outside business activities, I will promptly notify United Planners in writing.

I will be engaged in the following business activity: **(Choose only one. Then provide a detailed explanation for the business activity marked, on the following pages.)**

- | | |
|--|---|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Notary |
| <input type="checkbox"/> Board of Directors (profit or non-profit) | <input type="checkbox"/> Paralegal |
| <input type="checkbox"/> Business Manager | <input type="checkbox"/> Pension Related Services |
| <input type="checkbox"/> Charity or Non-Profit Organization | <input type="checkbox"/> Real Estate Sales |
| <input type="checkbox"/> Commercial / Residential Property Management | <input type="checkbox"/> Referrals |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Retail Sales |
| <input type="checkbox"/> Employee / Associate | <input type="checkbox"/> Subscription Based Newsletters |
| <input type="checkbox"/> Estate Planning (not an investment advisor) | <input type="checkbox"/> Tax Preparation/ Accounting |
| <input type="checkbox"/> Insurance Agent | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Investment Advisory | <input type="checkbox"/> Trust Related Services |
| <input type="checkbox"/> Investment Club | <input type="checkbox"/> DBA (Doing Business As) |
| <input type="checkbox"/> Investment Products (not through United Planners) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Legal Related Services (other than legal advice) | |
| <input type="checkbox"/> Mortgage Related Services | |

A **SEPARATE** Disclosure form must be submitted for each activity.

I will be engaged in the following business activity outside of my relationship with United Planners. (This includes fixed insurance)

Outside Business Activity (as indicated on previous page) _____

Will you conduct this activity at a United Planners branch location? YES NO

What date did this activity begin? Month _____ Year _____

What is the name of Organization / DBA ("Doing Business As")? _____

What is your specific affiliation with organization (choose the title that best describes your role):

Owner/Sole Proprietor If Owner, what is your percentage of ownership? _____ %

Are any co-owners/co-participants in this activity also a client of United Planners? (not including immediate family members) YES NO

If Yes: please explain: _____

Partner Officer Director Employee Trustee Agent Consultant

Other: Position or title please explain: _____

Full address of Business Location: _____

Telephone Number: _____

Does a website exist for this activity? YES NO

If yes, Please provide URL: _____

Name of Supervisor if any: _____

Describe the Nature of Business (be specific): _____

What products/services, if any, are offered through this activity:

- | | | |
|--|---|---|
| <input type="checkbox"/> Accident & Health Insurance | <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Promissory Notes | <input type="checkbox"/> Viatical Settlements | <input type="checkbox"/> Life Settlements |
| <input type="checkbox"/> Prime Bank Notes | <input type="checkbox"/> Partnership Interests | <input type="checkbox"/> Hedge Funds |
| <input type="checkbox"/> Real Estate Syndicates | <input type="checkbox"/> Offshore Products or Investments | <input type="checkbox"/> Payphone Sales |
| <input type="checkbox"/> ATM Sales | <input type="checkbox"/> Fixed Annuities | <input type="checkbox"/> Equity Indexed Annuities |
| <input type="checkbox"/> Charitable Gift Annuities | | |
| <input type="checkbox"/> Other Please explain: _____ | | |

If you will sell Equity Indexed Annuities, please list the product sponsors:

If Other: please explain: _____

Will these products/services also be offered to clients of United Planners? YES NO

Does the nature of this activity require any license degree or special registration such as law degree or a state license?
YES NO

Provide detail on any required licenses, degrees or registrations: _____

Enter the approximate annual amount of compensation received from your OBA:\$ _____

Describe individual Duties/Responsibilities for this Outside Business Activity (be specific): _____

What percentage of time is devoted to this Outside Business Activity? _____ %

Do any of your duties involve raising capital or issuing debt instruments for this entity? YES NO

Please explain in more detail: _____

Have you ever, or do you intend to, recommend investment/ownership in or the purchase or sale of securities or interest of the Business entity identified above? YES NO

Please explain in more detail: _____

Are there any potential conflicts of interest your involvement in this activity may pose to your affiliation with United Planners?
YES NO

Please explain in more detail: _____

Do you have separate Errors & Omissions or professional liability insurance coverage for this activity?

YES List insurance provider's name/type of coverage: _____

NO If no, have you verified that this activity will be covered under the United Planners E&O Policy?

Explain: _____

While associated with United Planners, will you accept compensation from any person or entity (including a partnership, corporation, association, etc.) other than commissions/fees through United Planners? YES NO

Please explain in detail the nature of the arrangement: _____

While associated with United Planners, will you provide fiduciary services (such as acting as an executor, trustee, conservator, power of attorney or a guardian) for any person (except for immediate family)? YES NO

Please explain in more detail: _____

While associated with United Planners, will you recommend and/or facilitate a reverse mortgage with the intent of investing those proceeds into securities? YES NO

Please explain in more detail: _____

By submitting this form, I certify that all answers to this Questionnaire are true and correct to the best of my knowledge and that statements and answers provided accurately represent my activities.

I also understand that if there is a change to my business activities, once I am affiliated I will be required to notify United Planners immediately by updating my RegEd Outside Business Activity filing.

The *applicant* recognizes that this typed name constitutes, in every way, use or aspect, his or her legally binding signature.

Print Name

Date