

Registered Representative/Advisor Name (First):	(M.I.):	(Last):
In your own words, please provide us with a brief overview of the type of busing used by the KSI/KAI Due Diligence Committee to have a working knowledge of mix, volume of trading activity, and outside (other than securities) business below practice to our firm as quickly and efficiently as possible.	your practice. To ensure a s	mooth transition, please provide us with product
MY FINANCIAL SERVICES PRACTICE CONSISTS OF:		



Current Firm:				Years as an Advisor:	
Multiple-Rep Branch Office, if applicable:				_ Number of Reps:	
Number of Registered Assistants:		Non-Regi	istered Assistants:		
T12 GDC: \$		AUM: \$			
YTD GDC: \$		Last Qua	rter GDC: \$		
How did you hear about KSI:					
Preferred Contact Number:		Fax:			
Personal E-mail Address:					
BUSINESS MIX					
Commissions:	6 RIA Fees:		% Consulting/Other	r Fees:	%
PRODUCT MIX (COMMISSION BUSINESS ON	LY)				
Equities:	%	# of Trade	es Per Year:		
Fixed Income:	%	# of Trade	es Per Year:		
Options:	%	# of Trade	es Per Year:		
MF Held:	%	# of Trade	es Per Year:		
MF Direct:	%	# of Trade	es Per Year:		
REITs:	%	# of Trade	es Per Year:		
Alternative Investments:	%	# of Trade	es Per Year:		
Variable Annuities:	%	# of Trade	es Per Year:		
Complex Products:	%	# of Trade	es Per Year:		
What percentage of your insurance business is c	omprised of 1035 exchanges: _				%
Variable Insurance:	%	# of Trade	es Per Year:		
Fixed Insurance:	%	# of Trade	es Per Year:		
Private Equity:	%	# of Trade	es Per Year:		
EIA:	%	# of Trade	es Per Year:		
Do you have an Independent RIA (State or SEC):		☐ Yes	□ No		
Are you interested in being registered with Kova	ck Advisors (RIA)?	☐ Yes	□ No		



PRODUCT MIX (FEE BASED	BUSINESS ONLY)				
Third Party Money Managers (Direct):		_%	Where Held:		
Separate Accounts:		_%	Program(s):		
Advisor Directed:		_%			
ADVISOR DIRECTED DETAIL					
Equities:	%	#	# of Trades Per Year:		
Fixed Income:	%	#	# of Trades Per Year:		
Options:	%	#	# of Trades Per Year:		
ETFs:	%	#	# of Trades Per Year:		
Mutual Funds Load:	%	#	# of Trades Per Year:		
REITs:	%	#	# of Trades Per Year:		
VA No Load:	%	#	# of Trades Per Year:		
VA Load:	%	#	# of Trades Per Year:		
ACCOUNTS FOR NON-US CIT	TIZENS				
Do you have an Independent RIA (State or SEC):		[	□ Yes □ No		
Percentage of accounts held by non-US citizens and US citizens living abroad:					
AUM					
Fee Based AUM:	\$	ı	Money Market Balance: \$		
Rep Managed AUM:	\$	(	Credit Balance: \$		
Managed by SMAs:	\$		Margin Balance: \$		
Commissionable Brokerage AUM:	\$	I	Directly Held AUM: \$		
Total AUM:	\$	7	Total # of Brokerage Accounts:		
# of Qualified/IRA Brokerage Accounts:		#	# of Non-Qualified Brokerage Accounts:		
# of Directly Held Accounts:					



PRODUCTION/PAYOUTS		
I expect to produce in the range of \$over the next twelve months.	and \$	in gross broker-dealer commission (production) with KSI
*Attach copies of proof of securities producti	ion for the current YTD and prev	vious calendar year (YTD production run, W2 or 1099).
Please indicate your current Payout Percentage wi	th securities firm(s)	%
OUTSIDE BUSINESS ACTIVITIES		
Do you have any Outside Business Activities (OBA:	s)?	
, , , , , , , , , , , , , , , , , , , ,	of compensation. OBAs can include s	pendent contractor, sole proprietor, officer, director or partner OR is some charitable, non-profit positions, such as serving as a Director. In
Please list your Outside Business Activities:		
OBA Name 1:		
OBA Name 2:		
OBA Name 3:		
OPA Name 4:		