

IV. PRODUCT MIX

Indicate your mix as a percentage of total for last year:	List the top 5 product sponsors your have been offering to your clients
_____ % Mutual Funds _____ % Variable Annuities _____ % Fixed Annuities _____ % Equity Securities (inc options) _____ % Fixed Income Securities (bonds) _____ % Asset Based Fees _____ % Life Insurance _____ % Other _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____

What percentage of your business is processed:

_____ % Application Way (direct with product sponsor)?
 _____ % Clearing?

Do you offer viatical or life settlements to your clients? Yes No

V. BUSINESS PROFILE

Under what name or legal entity does your business operate? _____

How frequently do clients visit your business address? Often Seldom Never

Is your business address currently listed as registered Branch Office? Yes No

How many client accounts do you currently service? _____

Do you handle any discretionary accounts on behalf of your clients? Yes No

Please describe the primary markets you serve and the manner in which your business attracts and retains clients:

V. BUSINESS REVENUES

For this year and each of the previous two years, what was your total:

	Current YTD	Prior Calendar Yr	2nd Previous Calendar Yr
Gross broker/dealer commissions			
Asset based fees			
Net insurance commissions (non-registered products)			

Do you manage or supervise other registered representatives? Yes No

If yes, please provide the following detail about each representative associated with your business?

Representative Name	Location	Appr Distance from Your Business	Years Known	Securities License	Years Licensed	Annual Gross Dealer Commission

VI. OUTSIDE BUSINESS ACTIVITIES

I understand that as a registered representative of GAA, I shall not be employed by, or accept compensation from, any other party as a result of any business activity outside the scope of my relationship with GAA, unless I have made prompt written notification to GAA’s Compliance Department.

Please indicate any of the following business activities from which you derive economic benefit or that are conducted from your business address. Check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Investment Club | <input type="checkbox"/> Real Estate Sales or Service |
| <input type="checkbox"/> Bank Employee | <input type="checkbox"/> Legal Related Services | <input type="checkbox"/> Retail Sales |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Mortgage Related Services | <input type="checkbox"/> Tax Preparation/Accounting |
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Notary | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Insurance (not through GAA) | <input type="checkbox"/> Paralegal | <input type="checkbox"/> Trust Related Services |
| <input type="checkbox"/> Investment Advisory Services | <input type="checkbox"/> Pension Related Services | <input type="checkbox"/> Other: _____ |

VI. CERTIFICATION

I certify that the information contained herein is true and complete to the best of my knowledge. I agree to promptly notify GAA if any of the information on this Confidential Questionnaire changes. I authorize GAA to conduct an investigation concerning my qualifications for affiliation with GAA as an independent contractor including my character, general reputation and credit worthiness and release any person and/or companies contacted from all liability with respect to the information given. This investigation may include records from the NASD or other governmental agencies or self-regulatory organizations and a credit report. I understand I have the right to obtain a copy of the credit report by contacting the credit agency directly.

Representative’s Signature

Printed Name

Date