RAYMOND JAMES®

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All about *your* business

Confidential Profile - Part 1

Personal and Business Information

A. CONTACT INFORMATION

Full name: ____________________ **Date of birth:** ____________________

Cell number: ____________________ **Email address:** ____________________

Home address: ____________________

Business location: ____________________

Professional social media accounts:

Website: ____________________ LinkedIn: ____________________

Facebook: ____________________ Twitter: ____________________

Other (Instagram, Youtube, etc): ____________________

B. REGISTRATION DETAILS

Current firm: ____________________ ____________________
name *date joined*

Past firms: ____________________ ____________________
name *date joined*

____________________ ____________________
name *date joined*

What are your current professional designations? ____________________

Do you have a copy of your employment contract? **Yes** ☐ **No** ☐

Do you have any restrictive covenants? **Yes** ☐ **No** ☐

Have you purchased a book? **Yes** ☐ **No** ☐

If so, when? ____________________

What was the AUA? ____________________

When was it or will it be paid off? ____________________

What is the remaining payout? ____________________

Are you options licensed? **Yes** ☐ **No** ☐

If yes, what strategies do you employ? ____________________

____

Are you US/FINRA licensed? Yes ☐ No ☐

Which FINRA exams have you completed? ______________________________

Which states are you currently registered in? ______________________________

Do you have any Snowbird accounts? Yes ☐ No ☐

(i.e Canadian citizens living in the US holding registered accounts)

If yes, please specify each state ______________________________

Describe the make-up of your team. ______________________________

____

Do you currently operate as a team with another advisor? Yes ☐ No ☐

How many in your group are unlicensed?______________________________

How many in your group are licensed? ______________________________

How many do you intend to bring over? ______________________________

How often are you in the office?______________________________

How often is your team in the office?______________________________

Are you looking to expand your team and/or the services you offer? Yes ☐ No ☐

Do you currently operate under a trade name? Yes ☐ No ☐

If yes, what is it? ______________________________

Date when started using it *(mm/dd/yyyy)* __/__/__

Has it been disclosed to CIRO? Yes ☐ No ☐

Do you intend to continue using it? Yes ☐ No ☐

Do you have a registered trademark? Yes ☐ No ☐

Have you ever had a regulatory sanction or fine against you? Yes ☐ No ☐

Are you an insider of a publicly traded company? Yes ☐ No ☐

Do you have any income outside of your current firm? Yes ☐ No ☐

If yes, provide details______________________________

Do you have a referral agreement with a third-party? Yes ☐ No ☐

If yes, further disclosures will be required

Do you have OBAs registered with CIRO? Yes ☐ No ☐

If yes, further disclosures will be required

Are you insurance licensed? Yes ☐ No ☐

C. BUSINESS INFORMATION

What is your trailing 12 months production (T12) and Assets Under Administration (AUA) for the preceding three (3) years?

T12: ____________	____________	____________	____________	____________	____________
$$	**mm/yy**	**$$**	**mm/yy**	**$$**	**mm/yy**
AUA: ____________	____________	____________	____________	____________	____________
$$	**mm/yy**	**$$**	**mm/yy**	**$$**	**mm/yy**

What is the percentage of ASSETS and REVENUES of the following account types?

1. Commission/transaction based: ____________ / ____________
2. Fee-based, non-discretionary: ____________ / ____________
3. Fee-based, discretionary: ____________ / ____________
4. SMAs (Separately Managed Accounts): ____________ / ____________

What is the total number of accounts?____________

What is the total number of households?____________

How much AUA do you expect/intend to transition? ____________

How many households do you intend to transfer? ____________

What is the total (AUA) value of cash and equivalents, GICs, HISAs etc. in your accounts? ____________

____

What, if any, is the approximate amount of margin used?____________

What percentage of your revenues, if any, are from insurance sales? ____________

Have you received referrals from your organization? **Yes** ☐ **No** ☐

If yes, what percentage of your book has been referred in the past 5 years?____________

Do you have off-book accounts? **Yes** ☐ **No** ☐

If yes, what is the total value (AUA):____________

Do you have any accounts in foreign jurisdictions? **Yes** ☐ **No** ☐

If yes, which countries?____________

Do you have any UMAs? **Yes** ☐ **No** ☐

Do you have any formal Trusts? **Yes** ☐ **No** ☐

Do you have any existing trustee, executor, or Power of Attorney (POA) arrangements? **Yes** ☐ **No** ☐

Do you have any IPPs? **Yes** ☐ **No** ☐

Do you have any minor trusts nearing legal age? **Yes** ☐ **No** ☐

Do your clients hold private company shares, escrow securities, private mortgages? **Yes** ☐ **No** ☐

If yes, please list details for each (security name/market value/# clients/discretionary): ______________________________

____

____

Do your clients hold any cannabis, psychedelic or cryptocurrency securities? **Yes** ☐ **No** ☐

If yes, please list details for each (security name/market value/# clients/discretionary): ______________________________

____

____

Do your clients hold any alternatives, including structured notes? **Yes** ☐ **No** ☐

If yes, what percentage of your book are alternatives?____

What courses have you completed to sell alternatives? ____

Do you actively participate in private placements? **Yes** ☐ **No** ☐

If yes, how many clients participate?___________

Do you actively participate in new issues? **Yes** ☐ **No** ☐

If yes, how many clients participate?___________

Do you have a concentration in any sector over 25%? **Yes** ☐ **No** ☐

If yes, please provide details:____

Do you have special admin requirements? Cheques, physical certs, off-book MF etc.? **Yes** ☐ **No** ☐

If yes, please provide details: ____

If you answered yes to the previous question, please list any positions that you feel may require special handling or could be challenging to transfer such as white label F-class funds, proprietary products, OTC securities:_______________________

____

____

Do you have clients who expect regular third-party cheques drawn on their investment accounts?

Yes ☐ **No** ☐

D. PRACTICE AND RISK MANAGEMENT

Have you developed a unique value proposition? **Yes** ☐ **No** ☐

If so, what is it? ____

____

Do you have a maximum number of households? **Yes** ☐ **No** ☐

If yes, how many? ____________

Do you have minimum household AUA that you will accept? **Yes** ☐ **No** ☐

If yes, what amount? _________

In order to grow, will you need to add more people to your team? **Yes** ☐ **No** ☐

What marketing needs do you have?____

Do you discuss/review or provide the following value-added services for your clients?

Insurance review	**Yes**	☐	**No**	☐
Trust services (estate settlement, etc.)	**Yes**	☐	**No**	☐
Charitable giving	**Yes**	☐	**No**	☐
Financial plan (written)	**Yes**	☐	**No**	☐
Tax saving strategies	**Yes**	☐	**No**	☐

What strategies do you use in selecting securities for a portfolio?______________________________

____

How do you capture and document KYP? ____

Describe your process. ____

____

What process do you use when determining risk tolerance and capacity for clients? ____________________

____

What CRM do you use? Do you think it is sufficient given the new CIRO rules? ____________________

____

What other systems do/have you use(d)? Croesus, Broadridge, etc. ______________________________

____

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