



OUTSIDE BUSINESS ACTIVITY DISCLOSURE/UPDATE FORM

REPRESENTATIVE NAME: _____

REP# _____

THIS FORM IS BEING SUBMITTED TO DISCLOSE PROPOSED NEW ACTIVITY UPDATE PREVIOUSLY DISCLOSED ACTIVITY

DISCLOSED OBA 1

1. Start Date: _____ End Date: (FOR PREVIOUSLY DISCLOSED ACTIVITY THAT HAVE ENDED): _____ N/A

2. Name of Business: _____

3. Describe the capacity in which you engage in this business:

employee independent contractor sole proprietor officer director partner trustee independent agent

Other describe: _____

4. Address where activity is conducted: BRANCH or provide: _____

5. Type of Business: _____

6. Describe your specific role/duties: _____

7. Is the Business Investment-Related? NO YES

8. Is the activity exclusively charitable, civic, religious or fraternal and is recognized as tax exempt? NO YES

9. Number of Hours spent on this activity: PER MONTH: _____ PER MONTH DURING MARKET HOURS: _____

10. Describe how you are compensated for this activity:

I am not compensated salary hourly wage Fixed or Hourly Fee Commissions Referral Fee Profits/Equity

Other describe: _____

11. If you are not compensated currently, do you expect compensation in the future? N/A NO YES (describe below)

DISCLOSED OBA 2

1. Start Date: _____ End Date: (FOR PREVIOUSLY DISCLOSED ACTIVITY THAT HAVE ENDED): _____ N/A

2. Name of Business: _____

3. Describe the capacity in which you engage in this business:

employee independent contractor sole proprietor officer director partner trustee independent agent

Other describe: _____

4. Address where activity is conducted: BRANCH or provide: _____

5. Type of Business: _____

6. Describe your specific role/duties: _____

7. Is the Business Investment-Related? NO YES

8. Is the activity exclusively charitable, civic, religious or fraternal and is recognized as tax exempt? NO YES

9. Number of Hours spent on this activity: PER MONTH: _____ PER MONTH DURING MARKET HOURS: _____

10. Describe how you are compensated for this activity:

I am not compensated salary hourly wage Fixed or Hourly Fee Commissions Referral Fee Profits/Equity

Other describe: _____

11. If you are not compensated currently, do you expect compensation in the future? N/A NO YES (describe below)

THE FOLLOWING QUESTIONS APPLY TO ALL OUTSIDE BUSINESS ACTIVITIES LISTED ON THIS FORM:

Provide Website URL's associated with any of the activities disclosed on this form:

None Describe: _____

Provide any Social media sites (LinkedIn, Facebook) used to conduct or promote any outside business disclosed on this form:

None Describe: _____

Yes* No A. Do any of the activities disclosed on this form interfere or otherwise compromise your responsibilities as a RR of CCS or compromise your responsibilities to customers of CCS?
IF YES identify the applicable OBA(s) and describe how:

Yes* No B. Are any other CCS Reps or CCS clients involved in any of the activities disclosed on this form?
IF YES identify the applicable OBA(s) and provide the names below:

Yes* No Does any person not affiliated with CCS share space within your branch office as a result of any of the activities disclosed on this form?
IF YES identify the applicable OBA(s) and provide the names below:

Yes* No Will any organization, entity, or other person associated with any of the activities disclosed on this form pay (or have liability to pay) any of your branch office expenses (e.g. rent, utilities, office supplies, staffing)?
IF YES identify the applicable OBA(s) and provide the names and a description of payments below:

Yes* No Will you have signing and or transaction authority for any of the activities disclosed on this form's banking or investment accounts?
If YES Describe:

Yes* No Do your duties for any of the activities disclosed on this form include oversight, influence, review or decision-making authority over the entity's investment account?
IF YES identify the applicable OBA(s) and describe below:

Yes* No Have you solicited any other individual to invest in any entity associated with any of the activities disclosed on this form?
IF YES identify the applicable OBA(s) and describe below:

►SIGNATURE OF FINANCIAL REPRESENTATIVE:

- I understand that I am required to notify CCS PRIOR to engaging in any proposed Outside Business Activity.
- I understand it is my responsibility to notify CCS promptly if I no longer engage in the activity OR if my role, title or compensation arrangements change.
- I acknowledge that I have read and understand the prohibitions and limitations listed in the Rep Compliance Manual regarding OBAs, and understand that there may be other activities not listed that will also be prohibited.
- I understand CCS reserves the right to object to, or place conditions on, outside business activities that may constitute, in the judgment of CCS, a potential conflict of interest to my association with the firm.

(Financial Rep Signature)

(Financial Rep Name)

(Rep#)

CCS HOME OFFICE PRINCIPAL

DATE

ACC GRID FORM U-4 UPDATE