

**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  YES8. 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  YES8. 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)

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**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 there is a material change to my OBA including a change in my role, title or compensation arrangements.
- I understand that CCS, in order to meet it's obligations, may request access to my books and records, including bank records, related to my OBA and I agree to provide them

\_\_\_\_\_  
 (Financial Rep Signature)

\_\_\_\_\_  
 (Financial Rep Name)

\_\_\_\_\_  
 (Rep#)

CCS COMPLIANCE DEPARTMENT REVIEW		
<input type="checkbox"/> OUTSIDE BUSINESS ACTIVITY ROLE/TITLE ACKNOWLEDGED	BY: _____	DATE: _____
<input type="checkbox"/> OUTSIDE BUSINESS ACTIVITY ROLE/TITLE REJECTED (ATTACH BASIS FOR DETERMINATION)	BY: _____	DATE: _____
CCO AUTHORIZED REJECTION:	BY: _____	DATE: _____
<input type="checkbox"/> RESTRICTIONS/CONDITIONS ON APPROVED OBA ROLE/TITLE (ATTACHED)	BY: _____	DATE: _____
CCO APPROVAL OF RESTRICTIONS/CONDITIONS:	BY: _____	DATE: _____
<b>PROCESSING</b>		
<input type="checkbox"/> OBA ACC GRID	<input type="checkbox"/> U-4 AMENDMENT	<input type="checkbox"/> FORM BR