



## RECRUIT QUESTIONNAIRE

We appreciate your interest in CCS. This questionnaire is an essential tool so we can decide, together, whether we're the right fit for you. It is imperative for you to complete all of the questions completely and as accurately as possible. Since this information is used in considering your request to join the broker dealer, missing information could delay your request.

NAME (First, Middle, Last)

SOCIAL SECURITY #

DATE OF BIRTH

### CURRENT PLACE OF BUSINESS

STREET ADDRESS\*

CITY

STATE

ZIP

BUSINESS PHONE\*

BUSINESS FAX\*

### RESIDENTIAL INFORMATION:

STREET ADDRESS\*

CITY

STATE

ZIP

HOME PHONE\*

### OTHER LOCATION WHERE BUSINESS IS CONDUCTED:

STREET ADDRESS\*

CITY

STATE

ZIP

HOME PHONE\*

**PRODUCTION LEVEL:** \* Attach recent commission statement for the current year and year end statements for the prior two years

	Year To date	Last Year	Year Before
Commission (GDC)			
Investment Advisory			
Equity Indexed Annuities			
Private Placements			

### BACKGROUND QUESTIONS:

In the last 36 months, have you received any <b>verbal</b> or <b>written</b> complaints involving securities or non-securities? <i>If YES, List on a separate page the details of each complaint and the status or resolution</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any "YES" answers on your current Form U-4?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last 36 months, have you been contacted by any regulatory body? <i>If YES, List on a separate page the details of any situation in your background that would result or has resulted in a "Yes" answer on your Form U-4 and/or Form ADV. Include dates, allegations, and dollar amounts of claims.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you maintain another office, other than your CCS registered branch address, to conduct securities or investment advisory business? <i>If YES, List on a separate page the location(s) and description of business conducted.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you serve as an officer or director for any for any publically-held companies? <i>If YES, List on a separate page.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a named beneficiary on any customer account other than an immediate family member? <i>If YES, List on a separate page the account name, account number and relationship to account holder.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you act as a Trustee or Executor to any non-family member customer accounts? <i>If YES, List on a separate page the account name, account number and relationship to account holder.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

General Information:

What securities licenses do you currently hold (7, 63 etc.)	
What investment advisory licenses do you currently hold (65/66)?	
What states are you registering to be SECURITIES licensed in?	
What states are you registering to be INVESTMENT ADVISORY licensed in?	
What states are you currently INSURANCE licensed in?	
Please list any Professional Designations you Hold:	
<p><b>Do you conduct any <u>Outside Business Activity</u> other than the sale of securities as a representative of your current broker/dealer or an affiliated firm?</b></p> <p><i>IF Yes – attach a completed Outside Business Activity Form</i>  <small>QUICK LINKS &gt; COMPLIANCE &gt; GENERAL &gt; NEW/CONTINUING REGISTRATION</small></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Do you engage in any <u>Private Securities Transactions</u><sup>1</sup>?</b></p> <p><i>IF Yes – attach a completed Private Securities Form</i>  <small>QUICK LINKS &gt; COMPLIANCE &gt; GENERAL &gt; NEW/CONTINUING REGISTRATION</small></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Do you hold <u>Personal Accounts</u> at another BD<sup>2</sup>?</b></p> <p><i>IF Yes – attach a completed Private Securities Form</i>  <small>QUICK LINKS &gt; COMPLIANCE &gt; GENERAL &gt; NEW/CONTINUING REGISTRATION</small></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Branch Information:

Is your Branch located in a personal residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Indicate the types of financial industry activities conducted through your broker dealer at your Branch:</b></p> <p><input type="checkbox"/> Sales</p> <p><input type="checkbox"/> Investment Advisory through BD’s affiliated RIA</p> <p><input type="checkbox"/> Investment Advisory through an independent RIA</p>	
<p><b>Do you conduct any other type of "investment-related" activities at this branch?</b></p> <p><i>"Investment related activities" are defined as: "pertains to securities, commodities, banking, insurance, or real estate" <b>IF YES, List on a separate page</b></i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Do you conduct any of the activities indicated above under any name other than your current broker dealer’s?</b></p> <p><i>IF YES, please indicate the names of each these businesses here:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> NO
<p><b>Do you occupy or share office space with or jointly market with a bank, savings bank, savings association, credit union, or other federally insured depository?</b></p> <p><i>IF YES, please attach a copy of your current Bank Networking Agreement</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Does any person or entity other than you, have responsibility, either directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities?</b></p> <p><i>IF YES, attach a list which includes the person or entity’s Name and a statement as to whether the individual or entity is FNRA registered and their CRD# or Tax ID#.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>1</sup> A private securities transaction is defined by FINRA as "any securities transaction outside the regular course or scope of an associated person's employment with a member firm. This may include the solicitation or referral of customers to any investment product or service not offered through the firm. By its definition, it includes a registered representative's purchases of securities or investments not offered by or through the broker-dealer with which he or she is associated.

<sup>2</sup> Investment accounts held at an external broker dealer (non-CCS) wherein you or your immediate family members maintain an interest.

**Email Accounts:**

CCS Linked Email Addresses:	
OBA Email Address:	
Personal Email Addresses:	
Personal Electronic Devices (PED):	
Websites:	
Social Media Sites – CCS Business:	
Social media Sites – Outside Business:	
Social Media Sites – Exclusively Personal:	
Do you use a Smart Phone, iPad or Tablet for business purposes (including email)? IF Yes – attach a completed Personal Electronic Device QUICK LINKS > COMPLIANCE > GENERAL > COMMUNICATIONS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a Lap Top off-site from your branch office for business purposes (including email)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How do you access Internet from your branch location?	<input type="checkbox"/> Ethernet <input type="checkbox"/> Wireless-Secured <input type="checkbox"/> Wireless-Unsecured

**Communications with the Public:**

Websites used to promotes CCS Business:	
Websites used to promote Outside Business Activity:	
Websites used for Personal Use Only:	
Newsletters used with Customers/Prospects <i>Indicate whether Rep Created or provided by a third Party vendor and attach a recent copy.</i>	
Social Media Sites – CCS Business:	
Social Media Sites – Outside Business:	
Social Media Sites – Exclusively Personal:	
Do you create and distribute <u>Consolidated Statements</u> ? <i>If YES attach a copy of a recent report</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use any <u>Investment Analysis Tools</u> or Software to prepare and distribute reports or proposals? <i>If YES attach a copy of a recent report</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Investment Advisory Activity:**

If you are not currently licensed as an investment advisor or investment advisor representative and do not intend to be, please check this box and proceed to the next section.

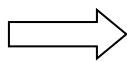
<p><b>Are you currently registered as your own Investment Advisory Firm?</b>  <i>If YES attach a copy of Form ADV Part I and II and copies of Client Services Agreement(s).</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Do you plan to become an Investment Advisor Rep of CCS?</b>  <i>If YES, attach a completed IA Rep Agreement</i>                  CCS FORMS &gt; COORDINATED CAPITAL ADVISORY</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>What type of investment advisory services are you currently providing to customers (check all that apply)</b></p>	<p><input type="checkbox"/> Financial Planning/Consulting  <input type="checkbox"/> Non-Discretionary Asset-Based Management  <input type="checkbox"/> Discretionary Asset-Based Management  <input type="checkbox"/> 401k/Retirement Plan Consulting Services  <input type="checkbox"/> Third Party Money Mangers  <input type="checkbox"/> Other (describe):</p>
<p><b>What type of investment advisory fees are you currently charging? (check all that apply)</b></p>	<p><input type="checkbox"/> Hourly Fee Range of \$_____ to \$_____  <input type="checkbox"/> Fixed Fee Range of \$_____ to \$_____  <input type="checkbox"/> Asset-Based Range of \$_____ to \$_____</p>
<p><b>If charging asset-based fees what type of investments are subject to the fee? (check all that apply)</b></p>	<p><input type="checkbox"/> Mutual Funds – No-Load/Institutional  <input type="checkbox"/> Mutual Funds – C Shares  <input type="checkbox"/> Equities  <input type="checkbox"/> Options  <input type="checkbox"/> Fixed Income  <input type="checkbox"/> Cash  <input type="checkbox"/> Variable Annuities  <input type="checkbox"/> REITS/LP's  <input type="checkbox"/> Other (describe):</p>
<p><b>Estimated Assets Under Management (AUM):</b></p>	
<p><b>Have you entered into any Solicitor Arrangements where you refer customers to others or others refer customers to you?</b>  <i>If YES, attach a list of such arrangements</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**Transition Information:**

<p><b>If currently registered, have you reviewed your current broker dealer's Privacy Policy</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p><b>Approximate number of CUSTOMERS:</b></p>	
<p><b>Approximate number of ACCOUNT Registrations:</b></p>	
<p><b>Approximate Number of Brokerage Accounts:</b></p>	
<p><b>Approximate Number of Non-Brokerage Accounts</b></p>	
<p><b>Approximate Number of Investment Companies where client accounts are held:</b></p>	

**REP AUTHORIZATION AND SIGNATURE**

***I HEREBY AUTHORIZE Coordinated Capital Securities, Inc. to perform a pre-hire search of my CRD records as they appear on Web CRD and a credit check report from a reputable credit reporting agency. I authorize my employers and any other person to furnish to any jurisdiction, SRO, employer, prospective employer, or any agent acting on its behalf, any information they have, including my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in case of former employers, complete reasons for my termination. Moreover, I release each employer, former employer and each other person from any and all liability, of whatever nature, by reason of furnishing any of the above information, including that information reported on my Form U-5.***



Signature of Prospective CCS Registered Representative	Date
--	------

<b>LICENSING DEPARTMENT APPROVAL</b>	BY:	Date
--------------------------------------	-----	------

FOR CCS USE: <input type="checkbox"/> WEBCRD Licenses confirmed <input type="checkbox"/> WEBCRD States confirmed <input type="checkbox"/> CE Status Confirmed <input type="checkbox"/> CCC States Confirmed <input type="checkbox"/> CCA Licensed/Exempt
---

<b>COMPLIANCE REVIEW</b>	BY:	Date
--------------------------	-----	------