



Ameriprise Questionnaire

As of (date): _____

Franchise Overview

Owner's Information:

Owner's Name: _____ Form of Ownership (LLC, S Corp, Sole Prop, etc.): _____

DBA: _____ Primary Contact's Cell Number: _____

Business Address: _____

How many years of experience in financial services? _____ How many years of experience with Ameriprise? _____

Regulatory Issues? _____ If yes, please explain: _____

Current Payout Ratio: _____% (Please include AFG Payout Grid)

Last 3 Year's Payout Ratio (include most recent year first): _____% _____% _____%

If selling, what is the selling price? _____ What is the expected Date of Transfer? _____

What is the owner's reason for selling? _____

Franchise Information:

How long has your franchise been established? _____

Number of Office Locations: _____ Cities where office(s) is/are located: _____

Do you own your office building? _____ If leased, what is the monthly rental rate: \$ _____

If owned, what is current principal balance & monthly payment? _____

If owned, what are the annual taxes and insurance costs? _____

Do you share space with other Franchise Advisors? _____ If yes, what expenses are shared? _____

Is there any debt on the franchise/business? _____ If yes, what is the current balance and to whom is it owed (please include seller notes)? _____

Is there a focus on a niche business? _____ If yes, please explain: _____

How many AFA's do you employ? _____ How many additional staff members do you employ, excluding AFA's? _____

Do any AFA's own an equity interest in the franchise? _____

If yes, please list each AFA who owns an equity interest and the associated % of ownership:

AFA:

Ownership Percentage:

Do you have any compensation sharing agreements in place? _____ If yes, please describe: _____

Please list any Team ID numbers: _____

AUM & Client Information

AUM Information:

Total Assets Under Management (AUM): \$ _____ New Net Asset Growth: \$ _____ Average Client AUM: \$ _____

AUM held by your 10 largest clients:

Client 1: \$ _____	Client 6: \$ _____
Client 2: \$ _____	Client 7: \$ _____
Client 3: \$ _____	Client 8: \$ _____
Client 4: \$ _____	Client 9: \$ _____
Client 5: \$ _____	Client 10: \$ _____

Annual revenue generated by your 10 largest clients: \$ _____

Total AUM for top 20% of clients: \$ _____

Annual revenue generated by top 20% of clients: \$ _____

Client Information:

Number of clients? _____ Number of clients generating recurring revenues? _____

Average tenure of clients in years? _____

Number of new clients in last 12 months? _____ Number of clients lost in last 12 months? _____

Number of clients that are:	<u>% of Assets held by this age group?</u>
Under 40: _____	_____ %
41 - 50: _____	_____ %
51 - 60: _____	_____ %
61 - 70: _____	_____ %
Over 70: _____	_____ %

Staff Information

Name: _____
Position: _____
Date Hired (Tenure): _____
Licensed (Yes/No): _____
Designations (CFP, CPA, RIA, etc.): _____
Annual Compensation: _____
Equity Owner (Yes/No): _____

Name: _____
Position: _____
Date Hired (Tenure): _____
Licensed (Yes/No): _____
Designations (CFP, CPA, RIA, etc.): _____
Annual Compensation: _____
Equity Owner (Yes/No): _____

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Annual Compensation: _____
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