

Signature: _____

As of (date): _____

Company Information

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

Business Address: _____

Number of Owners/Partners: _____ Primary Contact's Cell Number: _____

Services Offered? _____

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

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? _____

When was the firm/business established? _____

Is there any debt on the firm/business (If yes, how much)? _____

If selling, what is the selling price? _____

If selling, what is the owner's reason for selling? _____

Investment Philosophy: _____

Custodian: _____ Broker Dealer: _____ Broker-Dealer Override: _____

Practice Type: Registered Investment Advisor Investment Advisor Representative Registered Representative OSJ

Number of employees: _____ How many employees are licensed? _____

How many employees are licensed with a non-compete/solicit agreement in place? _____ How many employees expected post closing? _____

Office Technology Level: High Medium Low

Niche Business? Yes No If yes, please explain: _____

Principal Information

****If more than 4 individuals have an ownership interest in the firm/business, please include a list of all owner's and their respective ownership interests.*

Principal 1

Name: _____

Ownership %: _____

Highest level of education: _____

Licenses: _____

Designations (CFP, CPA, RIA, etc.): _____

Years in the industry: _____

Years owning own business: _____

Principal 3

Name: _____

Ownership %: _____

Highest level of education: _____

Licenses: _____

Designations (CFP, CPA, RIA, etc.): _____

Years in the industry: _____

Years owning own business: _____

Principal 2

Name: _____

Ownership %: _____

Highest level of education: _____

Licenses: _____

Designations (CFP, CPA, RIA, etc.): _____

Years in the industry: _____

Years owning own business: _____

Principal 4

Name: _____

Ownership %: _____

Highest level of education: _____

Licenses: _____

Designations (CFP, CPA, RIA, etc.): _____

Years in the industry: _____

Years owning own business: _____

AUM & Client Information:

Total Assets Under Management (AUM): \$ _____ ***Please include verification of AUM.

Fee-Based Assets: \$ _____ Fees from AUM: \$ _____

Trailing 12 month GDC/Revenue: \$ _____ % of Trailing 12 month GDC/Recurring that is Fee-Based/Recurring: _____

****Please include verification of Trailing 12 month GDC/Revenue & a revenue breakdown (i.e. What amount is Fee-Based/Recurring vs. Transactional?)*

Net New Asset Growth: \$ _____ Average Client AUM: \$ _____

AUM for top 10 clients:

Client 1: \$ _____ Client 2: \$ _____ Client 3: \$ _____ Client 4: \$ _____ Client 5: \$ _____

Client 6: \$ _____ Client 7: \$ _____ Client 8: \$ _____ Client 9: \$ _____ Client 10: \$ _____

Total AUM for top 10 clients: \$ _____ Annual Income from top 10 clients: \$ _____

% of AUM held by top 20% of clients: _____% Average age of top 20% of clients: _____

Client AUM:	< \$250,000:	_____%	\$1,000,000-\$4,999,999:	_____%
	\$250,000-\$499,000:	_____%	\$5,000,000-\$9,999,999:	_____%
	\$500,000-\$999,000:	_____%	\$10,000,000 + :	_____%

Number of clients? _____ Number of fee clients? _____ Average tenure of clients in years? _____

Number of new clients last 12 months: _____ Number of clients lost last 12 months: _____

Number of clients that are:	<u>Clients</u>	<u>% of Assets</u>
Under age 40:	_____	_____%
41 - 50:	_____	_____%
51 - 60:	_____	_____%
61 - 70:	_____	_____%
70+:	_____	_____%

Staff Information

Please complete the information below for each employee/staff member who does not have an ownership interest in the business.

Name: _____

Position: _____

Date Hired (Tenure): _____

Licensed (Yes/No): _____

Designations (CFP, CPA, RIA, etc.): _____

Annual Compensation: _____

Name: _____

Position: _____

Date Hired (Tenure): _____

Licensed (Yes/No): _____

Designations (CFP, CPA, RIA, etc.): _____

Annual Compensation: _____

Name: _____

Position: _____

Date Hired (Tenure): _____

Licensed (Yes/No): _____

Designations (CFP, CPA, RIA, etc.): _____

Annual Compensation: _____

Name: _____

Position: _____

Date Hired (Tenure): _____

Licensed (Yes/No): _____

Designations (CFP, CPA, RIA, etc.): _____

Annual Compensation: _____

Name: _____

Position: _____

Date Hired (Tenure): _____

Licensed (Yes/No): _____

Designations (CFP, CPA, RIA, etc.): _____

Annual Compensation: _____

Name: _____

Position: _____

Date Hired (Tenure): _____

Licensed (Yes/No): _____

Designations (CFP, CPA, RIA, etc.): _____

Annual Compensation: _____

Name: _____

Position: _____

Date Hired (Tenure): _____

Licensed (Yes/No): _____

Designations (CFP, CPA, RIA, etc.): _____

Annual Compensation: _____

Name: _____

Position: _____

Date Hired (Tenure): _____

Licensed (Yes/No): _____

Designations (CFP, CPA, RIA, etc.): _____

Annual Compensation: _____

Name: _____

Position: _____

Date Hired (Tenure): _____

Licensed (Yes/No): _____

Designations (CFP, CPA, RIA, etc.): _____

Annual Compensation: _____

Name: _____

Position: _____

Date Hired (Tenure): _____

Licensed (Yes/No): _____

Designations (CFP, CPA, RIA, etc.): _____

Annual Compensation: _____