



**Ameriprise Questionnaire**

As of (date): \_\_\_\_\_

**Franchise Overview**

**Owner's Information:**

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

DBA: \_\_\_\_\_

Business Address: \_\_\_\_\_

How many years of experience in financial services? \_\_\_\_\_ How many years of experience with Ameriprise? \_\_\_\_\_

Regulatory Issues? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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: \_\_\_\_\_ Do you own your office building(s)? \_\_\_\_\_

Cities where office(s) is/are located: \_\_\_\_\_

If leased, what is the monthly rental rate for each location: \$ \_\_\_\_\_

If owned, what is the current monthly payment? \_\_\_\_\_ If owned, what are the annual taxes and insurance costs? \_\_\_\_\_

Do you share space with other Franchise Advisors? \_\_\_\_\_

Current Payout Ratio: \_\_\_\_\_% Is there any debt on the franchise/business (i.e. bank loans or seller notes)? Yes No

If yes, what is the current balance and to whom is it owed? \_\_\_\_\_

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 or equity in a specific group of clients? Yes No

Do you have any compensation sharing agreements in place? Yes No

**AUM Information:**

AUM held by your 10 largest clients (combined): \$ \_\_\_\_\_ 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 that are:	<u>% of Assets held by this age group?</u>
Under 40: _____	_____ %
41 - 50: _____	_____ %
51 - 60: _____	_____ %
61 - 70: _____	_____ %
Over 70: _____	_____ %

## AFA & Staff Information

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

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