



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? \_\_\_\_\_ Website: \_\_\_\_\_

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

Principal 2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Ownership %: \_\_\_\_\_

Ownership %: \_\_\_\_\_

Highest level of education: \_\_\_\_\_

Highest level of education: \_\_\_\_\_

Licenses: \_\_\_\_\_

Licenses: \_\_\_\_\_

Designations (CFP, CPA, RIA, etc.): \_\_\_\_\_

Designations (CFP, CPA, RIA, etc.): \_\_\_\_\_

Years in the industry: \_\_\_\_\_

Years in the industry: \_\_\_\_\_

Years owning own business: \_\_\_\_\_

Years owning own business: \_\_\_\_\_

Principal 3

Principal 4

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Ownership %: \_\_\_\_\_

Ownership %: \_\_\_\_\_

Highest level of education: \_\_\_\_\_

Highest level of education: \_\_\_\_\_

Licenses: \_\_\_\_\_

Licenses: \_\_\_\_\_

Designations (CFP, CPA, RIA, etc.): \_\_\_\_\_

Designations (CFP, CPA, RIA, etc.): \_\_\_\_\_

Years in the industry: \_\_\_\_\_

Years in the industry: \_\_\_\_\_

Years owning own business: \_\_\_\_\_

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:	<b>&lt; \$250,000:</b>	_____%	<b>\$1,000,000-\$4,999,999:</b>	_____%
	<b>\$250,000-\$499,000:</b>	_____%	<b>\$5,000,000-\$9,999,999:</b>	_____%
	<b>\$500,000-\$999,000:</b>	_____%	<b>\$10,000,000 + :</b>	_____%

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+:	_____	_____%

**Acquisitions (If Applicable)**

Current Profitability \_\_\_\_\_%

After Acquisition \_\_\_\_\_%

<u>Expense/Cost</u>	<u>Reduction/Increase</u> <u>\$ Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Total:**

## 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: \_\_\_\_\_