

SIGMA FINANCIAL CORPORATION

4261 Park Road
Ann Arbor, MI 48103
(734) 663-1611
(734) 663-0213 Fax

PRELIMINARY BACKGROUND/DATA SHEET

TYPE OR PRINT ONLY

Full Name: _____ Social Security # _____

Office Address _____

Office Phone () _____ Office Fax () _____ E-mail address _____

Place of Birth _____ Date of birth _____

Home Address _____

How long at this address _____ Home Phone () _____

Driver's license # _____ Referred to Sigma Financial Corp by: _____
State

PROFESSIONAL LICENSES/DESIGNATIONS & RIA ACTIVITIES

Securities Licenses _____ Designations _____

Insurance License (resident) _____ Insurance License (non-resident) _____

Do you have your own Registered Investment Advisor (RIA) registered with your state or the SEC? _____

Do you plan to become registered with Sigma Financial's Registered Investment Advisor, Sigma Planning Corporation as an IAR? _____

PAST BUSINESS HISTORY

Gross commission for the last three (3) years from your former Broker/Dealer:

Year of 2013 _____ Year of 2032 _____ Year of 202; _____

Approximate percentage from various products sold during the past year: (must be completed)

List & OTC Stocks	____%	UIT's	____%	Mutual Funds	____%
Municipal bonds	____%	Public/Private LP's	____%	Fixed Annuities	____%
Corporate Bonds	____%	Variable Annuities	____%	Fixed Life Insurance	____%
Government Bonds	____%	Variable Life	____%	Fee Income	____%
401k / Qualified Plans	____%				

Other sources of fee or commissionable income: Source: _____ \$ _____

DISCLOSURE QUESTIONS

- * Have you ever been discharged or permitted to resign from a prior Broker/Dealer? Yes No
- * Within the last 36 months, have you filed for bankruptcy or compromised with a creditor? Yes No
- * Do you have any open collections, tax liens, or unsatisfied judgments? Yes No
- * Have you ever been charged with or convicted of a felony? Yes No
- * Within the past 10 years, have you been subject to any regulatory investigations or customer complaints? Yes No
- * Are you currently subject to a non-compete or non-solicitation agreement? Yes No

---If you checked "yes" to any of these questions, please provide a letter of explanation for each item.---

PRELIMINARY BACKGROUND/DATA SHEET

TYPE OR PRINT ONLY

ADDRESS / EMPLOYMENT HISTORY

Highest level of Education: High School College Graduate School

Year of Graduation: _____ Degree: _____

School degree earned from: _____

PAST EMPLOYMENT

Past Employer _____

Address _____

Phone Number (must provide) _____

Dates of Employment _____

Past Employer _____

Address _____

Phone Number (must provide) _____

Dates of Employment _____

REFERENCES OR NEIGHBORS (Must be filled out entirely)

Name: _____

Telephone #: _____

Relationship: _____

Name: _____

Telephone #: _____

Relationship: _____

Name: _____

Telephone #: _____

Relationship: _____

Please detach this page and return it with your registration application.

Background Research Release

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.

1. Consent To Conduct Background Investigation

As a condition of and in consideration for Sigma Financial Corporation's consideration of this application, I give permission to Sigma to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to Sigma to conduct this investigation and to discuss the results of this investigation in connection with my application for employment. Further, I authorize the procurement of an investigative consumer report along with complete search into my FINRA background through Web CRD and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

2. Consent To Contact Past Employers

I give permission to Sigma to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with Sigma, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of Sigma. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers to Sigma. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

3. Consent To Contact Government Agencies

I give permission to any agent, attorney or representative of Sigma to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a lease of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate Sigma as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

4. Cooperation With Investigation

I agree to fully cooperate in Sigma's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

5. Falsification Statement

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

6. Employment "At Will"

In consideration of my employment, I agree to conform to the rules and regulations of Sigma, and my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either Sigma or myself, except as otherwise provided by law. I understand that no manager or representative of Sigma, other than the President or Vice President of Sigma, has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by the President or Vice President of Sigma Financial Corporation.

I, _____, hereby consent and authorize Sigma Financial Corporation and Asset Management & Investigations, Inc. to examine, inspect and/or obtain copies of any and all records regarding my background, including and not limited to; criminal convictions, all civil matters, misdemeanor records, driving records, police reports, academic records, prior employers statements, complete FINRA background check and other information needed to complete the background check. I authorize use of a photocopy of this document to be accepted with the same authority as the original.

X _____

SIGNATURE



Registered Representative Outside Business Questionnaire

Representative Name: _____ **RR Number:** _____

Business Address: _____
(Street) (State) (Zip Code)

Telephone Number: _____ **Fax Number:** _____

FINRA Conduct Rule 3030 (“Outside Business Activities of an Associated Person”) requires that all Registered Representatives and Associated Persons abide by the following regulations:

“No person associated with a member in any registered capacity shall be Employed by, or accept compensation from, any other person as a result of any business activity, other than a passive investment, outside the scope of his relationship with his employer firm, unless he has provided prompt written notice to the member. Such notice shall be in the form required by the member.”

Sigma Financial Corporation has established the following guidelines for disclosure of outside business activities of registered representatives and associated persons:

- All registered representatives and associated persons must provide written disclosure of **any and all outside business activities** to the Sigma Financial Corporation Compliance Department by completing the attached questionnaire.
- Outside business activities include the sale of goods and/or services whether or not compensation is received.
- Written disclosure of any outside business activity is required to be in the form of the Sigma Financial Corporation Registered Representative Outside Business Questionnaire.
- The Sigma Financial Corporation Compliance Department must receive written disclosure of any outside business activity prior to participation in the activity by the registered representative or associated person.
- It is the responsibility of the Registered Representative or Associated Person to disclose any and all outside business activities to the FINRA by amending their Form U-4. Please contact the Compliance Department for detailed instructions.
- All Registered Representatives are responsible to update and submit this questionnaire if, and when, there are any changes to their outside business activities.

Do you operate under a corporation name or DBA? (i.e. Smith Financial) ___Yes ___No

If yes, please provide name of company: _____

Owners: _____

Does this company provide financial services? ___Yes ___No

If no, what services does this company provide? _____

Do you sell insurance products? ___Yes ___No

If yes, please indicate which lines of business (i.e. life, health, property & casualty)?

Hours Per Week: _____

Estimated annual income from sale of insurance products (list by line of business): _____

Do you sell fixed index annuities? ___Yes ___No

If yes, for which companies have you sold in the past calendar year?

If yes, are you aware that effective May 1, 2006, these applications must be submitted through Sigma Financial Corporation?

Estimated annual income from sale of fixed index annuities: _____

Do you prepare taxes? ___Yes ___No

If yes, through what organization are the taxes prepared?

Owner(s): _____

Hours Per Week: _____ Estimated annual income: _____

Are you a CPA or Attorney? ___Yes ___No

If yes, provide name of company: _____

Hours Per Week: _____ Estimated annual income: _____

Are you a licensed real estate agent or broker? ___Yes ___No

If yes, provide name of company: _____

Owner(s): _____

Hours Per Week: _____ Estimated annual income: _____

Are you a mortgage broker? ___Yes ___No

If yes, provide name of company: _____

Owner(s): _____

Hours Per Week: _____ Estimated annual income: _____

Are you a member of the board of directors for any corporation(s) or non-profit organization(s)? **Yes** **No**

If yes, name the company(s) or organization(s): _____

Hours Per Week: _____ Estimated annual income: _____

Are you involved in any other outside business activities as an owner, employee, or agent? ___Yes
___No

If yes, please explain: _____

Hours Per Week: _____ Estimated annual income: _____

Do you receive any income other than commissions earned through Sigma Financial Corporation, or from outside business activities disclosed above? ___Yes ___No

If yes, please disclose the source of income and your title/position: _____

Hours Per Week: _____ Estimated annual income: _____

Please attach any additional information that may aid our understanding of your outside business activities.

Registered Representative Printed Name: _____

RR Number: _____

Registered Representative Signature: _____

Date: _____

For Internal Use Only

A Sigma Financial Corporation compliance officer will sign below only after review and acceptance of the Registered Representative Outside Business Questionnaire.

Signature of Approval by Compliance Officer: _____

Date: _____