

Bringing You A More Personalized
Financial Services Experience.



Madison Avenue Securities, LLC[®]

Member FINRA/SIPC, a Registered Investment Advisor

CONFIDENTIAL PROFILE

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Thank you for your interest in affiliating with Madison Avenue Securities, LLC. (MAS)

We at MAS believe that today's consumer wants, needs, and deserves a new kind of advisor. An Advisor who is more interested in helping their clients achieve their financial goals than in their own personal prosperity. Simply stated, we believe in putting the client first.

Our Philosophy is simple. Offer holistic and comprehensive planning services to consumers that include:

INVESTMENT PLANNING

INSURANCE PLANNING

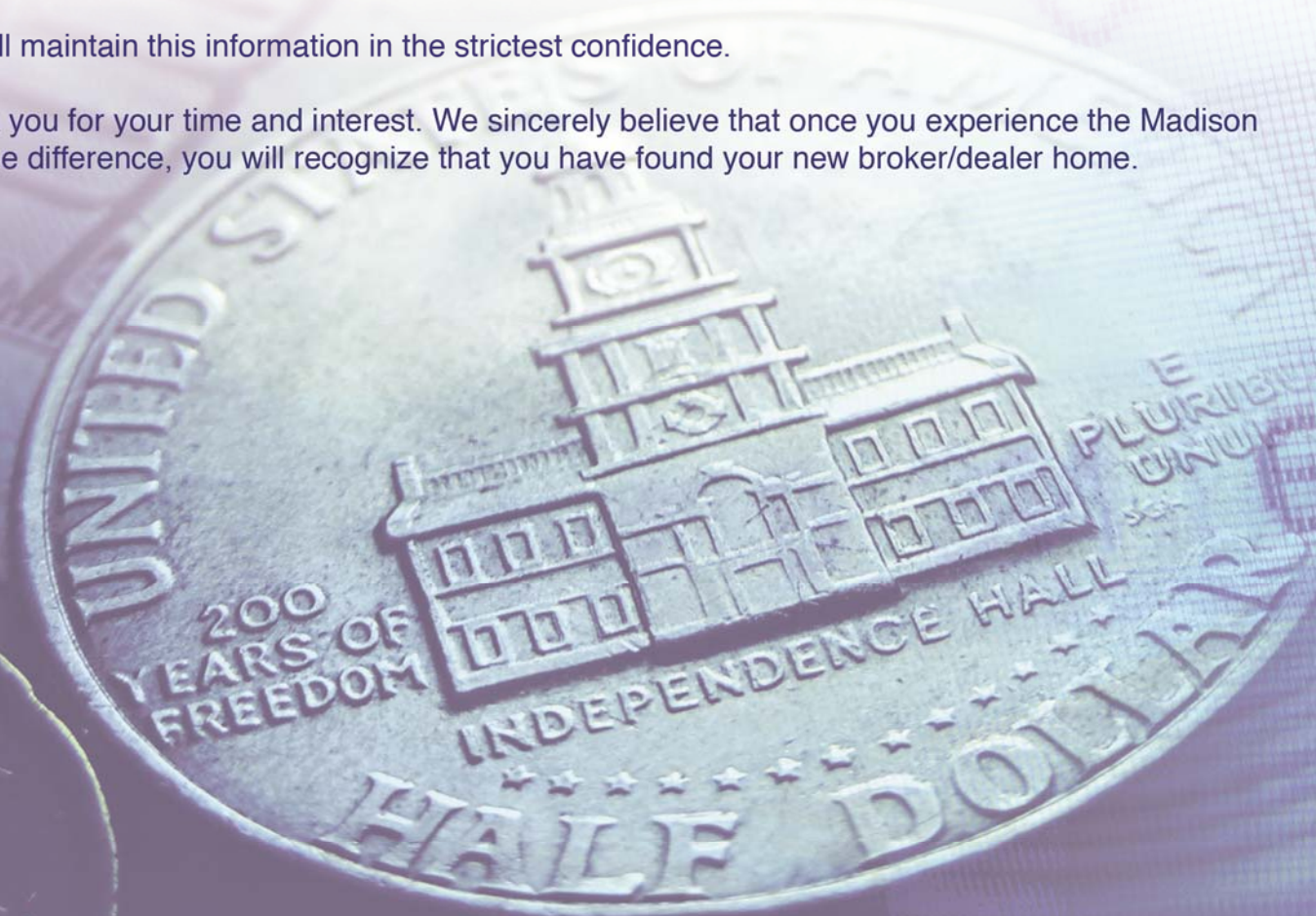
RETIREMENT PLANNING

This approach means we're searching for advisors who are looking for more than just commissions and fees — advisors who are looking to be a part of something greater than themselves. You'll find that as a Madison Avenue advisor, helping others achieve their dreams will help you achieve your own!

If you believe that you fit this description, we invite you to fill out this Confidential Profile. It will only take a few minutes but will provide us with an important starting point for our discussions.

We will maintain this information in the strictest confidence.

Thank you for your time and interest. We sincerely believe that once you experience the Madison Avenue difference, you will recognize that you have found your new broker/dealer home.



APPLICATION FOR AFFILIATION

Name: _____
(Please Print) Last First Middle Nickname

Place of Birth: _____ Date of Birth: _____ Social Security#: _____

E-mail Address: _____ Home Phone: (____) _____

Cell Phone: (____) _____

Home Address: _____

City/State/Zip Code: _____

Current Securities Licenses Held | Series: 6 7 24 26 63 65 66 Other _____

Insurance License(s) _____

Professional Designations: __CFP[®] __ChFC __CFA __CIC __PFS __CPA __Other

If not currently registered with a broker/dealer, when will your license(s) expire? _____

BRANCH OFFICE INFORMATION

Branch Office Street Address: _____

City/State/Zip Code: _____

Mailing address, if different from above: _____

Branch Telephone #: _____ Branch Fax #: _____

Is the physical work address above your intended branch office location for Madison Avenue Securities, LLC?

Yes No

Will this location use any business name other than Madison Avenue Securities (I.e. DBA name)?

Yes No

If "Yes", what business name is used? _____

If "Yes" do you legally have the right to use this business name? (I.e. filed corporate formation documents with the State, filed fictitious business name, etc.)

Yes No

Are you the only person working at this physical location? Yes No

If "No", are the other persons at this location going to continue to work there after you affiliate with Madison Avenue Securities, LLC?

Yes No

If "Yes", please provide name(s) of other person(s) and his or her role. _____

Under what circumstances is this branch occupied? Owned by Representative Leased/Rented by Rep

Owned by Another Individual (Provide individual name, and relationship to rep) _____

Owned by an entity (Provide entity name, Tax ID, and relationship to rep) _____

Who is responsible for the financial obligations of this location? (I.e. rent, utilities, etc.)

Rep, personally Rep's Corporation/LLC Other individual or entity (provide name)

BRANCH OFFICE INFORMATION (CONTINUED)

Is this location shared with or used by any other entities or individuals? Yes No

If "Yes", please provide name and relationship to rep, if any: _____

Are any of these individuals registered with a broker-dealer and/or investment advisor? Yes No

If "Yes", please provide the name of the individual and his/her broker-dealer and/or investment Advisor: _____

Is this location on the premises of a financial institution, bank, or credit union? Yes No

If "Yes", what is the name of the institution, bank, or credit union? _____
(Please provide a copy of any existing agreements between your current broker-dealer and the financial institution.)

Is this location a conference room or other "office of convenience" that is rented on an hourly or other basis?

Yes No

MARKETING INFORMATION

Do you have a website? Yes No

If yes, please provide the internet address: _____

If you have a website, do you also have an e-mail address(es) associated with the site with the same domain name?

Yes No

If yes, who is the host (i.e. Emerald, Advisor Square)? _____

Do you conduct a radio or TV program? Yes No (If yes, please provide a sample script and tape.)

Do you send a newsletter to clients and/or prospects? Yes No (If yes, please provide a sample.)

If you are affiliated with an insurance marketing organization (FMO, IMO, etc.), which one(s)? _____

BUSINESS STYLE

1. How do you position yourself and your business in the marketplace vs. other advisors?
2. What services do you provide to your clients, e.g., portfolio management, financial planning?
3. What are your plans for how you will grow and conduct your business in the future?

ASSETS UNDER MANAGEMENT, BUSINESS AND PRODUCTION MIX

Assets under management: \$ _____

Total number of clients: _____

Gross broker/dealer revenues (fees and/or commissions) for the last three (3) years:

201_ \$ _____ 201_ \$ _____ 201_ \$ _____

Note: Please attach statements of the last two years of broker/dealer revenue.

Gross insurance revenues (outside the broker/dealer) for the last three (3) years:

201_ \$ _____ 201_ \$ _____ 201_ \$ _____

What is the growth rate of your book of business each year?

0 – 10% 11 – 20% 21 – 30% 31-40% Over 40%

How much of your production is based on recurring revenue (asset management fees, mutual fund trails, etc.)?

0 - 10% 11 – 20% 21 – 30% 31-40% Over 40%

Other sources of income, RIA/planning fees, and/or income from any other business activities:

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

PRODUCTION MIX (as a percentage of total) for the prior year:

Asset Management Fees	_____ %	Commodities/Futures	_____ %
Mutual Funds	_____ %	Ltd. Partnerships	_____ %
Mutual Fund Trails	_____ %	Variable Insurance	_____ %
Listed Stocks	_____ %	Fixed Insurance	_____ %
OTC Stocks	_____ %	Variable Annuities	_____ %
Options	_____ %	Fixed Annuities	_____ %
Municipal Bonds	_____ %	Group Annuities	_____ %
Taxable Bonds	_____ %	Annuity Trails	_____ %
Unit Trusts	_____ %	Other Non-Traded Investments	_____ %
CDs	_____ %	Other	_____ %

Do you have any accounts with large margin debits? Yes No

Do you have discretionary authority over any accounts? Yes No

Do you have large concentrated positions in equity or debt securities? Yes No

BUSINESS RELATIONSHIPS

Broker Dealer Name (current or most recent): _____

Broker Dealer Address: _____

Phone: (_____) _____ Fax: (_____) _____

Licensing/Compliance Contact: _____

In what states do you currently hold a securities license? _____

Are you currently a dual registrant with another broker dealer? Yes No

If "yes" list the name of the dual broker dealer: _____

If "yes", do you desire to keep this dual relationship? Yes No

Are you subject to a non-compete agreement or any other restriction? Yes No

If "yes" please explain & attach a copy for our records _____

Do you receive any compensation for any non-securities or non-insurance related activities?

(Outside business activities?) Yes No

If "yes," please list: _____

Do you sell any securities or investments other than through a broker-dealer (i.e., units or shares in a marketing venture, Limited Partnerships, DPPs, etc.)? Yes No

If "yes" provide a detailed description and the compensation earned during the prior 12 months for each activity.

What are the top three concerns with your current broker/dealer that may prompt you to make a change?

- 1.
- 2.
- 3.

What do you consider as the top three requirements in a broker/dealer relationship?

- 1.
- 2.
- 3.

What are the primary products and services you are seeking in a broker/dealer?

Trust Services **Fee-based Accounts** **Retirement Planning** **Banking Services** **Cash Management Accounts**
 Financial Planning **RIA Support** **Operations Support** **Marketing Support Services** **Annuity/Insurance**
 Investment Banking Services **Research** **Technology** **Continuing Education** **Compliance Support** **Other**

Are there any particular products, vendors, or asset managers that are critical to your business?

How many firms have you worked for in the past five years?

4+ 3 2 1 0

INVESTMENT ADVISOR ACTIVITIES

1. Do you have your own Registered Investment Advisor? Yes No
If "yes", name of the RIA: _____
2. Are you an affiliate of a Registered Investment Advisor? Yes No
If "yes", what RIA do you represent? _____
If "yes", do you desire to keep this dual relationship? Yes No
3. What billing method do you use? Bill Forward Bill in Arrears
4. Is your program a Wrap Program? or a Non-Wrap Program?

EMPLOYMENT HISTORY

Employed by: (Agency or Firm)	Your Job Title:
Address:	Your Duties:
City & State	
Supervisor:	
Supervisor's Title:	
Phone #:	
Employed From: (Mo./Yr.)	
To: (Mo./Yr.)	

EMPLOYMENT HISTORY (CONTINUED)

Employed by: (Agency or Firm)	Your Job Title:
Address:	Your Duties:
City & State	
Supervisor:	
Supervisor's Title:	
Phone #:	
Employed From: (Mo./Yr.)	
To: (Mo./Yr.)	

Employed by: (Agency or Firm)	Your Job Title:
Address:	Your Duties:
City & State	
Supervisor:	
Supervisor's Title:	
Phone #:	
Employed From: (Mo./Yr.)	
To: (Mo./Yr.)	

DISCLOSURES

For all items below to which you answer “yes”, you must attach a written explanation and supporting documentation. Any failure to accurately and completely disclose any information relating to this questionnaire, or your U-4, may subject you and the firm to sanctions from FINRA. You will be charged for all fines the firm receives as a result and may result in termination of the Registration process or your Registration with the firm.

1. Have you ever been the subject of a business related customer complaint? Yes No Maybe
 2. Have you ever been the subject of or a party to any customer complaint that was investigated by FINRA, the SEC, any SRO, or any other state or federal regulatory agency? Yes No Maybe
 3. Are you now, or have you ever been under investigation or review by a broker dealer, insurance company, investment advisor, or any regulator? Yes No Maybe
 4. Have you ever been the subject of a securities arbitration, civil lawsuit, criminal indictment, or other formal dispute? Yes No Maybe
 5. Have you ever been sanctioned, suspended, barred, fined, or disciplined for any securities, insurance, banking, commodities, or investment advisory related activities. Yes No Maybe
 6. Are you now or have you ever been “Statutorily Disqualified”? Yes No Maybe
 7. Have you or any entity you controlled ever been charged or convicted of any felony or any misdemeanor (excluding minor traffic offenses such as parking tickets)? Yes No Maybe
 8. Have you ever filed a personal or corporate bankruptcy? Yes No Maybe
 9. Have you ever had a judgment or lien entered against you? Yes No Maybe
 10. Have you ever been terminated or disciplined, permitted to resign, or otherwise had your registration cancelled by a broker-dealer for failure to comply with FINRA, other regulator, or firm rules, policies, or procedures? Yes No Maybe
 11. Are you aware of any possible or pending compliance issues which may not be reflected on your CRD or U-4? (If you answer “yes,” briefly explain or attach a separate sheet. Yes No Maybe
-
-
-
12. Are you subject to any restrictive employment contracts and/or any financial obligations with your current broker/dealer? Yes No Maybe

CREDIT INFORMATION

1. Are you aware of any liens, lawsuits, judgments, bankruptcies, or pending issues that may appear on your credit report?

___ Yes ___ No ___ Maybe

If you answered "Yes" or "Maybe" to this question, briefly explain:

2. Are any income tax returns filed by you for prior years being contested? ___ Yes ___ No

If so, what is the estimated additional amount you may be required to pay?

3. What else should we know about your personal financial situation? Please provide additional information here and attach any other pertinent information.

Madison Avenue Securities, LLC may share your personal information with its parent, affiliate or subsidiary companies for the purpose of performing customary background checks, evaluating your continued affiliation, and/or evaluating your hire. By signing below, I affirm that I am in agreement with this policy.

I affirm that all information provided in this Confidential Profile form is true, accurate, and complete to the best of my knowledge. I acknowledge that my failure to answer all of the questions contained within this document fully and truthfully may delay my application for registration and/or future registration with Madison Avenue Securities, LLC. Should any of the information change, I will promptly notify the Firm in writing.

I certify that Madison Avenue Securities, LLC has given me a separate written notice informing me that a consumer report, including an investigative consumer report, may be requested and used for the purpose of evaluating me for appointment or retention as a registered representative of the company, or after termination of my contract for as long as I am indebted to the company.

I authorize Madison Avenue Securities, LLC or any agent acting on its behalf to make a thorough investigation of all information furnished by me and I release from all liability all persons, companies or corporations supplying information to Madison Avenue Securities, LLC.

I authorize and request any present or former employer, school, police department, financial institution, regulatory body, or other persons or entities having personal knowledge about me to furnish Madison Avenue Securities, LLC with any and all information in their possession regarding me. I agree that a photocopy of this authorization is as valid as the original, and I specifically waive any written authorized request.

I certify that I have received a summary of my rights under the Fair Credit Reporting Act.

Applicant Signature

Date

NOTICE TO APPLICANT FOR REPRESENTATIVE APPOINTMENT/REGISTRATION

Madison Avenue Securities, LLC hereby discloses to you that a consumer report, including an investigative consumer report, may be obtained or procured for the purpose of evaluating you for appointment as our registered representative, or during the continuation of your contract with us, or after termination of your contract with us for as long as you are indebted to Madison Avenue Securities, LLC. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public records sources or through personal interviews.

Upon written request, Madison Avenue Securities, LLC discloses the nature and scope of such investigation.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information used in the process of granting credit. This information is supplied by public record sources, credit grantors and others to credit reporting agencies (CRA's) who are making credit, employment and insurance decisions about you. The FCRA gives suppliers and users of credit information, and CRA's specific responsibilities in connection with their respective roles in the credit granting and reporting process. The FCRA also give you specific rights in dealing with these entities, as summarized below. You can find the complete text of the FCRA, 15 U.S.C. § 1681 et seq., at the Federal Trade Commission's website (<http://www.ftc.gov>). You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **Access to your file is limited.** Your file may only be accessed by those who have a permissible purpose recognized by the FCRA – usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business, or to consider you for an unsolicited offer of credit.
- **Your consent is required for reports that are provided to employers or that contain medical information.** A CRA may not give a report about you to your employer, or prospective employer without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You can find out what is in your file.** Upon your request, a CRA must give you all the information in your file, and a list of everyone who has requested it recently. However, you are not entitled to any information concerning “risk scores,” “credit scores,” or other economic predictors that are in your files. There is no charge for the report if a third party used the information in your files to take unfavorable action toward you and you request the report within 60 days of receiving notice that the information in your files was used by a third party unfavorably. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars.
- **You must be told if information in your file was a factor considered by a third party who took unfavorable actions toward you.** Upon your request, anyone who considers information from a CRA and who takes unfavorable actions toward you – such as denying an application for credit, insurance, or employment – must give you the name, address, and phone number of the CRA that provided the information. Keep in mind that the third party, not the CRA, took the unfavorable action toward you and that the CRA will not be able to provide you with the reason for the unfavorable action.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's — to which it has provided data — of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your dispute statement in the future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove inaccurate information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verified its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell the third party who furnished information to a CRA – such as a creditor who reports to a CRA – that you dispute an item, it may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reports.** In most cases, a CRA may not report negative information that is more than seven years old (ten years for bankruptcies).
- **You may choose to exclude you name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free telephone number for you to call and tell the CRA if you want our name and address removed from future lists or offers. If you notify the CRA through the toll-free number, it must keep you off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you can have your name and address removed indefinitely.
- **You may seek damage from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violated the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Bureau of Consumer Protection – FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word “National or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 • 800-613-6743
Federal Reserve Systems member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington DC, 20551 • 202-452-3693
Savings associations and federally-chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington DC, 20552 * 800-934-FDIC
Federal credit unions (words “Federal Credit Union” appear in the institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 • 703-518-6360
Banks that are state-chartered, or are not Federal Reserve System members	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington DC, 20439 • 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington DC, 20250 • 202-720-7051
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 • 202-720-7051

Release Authorization and Fair Credit Reporting Act Disclosure (For Employment Purposes)

The applicant for employment acknowledges that his company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, we will provide to you a copy of the consumer report and description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contracting your present and previous employers of references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. §1681 *et seq.*, is available at the Federal Trade Commission's website (<http://www.ftc.gov>).

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.

For Maine and New York Applicants Only

Upon request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report.

Maine residents will be provided a copy of your rights under the Maine Fair Credit Reporting Act.

For Washington Applicants Only

The consumer reporting agency which furnished the report is Business Information Group, P.O. Box 541, Southampton, PA, 18966; for consumer compliance officer contact 800-260-1680

For California, Minnesota, and Oklahoma Applicants Only

A consumer credit report will be obtained through Business Information Group, P.O. Box 541, Southampton, PA, 18966.

If a **consumer credit report** is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes _____ No _____
Initials Initials

If an **investigative consumer report** and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes _____ No _____
Initials Initials

***California applicants: If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report).**

Date: _____ Signature of Applicant: _____

Print Name: _____