

Outside Business Activity

Please provide complete and accurate information to each of the following questions regarding the OBA in which you will be involved.

Company/OBA Street Address Line 1: [100 N State Street](#)

Company/OBA Street Address / Suite # Line 2: [Ste B](#)

City: [Lindon](#)

State: [UT - Utah](#)

Zip Code: [84042](#)

Is this business address the same as your registered branch location?

Yes No

Is there a website for this entity?

Yes No

Please provide the web address of the site: www.lspndirect.com

Provide full legal name of the outside (non-Firm) company, entity, or business venture (OBA).

[LSPN Pro, LLC](#)

Is this OBA a DBA (Doing Business As) or co-brand name through which you conduct securities business?

Yes No

Does this activity involve securities, commodities, fixed or variable insurance, real estate, or banking including being associated with a broker/dealer, issuer, investment adviser, investment company, futures sponsor or savings association?

Yes No

Please indicate the form of business structure of this company/OBA.

Single Ownership/Sole Proprietorship

Partnership

LLC

Corporation

Trust

Other

Is this company publicly traded?

Yes No

Are you currently affiliated with this OBA?

Yes No

Please provide the date you started or will start this activity.

Are you or will you be an employee of independent contractor with this company/OBA?

Yes No

Briefly describe the type of business conducted by this Company. Examples: Board Member; Rental Property; Entity Ownership; Insurance Sales; Retail; Tax Preparation; Real Estate Sales; Mortgages; etc.
[Bundled Professional Services including Estate Planning Services](#)

What is your title or position for this activity? [Independent Representative](#)

Please describe in detail your usual, daily activities and responsibilities with this OBA. [Client communications, marketing and referring potential clients](#)

How will you be compensated or paid for your activity with this OBA?

- Hourly Wages/Flat Fee
- Salary
- Commissions
- Referral Fees
- Overrides
- Merchandise
- Other Property
- Investment Returns/Profits
- Other

What is your current or anticipated annual income from this OBA? [\\$400 per plan](#)

Have you marketed/sold or will you market/sell any products or services to TFA Customers or TFA Representatives in connection with this activity?

Yes No

Do you, or will you, have business cards for this OBA?

Yes No

Are you required to hold any licenses, registrations, or professional designations to market/sell the products or services of this OBA?

Yes No

Identify the licenses, registrations, or professional designations you hold for this OBA.

How many hours each month do or will you devote to this OBA? [5](#)

How many hours each day during NYSE trading hours do or will you devote to this OBA? **1**

Do you, or will you serve as a Director, Officer, Partner, Member, Trustee, or in a similar capacity with this company/OBA?

Yes No

Do you or will you have any ownership interest in this company/OBA?

Yes No

If there are other individual(s) who have ownership, provide their name(s) and their percentage of ownership.

Do you or will you have any beneficial interest in this company/OBA?

Yes No

Do you or will you have any custody or control in connection with this activity?

Yes No

Does or will an immediate Family Member, TFA Customer or TFA Representative have any ownership interest, beneficial interest, or any custody/control in connection with this activity?

Yes No

Have you been or will you be involved in raising money, capital, funds, or any other assets in connections with this activity?

Yes No

Will you be involved, or have you previously been involved, in referring anyone to another person or entity seeking money funds, investments or any other capital for investment in this OBA?

Yes No

Have you or an immediate Family Member, TFA Customer or TFA Representative invested any capital into this activity?

Yes No

Is there any additional information you should disclose to TFA in order to provide a complete and accurate description of your association with this OBA?

Yes No

Please provide the information you deem is necessary.