



Regulation Best Interest Representative Questionnaire

Client Name _____

Account# _____

Please fill out this questionnaire in full. This form represents your review and appraisal of client account needs which need to be returned to Compliance for review. Please add extra page if needed.

All Registered Reps and Investment Advisor Representatives –

1) What type of account is this and why did you select this account type for this client? _____

2) What is the source of funds for this account? _____

3) Please describe the care, cost, and due diligence analysis used to select the products purchased _____

4) What products were not selected and why? _____

*Dual Registered Representatives only-

Why did you select this account type (advisory/or a brokerage) for your client? _____

REP SIGNATURE and DATE _____