

# IAR Review Questionnaire

Please complete the questionnaire below

**RIA Registrar, LLC**

**Questions: (800) 441-1219**

Fax, email or mail to: **Mail:** 4105 Lexington Avenue N. Ste. 201, Arden Hills, MN 55126

**Email:** [info@riainfo.com](mailto:info@riainfo.com)

**Fax:** (651) 212-2828

Instructions: As part of the supervisory responsibility each year firms must verify and update the information provided to ensure that Investment Advisor Representatives information is up-to-date. Please complete the questionnaire and return it to your Chief Compliance Officer at your earliest convenience.

<b>1. IAR's Name:</b>	
<b>2. Is Home Address Current on U4?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, please provide correct home address and date of move:	
<b>3. Phone:</b>	
<b>4. Household Members</b> (e.g. Spouse, children, and other relatives residing in the same household):	
1.	2.
3.	4.
5.	6.
<b>5. Do you have any outside employment or business activities (OBA) not currently disclosed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please complete Exhibit A for each activity	
<b>6. Do you serve as a Director, Officer, Trustee, Member, Partner, or in any other capacity, for any other entity not currently disclosed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please complete Exhibit A for each entity	
<b>7. Have you received any gifts from, or made any gifts to, clients, labor union or official, or anyone else doing business with the firm, other than gifts of nominal value?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, Describe:	
<b>8. Have you and/or any member of your immediate household made political contributions?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, Name of Recipient:	
Date of Contribution:	Amount \$:
Are you eligible to vote for the recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9. Do you own any interests in any securities or other investments not included on your brokerage statements, e.g., private placements, limited partnerships, etc.?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If YES, Describe:

**10. Do you have any ownership interest (a minimum of 5% interest) in other entities (public or non-public) not included on brokerage statements?**  Yes  No

If YES, List:

1.	2.
3.	4.
5.	6.

**11. Have you reviewed, understand, and agree to comply with all current policies and procedures including by not limited to: personal securities trading, insider trading activity, political contributions, cybersecurity, social media usage, diminished capacity and financial exploitation at our firm?**  Yes  No

List below any other changes that vary from any current disclosure on your Form U4, ADV 2B, or other applicable documents (e.g. Bankruptcies, Arrests, Marital Status, etc.).


Name:

Date:

Signature:

## Exhibit A

Please provide the following information relating to the new Outside Business Activity:

- Full Legal Business Name
- Is the Business investment-related? (yes/no)
- Address
- What is the nature of the other business?
- Your position, title, or relationship.
- Start date of your relationship (mm/year)
- Approximate hours a month spent on the other business.
- Approximate hours during trading spent on the other business.
- Approximate percentage of time and income related to the business.
- Briefly describe your duties relating to the other business.
- Are you compensated for this OBA? If so, what are the specific arrangements for this compensation.
- Will Clients of your new OBA be solicited for services of the RIA firm or vice versa?