



**INVESTMENT COUNSELING /
MONEY MANAGEMENT
SUPPLEMENTAL APPLICATION**

Administered by:

PCM Services, LLC
11 Hanover Square, 6th Fl.
New York, NY 10005-2863

NOTE: For purposes of this Supplemental Application, the following definitions apply:

1. "Investment Counseling" means any verbal or written advice, opinion, or recommendation that you have provided to any party relative to the financial merits or desirability of making, or not making, any particular financial investment.
2. "Money Management" means any investment decisions or choices or actual investments you have made on behalf of any party.

APPLICANT'S INSTRUCTIONS:

This form is to be completed if the Applicant firm provided a percentage in the main application, Section II, Firm's Practice, Question 1.a., that would require completion of this supplemental application. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

APPLICANT FIRM: _____

1. a. Please indicate below the total number of clients the Applicant firm has, along with the total annual gross revenues from both commissions and fees derived from Investment Counseling and/or Money Management activities for the past two (2) calendar years, and the projected totals for the current calendar year.

YEAR	NUMBER OF CLIENTS	TOTAL ANNUAL GROSS REVENUES
Current		

- b. For the revenue projected for the current year listed in 1.a. above, please indicate the approximate percentage derived from:

SERVICE	PERCENTAGE OF REVENUE
Financial Planning Fees	%
Investment Advisory Fees	%
Commissions from Life/Health/Disability Product Sales	%
Commissions from Mutual Fund, Annuity, Stocks/Bonds, Derivatives, Real Estate Investment Trust, Unregistered Securities	%
Benefit/Pension Plan Counseling	%
Accounting Service	%
Business Management Counseling	%
Economic Forecasting	%
Asset or Client Fund Management	%
Discretionary Investment Authority	%
Other (Please attach an explanation)	%
<i>Total (Must Equal 100%)</i>	<i>100 %</i>

2. Please check each box below if, during the past two (2) years, the Applicant firm has recommended to any party that they make that type of an investment, or if the firm has made that type of an investment on behalf of any of past or present clients.

- | | |
|--|--|
| <input type="checkbox"/> Stocks or Bonds | <input type="checkbox"/> Private Placements |
| <input type="checkbox"/> Commodities, Options, Derivatives or Currencies | <input type="checkbox"/> Venture Capital Investing |
| <input type="checkbox"/> Mutual Funds | <input type="checkbox"/> Commercial Real Estate |
| <input type="checkbox"/> Hedge Funds | <input type="checkbox"/> Real Estate Development |
| <input type="checkbox"/> Limited Partnerships | <input type="checkbox"/> Other
(Describe)_____ |

3. a. Does the Applicant firm have custody or possession of any investment assets or funds that belong to another party? Yes No

b. If Yes, what is the approximate total amount of all such assets or funds?

4. During the past two (2) years, have any of the following occurred relative to any past or present Investment Counseling or Money Management client? Please check either Yes or No for each question. If Yes to any part of Question 4. below, please attach complete details on a separate sheet.

- | | |
|---|--|
| a. Has any entity that the Applicant firm has invested in on behalf of any party, or that you have recommended that any party invest in, ceased operations, or gone insolvent, bankrupt, or into receivership or liquidation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Has the Applicant firm, or anyone at the firm, drafted a will, trust, or other document under which any firm member or any relative of a firm member is a beneficiary? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Has the Applicant firm, or anyone at the firm, ever been active in the management or operation of any investment vehicle (except under the auspices of a will, trust, or family limited partnership)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Has the Applicant firm, or anyone at the firm, been the subject of any regulatory inquiry or action of any kind by the SEC, the NASD, or any other federal or state governmental agency? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Has the Applicant firm, or anyone at the firm, ever had any kind of business or professional license suspended or revoked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

The undersigned understands the information submitted herein becomes a part of the Applicant firm's Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner Print or Type Name and Title Date (month-day-year)