

# Investment Adviser Supplemental Application Form

1. Applicant Information:

Date: \_\_\_\_\_

|   |                         |
|---|-------------------------|
| Applicant's Name                                | Applicant's IARD Number |
| Address (number, street, city, state, zip code) |                         |

2. Has applicant conducted Investment Adviser business with Michigan clients:  Yes  No

If "Yes", submit a written explanation of how applicant is in compliance with the Michigan Uniform Securities Act, PA 265 of 1964, as amended. Provide dates, numbers of clients and consideration received.

3. Is applicant currently registered as an Investment Adviser for Michigan:  Yes  No

Address(es) of office(s) in Michigan:

|         |      |       |          |
|---------|------|-------|----------|
| Address | City | State | Zip Code |
| Address | City | State | Zip Code |

4. Name, Office Address, CRD# and Social Security # of all persons that will render investment services to Michigan clients.

|   |         |                     |
|---|---------|---------------------|
| Name  | CRD No. | Social Security No. |
| Address (number, street, city, state, zip code) |         |                     |
| Name  | CRD No. | Social Security No. |
| Address (number, street, city, state, zip code) |         |                     |
| Name  | CRD No. | Social Security No. |
| Address (number, street, city, state, zip code) |         |                     |
| Name  | CRD No. | Social Security No. |
| Address (number, street, city, state, zip code) |         |                     |

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5. Enter names, addresses, and other information requested for all persons associated with, employed by, or who have an ownership interest in applicant, who are currently registered as Securities Agents for Michigan. Provide the name of the brokerage firm where employed and dates of employment. ***You must describe the nature of the association, employment or ownership interest.*** IF NO ONE IS REGISTERED AS A SECURITIES AGENT FOR MICHIGAN, PLEASE ANSWER "NONE". If applicant is a sole proprietor and is registered as a Securities Agent for Michigan, please provide complete details.

|   |  |         |
|---|--|---------|
| Name  |  | CRD No. |
| Address (Number, Street, City, State, Zip Code) |  |         |
| Name of Brokerage Firm where employed:          |  | CRD No. |
| Dates of Employment:                            | Describe nature of association, employment, or ownership interest: |         |
| From:                      To:                  |  |         |
| Name  |  | CRD No. |
| Address (Number, Street, City, State, Zip Code) |  |         |
| Name of Brokerage Firm where employed:          |  | CRD No. |
| Dates of Employment:                            | Describe nature of association, employment, or ownership interest: |         |
| From:                      To:                  |  |         |
| Name  |  | CRD No. |
| Address (Number, Street, City, State, Zip Code) |  |         |
| Name of Brokerage Firm where employed:          |  | CRD No. |
| Dates of Employment:                            | Describe nature of association, employment, or ownership interest: |         |
| From:                      To:                  |  |         |
| Name  |  | CRD No. |
| Address (Number, Street, City, State, Zip Code) |  |         |
| Name of Brokerage Firm where employed:          |  | CRD No. |
| Dates of Employment:                            | Describe nature of association, employment, or ownership interest: |         |
| From:                      To:                  |  |         |
| Name  |  | CRD No. |
| Address (Number, Street, City, State, Zip Code) |  |         |
| Name of Brokerage Firm where employed:          |  | CRD No. |
| Dates of Employment:                            | Describe nature of association, employment, or ownership interest: |         |
| From:                      To:                  |  |         |

6.  Check this box if you intend to act as a Finder only as defined in Section 401(i) of Public Act 265, of 1964, as amended.

Name and Title of person who completed this form:

|       |        |
|-------|--------|
| Name: | Title: |
|-------|--------|

**RETURN COMPLETED APPLICATION TO:**

Office of Financial and Insurance Regulation  
 Securities Section  
 P.O. Box 30701  
 Lansing, MI 48909-8201

This form is issued pursuant to P.A. 265 of 1964, as amended. It must be completed and filed as part of an application to register as an Investment Adviser. Failure to file will result in denial of your application.



**Michigan Department of Labor & Economic Growth**

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