

*a stock insurance company, herein called the Insurer*

## NON-CUSTODY INVESTMENT ADVISER ERISA APPLICATION

Proposed Effective Date of Coverage: \_\_\_\_\_

Application is hereby made by (Name of Adviser): \_\_\_\_\_

Name of Parent Company: \_\_\_\_\_

Principal address: (No, Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Total number of employees: \_\_\_\_\_ Total number of locations: \_\_\_\_\_  
 Date you were established: \_\_\_\_\_ Are you registered with the SEC or state?  Yes  No  
 When was your ADV last updated? \_\_\_\_\_  
 Has any similar insurance been declined or canceled during the past three years?  Yes  No  
 If Yes, please explain: \_\_\_\_\_  
 Has there been any change in ownership or management within the past three years?  Yes  No  
 If yes, please provide details: \_\_\_\_\_  
 Have there been any mergers/acquisitions with other companies within the past three years?  Yes  No  
 If yes, please provide details: \_\_\_\_\_

FULL PLAN NAME	PLAN TYPE	EMPLOYER SECURITIES? Y/N	ASSETS

*Attach separate sheet, if necessary*

What is the aggregate limit of liability required for all ERISA and Non-ERISA \$ \_\_\_\_\_  
 employee benefit plans for which you provide investment advice?  
*Limit is calculated by taking 10% of plan assets up to a maximum of \$500,000 per plan (maximum \$1,000,000 if plan holds employer securities, as defined in ERISA section 407(d)(1), 29, U.S.C. s1107(d)(1)), whichever is less, but not less than \$1,000 per plan.*

1.	Is an independent Certified Public Accountant involved in the applicant's financial reporting? If yes, financial statements are: <input type="checkbox"/> Audited <input type="checkbox"/> Reviewed <input type="checkbox"/> Compiled <b>(For a desired limit of \$25,000,000 or greater, please include a copy).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does every client sign an agreement or contract specifying types of investments to be purchased for their account? If no, please explain:	<input type="checkbox"/> Yes
3.	Who specifically maintains custody over clients' plan assets? (provide the name of the custodian(s)).	
4a.	Do you ever take physical possession of any of your clients' plan assets?	
4b.	Do you have an affiliate, subsidiary, parent or other related company that takes custody of the assets of clients whom you also provide investment advice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4c.	Do you have an affiliate, subsidiary, parent or other related company that acts as a broker / dealer? If no, please proceed to question 4d. If yes, please respond below. Are the employees, locations and operations of the broker/dealer separate from the investment adviser?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4d.	Are there any dual employees of the adviser and affiliated broker/dealer? Do you have an affiliate, subsidiary, parent or other related company that acts as a futures commission merchant, commodity pool operator, or commodity trading advisor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

5a.	Do you now or do you intend to answer any of the questions in Item 9, Custody, of your most recent ADV affirmatively? If yes, did you answer affirmatively only due to the following circumstances:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5b.	You deduct your advisory fees from your clients account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5c.	Your firm acts as both an investment advisor and general partner to a limited partnership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5d.	Excepting Questions 5b and 5c, do you otherwise have custody of your client's funds or securities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
.6.	Are you involved in the selection process of the custodian for your clients? If yes, do you offer at least two options?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
7.	Does the custodian provide your client with a statement of investment account activity directly? If yes, how frequently? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Does the custodian provide you with a copy of the client's statement of investment account activity? If yes, how frequently? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9a.	Are you affiliated with any investment firms or investment vehicles either through a parent company relationship or otherwise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9b.	Are any of the ERISA plan assets to be covered under this insurance invested in any of these affiliated investment funds or investment vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9c.	Do these affiliated investment firms or investment vehicles have authority to dispose of funds and securities in the limited partnership's accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10a.	Are you a portfolio manager for one or more wrap-fee programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10b.	Do you ever assume custody of client assets in your capacity of portfolio manager for these programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Within the past five years have you been charged with SEC disciplinary violations? <i>If yes, please attach a statement providing full details of the incident including date, nature and resolution.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12a.	Have you provided each custodian with a list of personnel at your firm who are authorized to request account changes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12b.	If no, how does the custodian verify that an account change request has originated from an authorized person?		
13.	Have all the custodians who hold assets for the ERISA plans for which you provide advice been advised in writing never to release client assets back to anyone in your firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>LOSS EXPERIENCE</b>
Please attach details on all employee fraud or dishonesty losses discovered or sustained in the last three years. Include description of loss, amount of loss and corrective internal controls implemented. Check here if none: <input type="checkbox"/>

### FRAUD WARNING STATEMENTS

**ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.**

**COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.**

**DISTRICT OF COLUMBIA APPLICANTS: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."**

**FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**HAWAII APPLICANTS:** FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

**KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

**PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**PUERTO RICO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

**RHODE ISLAND APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

TENNESSEE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

The Insured represents that the information furnished in this application is complete, true and correct. Any intentional misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any bond issued in reliance upon such information.

**\*APPLIES TO GEORGIA, VIRGINIA APPLICANTS ONLY:** The Insured represents that the information furnished in this application is complete, true and correct. It is further agreed that if the above described declarations and statements are not true, accurate and complete, and are deemed material to the issuance of this Policy, any claim arising from any matter not truthfully, accurately or completely disclosed, or disclosed at all, shall be excluded from coverage.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED IN CONNECTION WITH THE APPLICATION PROCESS, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Application completed by (Name and Title): \_\_\_\_\_

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

**\* MANDATORY – FLORIDA, NEW HAMPSHIRE & IOWA PRODUCERS ONLY:**

Producer Name: \_\_\_\_\_

Producer No.: (Florida Only): \_\_\_\_\_

Producer Signature: (New Hampshire Only) \_\_\_\_\_