

Outside Business Activity Disclosure

A Registered Representative must receive approval from the **Fortune Financial Services, Inc.** Compliance Department prior to engaging in any Outside Business Activity.

The following activities are not required to be disclosed:

1. Activity is a recognized charitable, civic, religious or fraternal tax-exempt entity [501(c)(3)], for which you do not receive compensation.
2. Activity represents passive income (e.g. rental income)

| Activity Type | | | |
|--|--|---|--|
| Complete a separate form for each Outside Business Activity that you are engaged in. (i.e. if you are both an Insurance Agent and a Real Estate Agent, you must fill out two separate Outside Business Activity Disclosure [OBA] Forms.) | | | |
| <input type="checkbox"/> Insurance Agent (Check all types of insurance that you offer and % of mix) <input type="checkbox"/> Fixed Annuities _____% <input type="checkbox"/> Disability _____% <input type="checkbox"/> Health _____% <input type="checkbox"/> Life (Term/Universal/Whole) _____% <input type="checkbox"/> Property & Casualty _____% <input type="checkbox"/> LTC Insurance _____% <input type="checkbox"/> Employee Benefits _____% <input type="checkbox"/> Equity Indexed Products _____% (Requires attached Equity Indexed Product Information Addendum) | | | |
| <input type="checkbox"/> Mortgage Broker | <input type="checkbox"/> Fiduciary | <input type="checkbox"/> Board Membership | <input type="checkbox"/> Real Estate Agent |
| <input type="checkbox"/> CPA/Tax Preparation | <input type="checkbox"/> Attorney | <input type="checkbox"/> Health Services Accounts | <input type="checkbox"/> Other (Include description) |
| Forms of Compensation (Check all that apply) | | | |
| <input type="checkbox"/> Wages, Salary, Tips/W-2 | <input type="checkbox"/> Commission/1099 | <input type="checkbox"/> Referral Fees | <input type="checkbox"/> None |
| <input type="checkbox"/> Others (Include explanation) | | | |
| Time Commitment | | | |
| Approximate amount of hours/month you devote to this outside business activity? _____ | | | |
| Approximate amount of hours/month you devote during security trading hours? _____ | | | |
| Doing Business As (DBA) | | | |
| Complete this section only if the Outside Business Activity will be conducted under any form of Corporate Entity. | | | |
| Name of Corporation/LLC/Partnership/Business Trust: _____ | | | |
| Other than you, how many shareholders are there? _____ (Go to the next question if answer is one or more.) | | | |
| Are any of the shareholders referenced above non-family members?* <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Required Signatures | | | |
| Registered Representative Name (Print): | Registered Representative Signature: | Date: | |
| Compliance Department Review Sign-Off: | | Date: | |
| <input type="checkbox"/> Approve <input type="checkbox"/> Decline <input type="checkbox"/> Other – Reason: | | | |

* Family members include: parents, spouse, children, mother-in-law, father-in-law, sister-in-law, son-in-law, daughter-in-law, and any person who is materially supported by the associated person.

Equity-Indexed Product Information Addendum

(Complete only if you have disclosed an Outside Business Activity for sales of Equity-Indexed products.)

Use this form to list all companies whose Equity-Indexed products you sell or may sell, and list such product.

Example:

| Company Name | Product Name |
|-----------------|--------------|
| Jefferson Pilot | ABC Product |
| Allianz Life | ABC Product |
| Allianz Life | DEF Product |
| ING-USA | ABC Product |
| ING-USA | DEF Product |

Use as many copies of this form as necessary to disclose ALL Equity-Indexed products you sell or may sell.

| Company Name | Product Name |
|--------------|--------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |

Attestation Information (Initial the following):

| | |
|-------|---|
| _____ | As stated in FINRA Notice to Member 05-50, I understand and agree that all recommendations to liquidate or surrender a registered security, including mutual fund, variable annuity or variable life contract, must be suitable, including where such liquidation or surrender is for the purpose of funding the purchase of an Equity-Indexed product. |
| _____ | I understand and agree that all advertising and sales literature used to recommend and/or solicit Equity-Indexed Annuities or Equity-Indexed Life Insurance policies must be approved by the Fortune Financial Services Compliance Department prior to usage. This includes materials I produce or material produced by the product vendor. |
| _____ | I understand and agree that I must maintain separate securities and Equity-Indexed product files, even though one client may have both Equity-Indexed product policies and securities accounts. |
| _____ | I understand and agree that upon being registered with Fortune Financial Services all Equity-Indexed product sales will be submitted directly to Fortune Financial Services or an approved Insurance Marketing Organization as defined by the Fortune Financial Services Compliance Department. (Call for details.) |

Required Signatures

| | | |
|--|--------------------------------------|-------|
| Registered Representative Name (Print): | Registered Representative Signature: | Date: |
| Compliance Department Review Sign-Off: | | Date: |
| <input type="checkbox"/> Approve <input type="checkbox"/> Decline <input type="checkbox"/> Other – Reason: _____ | | |