



Pre-Hire Questionnaire

Thank you for expressing your interest in joining Brookstone Securities, Inc ("Brookstone"). The following questions are for the purpose of determining whether we will proceed to the next steps of our hiring process. Please answer each question and read the important disclosures carefully

Contact Information: 2920 Drane Field Rd, Lakeland, FL 33811 / Phone #: 863-687-3679 / Fax #: 863-682-3660

SECTION I. GENERAL INFORMATION

1. Applicant's Name (please print): _____

2. Phone Number: _____ 3. Fax Number: _____

4. Cell Number: _____ 5. e-mail: _____

6. Date Completed: _____ 7. Projected Resignation Date: _____

8. Please print other name(s) you have used _____

9. FINRA Licenses: S6 S7 S24 S4 S63 S65 S66 S53 S51

10. Insurance Licenses: Life Health Variable Annuity Life including Variable Annuity

11. Current Place of Business: _____

12. Current Residential Address: _____

13. Why do you want to terminate your registration with your current broker-dealer? _____

14. Referred by: _____

15. How did you hear about Brookstone? _____

16. Do you have any outstanding loan(s) or payment(s) with your current broker-dealer? If yes, please explain. Yes, No

17. Have you ever been placed on special or heightened supervision by a previous broker-dealer? Yes, No
If yes, please complete the following:

(i) Name of Broker-Dealer _____

(ii) Please explain why you were placed on special or heightened supervision by the broker-dealer: _____

(iii) Date Placed: _____ (iv) Date Removed: _____

(v) Please list all terms and conditions placed on you : (i.e., quarterly branch location inspection) _____

SECTION II. PROPOSED BUSINESS LOCATION INFORMATION

1. Are you planning to join one of Brookstone’s existing business locations? Yes, No
 (i) If yes, provide the branch location address: _____

2. If no to the above question, please complete the following:
 (i) Proposed business location address: _____

(ii) Name of a person in charge of this business location: _____

(iii) Are you planning to meet with clients or prospective clients in this location? Yes, No
 If no, provide location information where you are planning to meet with your clients or prospective clients: _____

(iv) Do you or are you planning to maintain books and records in this location? Yes, No
 If no, provide location information where you are planning to maintain books and records. _____

(v) Do you or are you planning to share your business location with any Brookstone’s Registered Representative? If yes, provide the name(s) Yes, No

(vi) Do you or are you planning to occupy or share your business location with an entity or individual registered with or which is a broker-dealer or other financial institution(s)? If yes, explain: Yes, No

(vii) Do you or are you planning to occupy or share your business location with an attorney or CPA or any estate planner? If yes, do you refer any business to them or do they refer any business to you? Yes, No

(viii) Do you or are you planning to conduct your outside business activities, disclosed in section V of this document, in this location? If yes, explain: Yes, No

SECTION III. TYPE OF PRODUCTS AND SERVICES

1. Year to day gross production: _____
2. Gross production 2 years ago: _____
3. Trailing 12 months gross production

Categories	Gross Production	Assets Under Management
Equities (Common stocks, ETFs, Closed-end Funds)		
Options		
Open-End Mutual Funds		
Bonds (Fixed Income Securities)		
Variable Annuities		
Fixed Insurance Products		
Other Insurance Related Products		
Advisory Related Products and/or Services		
DPP Products		
Other		
Total		

4. Do you provide discretionary services? If yes, explain your capacity: Yes, No

SECTION IV. TYPE OF CUSTOMERS

Check types of clients you have. Indicate number of each type of client, the approximate percentage that each type of client comprises of your total number of clients and your total assets under management.

Check	Types of Customers	# of Clients	% in # of Clients	% in AUM
<input type="checkbox"/>	Individuals (other than high net worth individuals)			
<input type="checkbox"/>	High net worth individuals			
<input type="checkbox"/>	Corporations or other business			
<input type="checkbox"/>	Pension and profit sharing plans (other than plan participants)			
<input type="checkbox"/>	State or municipal government entities			
<input type="checkbox"/>	Charitable organizations			
<input type="checkbox"/>	Others			
Total			100%	100%

SECTION V. OTHER BUSINESS ACTIVITIES

1. Do you or are you planning to conduct any SECURITIES RELATED activities as an outside business activity? If yes, explain: Yes, No

(i) How many hours during regular market hours are you planning to engage in this activity?

_____ Hours: Per Day Per Week Per Month

(ii) What percentage of your annual earnings is or will be generated from this activity? _____ %

2. Do you or are you planning to conduct any NON-SECURITIES INVESTMENT RELATED activities as an outside business activity? If yes, explain: Yes, No

(i) How many hours during regular market hours are you planning to engage in this activity?

_____ Hours: Per Day Per Week Per Month

(ii) What percentage of your annual earnings is or will be generated from this activity? _____ %

3. Do you or are you planning to conduct any outside business activities REQUIRING PROFESSIONAL LICENSE OR DESIGNATION, such as Tax or Legal advice? If yes, explain: Yes, No

(i) How many hours during regular market hours are you planning to engage in this activity?

_____ Hours: Per Day Per Week Per Month

(ii) What percentage of your annual earnings is or will be generated from this activity? _____ %

4. Do you or are you planning to conduct any INSURANCE RELATED outside business activities? If yes, explain. Yes, No

(i) How many hours during regular market hours are you planning to engage in this activity?

_____ Hours: Per Day Per Week Per Month

(ii) What percentage of your annual earnings is or will be generated from this activity? _____ %

5. Do you or are you planning to conduct any INVESTMENT ADVISORY RELATED outside business activities? If yes, check all services and products you provide. Yes, No

(i) If yes, check all services and products you provide or planning to provide.

Financial Planning Third Party Advisory Services Direct Asset Management

Other: _____

(ii) How many hours during regular market hours are you planning to engage in this activity?

_____ Hours: Per Day Per Week Per Month

(iii) What percentage of your annual earnings is or will be generated from this activity? _____ %

6. Do you or are you planning to conduct any outside business activities not listed above? If yes, explain. Yes, No

(i) How many hours during regular market hours are you planning to engage in this activity?

_____ Hours: Per Day Per Week Per Month

(ii) What percentage of your annual earnings is or will be generated from this activity? _____ %

7. Do you or are you planning to maintain a DBA (Doing Business As) name for your securities related business? If yes, please explain. Yes, No

With my signature below, I give my consent to Brookstone Securities, Inc. to verify my previous employment and/or regulatory history through the Central Registration Depository (CRD) system of FINRA and any other background check it deems necessary which may include, but not limited to credit reports and any other review it deems necessary through any agency(s) Brookstone may choose in its sole discretion.

Furthermore, I certify that all of the information provided herein and information currently available through CRD are accurate and complete and agree to immediately notify Brookstone if any events or circumstances arise, which would result in a change to one or more of these responses and/or CRD information.

I also understand that Brookstone will not approve or disapprove my business activities including outside business activities based on the information provide in this document.

Social Security Number

CRD Number

Date of Birth

Name (please print)

Signature

Date

Home Office Use Only