



PROSPECTIVE REPRESENTATIVE PROFILE

Please return all completed forms via email to dale.pope@mercapsecurities.com or via fax to (610) 647-1244

CONFIDENTIAL INFORMATION

Estimated Start Date _____

I am interested in considering a contract to represent MerCap Securities, LLC and the following information about me is given voluntarily, with the assurance that it will be held in strict confidence.

Applicant Name _____

Nickname (if any) _____

Business Name _____
(as it will appear if you join MerCap)

Birth Date _____ Place of Birth _____

Social Security Number _____ CRD # _____

Residence Address

Business Address

Street _____

Street _____

City _____

City _____

State _____

State _____

Zip _____

Zip _____

Phone _____

Phone _____

Fax _____

Fax _____

Mobile Phone _____

Mobile Phone _____

Please list all existing personal and business email addresses _____

Once registered with MerCap, you must use only your MerCap domain email address for all securities related electronic correspondence. MerCap's email address will be first name.last name@MerCapSecurities.com.

Do you use Twitter, Facebook, personal blogs or other electronic networking websites/services? Yes No

If so, please list which websites/services you currently use _____

PRODUCTION

Please estimate your business volume and production:

		% of Business	Commission Earned in Past 12 months	Assets
General Securities Transactions -	Individual Stocks	_____ %	\$ _____	_____
	Fixed Income	_____ %	\$ _____	_____
	Options	_____ %	\$ _____	_____
	UITs	_____ %	\$ _____	_____
	REITs	_____ %	\$ _____	_____
Mutual Fund Sales -	Stock Funds	_____ %	\$ _____	_____
	Bond Funds	_____ %	\$ _____	_____
Investment Advisory Fees -	Self Managed Accounts	_____ %	\$ _____	_____
	Third Party Managed Accounts	_____ %	\$ _____	_____
	Financial Planning	_____ %	\$ _____	_____
Limited Partnerships -	Public	_____ %	\$ _____	_____
	Private	_____ %	\$ _____	_____
Annuities -	Fixed	_____ %	\$ _____	_____
	Variable	_____ %	\$ _____	_____
	Equity-Indexed	_____ %	\$ _____	_____
Life Insurance -	Group	_____ %	\$ _____	_____
	Permanent	_____ %	\$ _____	_____
	Variable	_____ %	\$ _____	_____
	Other	_____ %	\$ _____	_____
Other	_____	_____ %	\$ _____	_____
	_____	_____ %	\$ _____	_____
TOTAL		_____ %	\$ _____	_____

Name of Top 5 Products Sold:

1. _____
2. _____
3. _____
4. _____
5. _____

Are you unhappy with your current broker-dealer? Yes No

If yes, please state the reasons: _____

Business Plan

What are your current business objectives?

Are you affiliated with an insurance marketing wholesaler? If so, whom?

PROFESSIONAL AFFILIATIONS/QUALIFICATIONS

Current FINRA Registrations that you currently hold:

- | | |
|---|---|
| <input type="checkbox"/> Series 1 (“Grandfathered” Inv. Co. Rep) | <input type="checkbox"/> Series 51 (Municipal Funds) |
| <input type="checkbox"/> Series 6 (Mutual Fund Rep) | <input type="checkbox"/> Series 52 (Municipal Securities Rep) |
| <input type="checkbox"/> Series 7 (General Securities Rep) | <input type="checkbox"/> Series 53 (Municipal Securities Principal) |
| <input type="checkbox"/> Series 22 (Direct Participation Rep) | <input type="checkbox"/> Series 62 (Corporate Securities) |
| <input type="checkbox"/> Series 24 (General Securities Principal) | <input type="checkbox"/> Series 63 (USASLE-Uniform State) |
| <input type="checkbox"/> Series 26 (Mutual Funds Principal) | <input type="checkbox"/> Series 65 (Investment Advisor) |
| <input type="checkbox"/> Series 42 (Options Rep) | <input type="checkbox"/> Series 66 (Uniform Combined State Law-NASAA) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Series 82 (Ltd Rep-Priv Sec. Offerings) |

What exams, if any, will you be taking upon joining MerCap?

Exam: _____ Date: _____

Other Licenses & Designations:

- | | |
|---|---|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Mortgage Broker |
| <input type="checkbox"/> Certified Financial Planner | <input type="checkbox"/> Real Estate License |
| <input type="checkbox"/> Certified Public Accountant | <input type="checkbox"/> Insurance Agent: <input type="checkbox"/> Life & Health <input type="checkbox"/> P & C |
| <input type="checkbox"/> Chartered Financial Analyst | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chartered Financial Consultant | |

Are you in the investment advisory business? Yes No

If Yes, are you a Registered Investment Advisor (RIA) or an Investment Advisor Representative (IAR) of a Registered Investment Advisor?

- | | |
|--|--|
| <input type="checkbox"/> Registered Investment Advisor | <input type="checkbox"/> Investment Advisor Representative |
| Name of RIA: _____ | State(s): _____ |
| <input type="checkbox"/> SEC Registered | |
| <input type="checkbox"/> State Registered | |
| State(s): _____ | |

Do you want to become an Investment Advisor Rep (IAR) with MerCap Advisors, Inc.?

Yes No

Which states? _____

Do you have partners/co-owners? Yes No

Please describe: _____

Are they registered with MerCap? Yes No

To which professional associations do you belong? _____

What position (if any) have you held in any of the associations listed above? _____

COMPLIANCE INFORMATION

Have you ever been involved in litigation, investigations (public or private), customer complaints and/or regulatory inquiries of any nature? Yes No

Do you have any Yes answers on your U-4? Yes No

Are you under contract or any other arrangement with any person or firm which may affect your business (i.e., partnership arrangement or sales contract with a "non-compete" clause)? Yes No

Are you the General Partner of any investment company? Yes No

If you answered Yes to any of the above, please provide details. If you need more space, please attach additional sheets.

Have you ever made loans to or received loans from clients or other individuals? Yes No

If Yes, please describe _____

Are you involved in the activities, ownership or management of any securities related or other companies, including dormant entities, even if not securities related? Yes No

If Yes, please describe _____

Provide the name and telephone number of your current, or most recent (if you are not currently registered) immediate supervisor.

Recruiter Notes _____

Is there anything else of a material nature that we should be aware of? If you need more space, please attach additional sheets.

Do you have an office of convenience solely to meet clients by appointment occasionally and exclusively? This location is not held out to the public. Yes No

If Yes, please list address: _____

References

Please list three individuals who are familiar with your business practices. Include at least one person who knows you from previous employment. At least one must be a professional reference.

Name	Email	Tel #	Association	Length of Relationship
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Recruiter Notes _____

PRE-HIRE AUTHORIZATION

I hereby authorize MerCap Securities, LLC, a FINRA licensed broker/dealer, to conduct a confidential Central Registration Depository "Pre-Hire Check," background investigation, Google Search and credit check on my behalf (initially and annually). _____ (*Initial*)

I represent and acknowledge that I have fully disclosed all background information relating to the following: arrests, misdemeanor or felony charges, customer complaints, SRO and state investigations, regulatory actions, civil/judicial disclosures, prior firm terminations, bankruptcies, bond disclosure, and judgment liens. I understand and acknowledge that failure to fully disclose and provide information relative to the above, irrespective of whether same requires disclosure on Form U4, is grounds for termination from MerCap upon discovery of such facts. I understand the disclosure requirements of MerCap and, if necessary, I have sought clarification of these requirements prior to making this representation. _____ (*Initial*)

I hereby authorize the procurement of a consumer report by MerCap as part of the pre-appointment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for MerCap to procure consumer reports at any time during my association with MerCap. Per this document, MerCap discloses to you that a consumer report may be obtained for personnel purposes as part of the background investigation before a representative becomes associated with the Firm, and at any time while the representative is associated with MerCap. Please initial below to signify receipt of the foregoing disclosure. _____ (*Initial*)

I also acknowledge that MerCap has a proprietary and commercial interest in maintaining the confidentiality of any non-public or confidential information that may become known to the undersigned during the pre-hire and hiring process. The undersigned further agrees not to disclose the confidential information or use the confidential information for any purpose. _____ (*Initial*)

Finally, I acknowledge that, if appointed by MerCap, I will only use the title of _____, unless I receive express written approval from the MerCap Compliance Department to use another title. _____ (*Initial*)

Applicant's Signature _____ Date _____

Referred by: _____

Recruiter /Wholesaler Name: _____

Notes: _____

For Internal Use Only:
TO BE FILLED OUT BY SUPERVISORY PRINCIPAL or REGISTRATION MANAGER

I have thoroughly reviewed this Prospective Representative Profile, have contacted this individual's references, and I recommend the individual described herein for association with MerCap. I will hold a copy of this Prospective Representative Profile in this representative's file in my office.

Signature of Appropriate Signatory or Registration Manager _____ Date _____

Additional comments pertinent to the qualifications of this representative: _____

