

**I. INDIVIDUAL SPONSOR'S INFORMATION AND ACKNOWLEDGEMENT**

1. Sponsor's Name: \_\_\_\_\_

2. Branch Address: \_\_\_\_\_

3. Branch Code: \_\_\_\_\_ 4. Name of the Sponsor's Supervisor: \_\_\_\_\_

With my signature below, I acknowledge and agree as the individual sponsor for this new employee that I am responsible for:

- Training, monitoring, overseeing and supervising the new employee in the new employee training program;
- Monitoring, overseeing and supervising the new employee's ongoing completion of all applicable elements and requirements of the program and his/her compliance with all applicable laws, rules and regulations, including but not limited to applicable CFSC's policies and procedures;
- All costs associated with this new employee and his/her participation in the program;
- Reporting to CFSC's Home Office regarding the content and progress of the program; and
- Notifying CFSC's Home Office promptly if and when I terminate, or the new employee terminates, his or her association with me and/or CFSC.

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**II. NEW EMPLOYEE'S INFORMATION AND ACKNOWLEDGEMENT**

1. New Employee's Name: \_\_\_\_\_

2. List any securities license(s) that you currently hold: \_\_\_\_\_

3. Provide your job description (now and as planned during the program): \_\_\_\_\_  
\_\_\_\_\_

4. Proposed date of your completion of the program: \_\_\_\_\_

5. Proposed date of passing Series 79 examination: \_\_\_\_\_

With my signature below, I acknowledge and agree that:

- I am not subject to "statutory disqualification" under applicable securities laws, rules and regulations;
- I have not been the subject of any investment banking-related and/or other customer complaints;
- I have not been the subject of any investment banking-related and/or other legal, regulatory, self-regulatory and/or other disciplinary actions, investigations or proceedings; and
- I will maintain the privacy and confidentiality of all nonpublic data regarding customers, prospective customers, CFSC and otherwise that I receive and/or access during my participation in the new employee training program.

Further, I acknowledge and agree that I must: (a) undertake, carry out and complete the new employee training program in accordance with FINRA rules and all requirements as may be specified, from time to time, by my sponsor and/or CFSC; and (b) take and pass the Series 79 examination not later than two (2) years from the date I sign this document.

New Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**New Employee Training Program Administrator Use Only:**

- Approved  
 Disapproved (note reason(s) for disapproval): \_\_\_\_\_

CFSC's Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_