



INTENT TO ENGAGE IN OR MAINTAIN
OUTSIDE BUSINESS ACTIVITY (OBA) OR DBA NAME
(Email this form to compliance@coloradofsc.com)

A registered representative MAY NOT conduct any OBA without PRIOR consent from Colorado Financial Service Corporation (Colorado Financial or CFSC). In the event that you are planning to engage in a new outside business activity or your outside business activities have changed including discontinuation of a previously disclosed OBA, you must complete and send this form to the Home Office for review and approval. Please note that even though all questions are in present sentence, your answer should reflect both present and future events, circumstances, and activities. IF YOU HAVE MORE THAN ONE REPORTING ITEM, EACH ITEM SHOULD BE REPORTED ON A SEPARATE FORM.

Reporting RR's Name: _____ Supervisor's Name: _____

A. REPORTING TYPES

1. [] INTENT TO ENGAGE IN OUTSIDE BUSINESS ACTIVITIES (Complete all sections of this document)

NAME OF ACTIVITY:

2. [] INTENT TO MAKE CHANGES TO PREVIOUSLY DISCLOSED OUTSIDE BUSINESS ACTIVITIES (Complete all sections of this document)

3. [] INTENT TO DISCONTINUE PREVIOUSLY DISCLOSED OUTSIDE BUSINESS ACTIVITIES (Complete below)

- Name of the other business to be discontinued: _____
Ending Date: _____
Acknowledgment - When/if I wish, in the future, to engage in this discontinued activity, I will resubmit an Outside Business Activities Request form (D002) for the firm's review and approval.

Signature: _____ Date: _____

No need to complete the rest of the document if signed here.

4. [] I HAVE NO OTHER BUSINESS ACTIVITIES TO REPORT AND MY ANSWERS TO ALL OF THE QUESTIONS OF SECTION B, "OUTSIDE BUSINESS ACTIVITIES ASSESSMENT QUESTIONNAIRES" ARE "NO." (Complete section B below)

Acknowledgement - With my signature here, I certify that I do not engage in any outside business activities. I also understand that I have an ongoing responsibility to notify the Home Office when/if I wish to engage in any activities outside the scope of my relationship with Colorado Financial Service Corporation. (Sign and date here)

Signature: _____ Date: _____

If signed here, complete Section B, "Outside Business Activities Assessment Questionnaires" below. You may check here only if answered "NO" to ALL of the questions of Section B below.

B. OUTSIDE BUSINESS ACTIVITIES ASSESSMENT QUESTIONNAIRES

If answered "YES" to ANY of the following questions, you must complete and submit this "Outside Business Activity" form for its entirety. If more than one questions are answered "YES" and/or have more than one outside business activities to report, each outside business activity must be reported in a separate "Outside Business Activity" form.

1. Are you employed by, or do you accept or make compensation, either directly or indirectly, from any outside business (activity other than as a passive investment) outside the scope of your relationship with Colorado Financial Service Corporation? Yes No
2. Are you a general partner or limited partner in any partnership or are you involved in any entity that creates or packages limited partnerships? Yes No
3. Are you a member of a Board of Directors or a trustee for any profit or non-profit organization? Yes No
4. Are you involved, either paid or unpaid, in any charitable and/or volunteer activities that require your involvement in the governance or financial operation of the organization? Yes No
5. Are you involved, either paid or unpaid, in any activities including charitable and volunteer activities that require a regular basis of your participation or attendance during the business hours? Yes No
6. Do you hold, either paid or unpaid, any political positions? Yes No
7. Are you a trustee, co-trustee, or successor trustee for any accounts or assets other than those of your immediate family member? Yes No
8. Do you operate under or use a business name other than Colorado Financial Service Corporation for your activities through Colorado Financial Service Corporation? (DBA Name) Yes No

C. FORM U-4 OTHER BUSINESS SECTION

1. Outside business activities types (*provide separate form for each activity*)

a. **DBA FOR COLORADO FINANCIAL RELATED BUSINESS**

- i. Are you incorporated? Yes No
- ii. Provide proof of state/local registration. (Certificate of good standing from your state)
- iii. Provide copy of prior two years tax returns

b. **INSURANCE RELATED ACTIVITIES INCLUDING FXIED PRODUCTS**

- i. Are you a member of any insurance marketing organizations not affiliated with Colorado Financial? Yes No
- ii. List the name, address and supervising principal of the insurance marketing organization(s)

| Organization Name | Managing General Agent | Street Address | City, State, Zip |
|-------------------|------------------------|----------------|------------------|
| | | | |
| | | | |
| | | | |

iii. List the insurance carriers and gross for which you actively write and service cases:

| Insurance Carriers | Sales Amount (\$) | Insurance Carriers | Sales Amount (\$) |
|--------------------|-------------------|--------------------|-------------------|
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c. **INVESTMENT ADVISORY BUSINESS RELATED ACTIVITIES**

- i. Do you operate under or with RIA other than Colorado Financial? Yes No
- ii. RIA Legal Name : _____
- iii. RIA CRD Number: _____
- iv. Do all current information/documents related to/regarding the RIA available through the SEC website? Yes No
- v. Do or will any individuals not associated with Colorado Financial have any presence in or with this RIA? Yes No

d. **REAL ESTATE AND MORTGAGE RELATED BUSINESS ACTIVITIES**

- i. Check all types of business/services you offer or participate. (check all that apply)
 - Residential Property Transactions-RE LIC Business/Commercial Property Transactions-RE LIC
 - Rental Property Management (you own) Managing Property (residential or commercial) Owned by Others
 - 1031 Exchange Mortgage Financing Mortgage Broker Liquefied Home Equity
 - Other (explain): _____

ii. List any professional designations or licenses you have or are required to maintain for this other business.

- e. **TAX OR LEGAL ADVICE OR SERVICES**
- i. Check all types of services you offer (check all that apply)
- Tax Return Preparation Pay Roll Trust Service Financial Audit Legal Services
- Other (explain): _____
- ii. List any professional designations or licenses you have or are required to maintain for this other business.
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- f. **CONSULTING SERVICES**
- i. Check all types of services you offer (check all that apply)
- Consultation on Personal Finance or Financial Needs Consultation on Business Finance or Financial Needs
- Consultation on Business Merger and Acquisition Consultation on Capital Raise
- Other (explain): _____
- ii. List any professional designations or licenses you have or are required to maintain for this other business.
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- g. **OTHER**
(explain) _____

2. **Name of the other business**

3. The other business type: Investment-Related Business OR Not Investment-Related Business:

4. Address of the Other Business _____

5. Below, explain the nature of the other business: _____

6. Indicate your position within the other business

- Employee Partner Officer Director Trustee Agent Owner (Proprietor)

Other: _____

7. Title: _____

8. Explain your relationship with the other business

9. Start date (Date of inception): _____ 10. Ending date, if any: _____

11. Nature of any compensation (indicate if none) _____

12. Approximate number of hours you devote to the other business during securities trading hours: _____

13. Briefly describe your duties relating to the other business: _____

D. 3270.01 ASSESSMENT QUESTIONNAIRES

1. Below, explain whether your engagement and/or participation in this other business interferes with or otherwise compromise your responsibilities, as a Registered Representative, to Colorado Financial and/or your Colorado Financial's customers.

2. Do any customers or prospective customers doing business with Colorado Financial have any ownership interest or involvement in this other business activity? *If yes, describe customers' participation or involvement in this activity.* Yes No
3. Do any customers or prospective customers doing business with Colorado Financial participate in or shall be solicited for this other business? *If yes, explain below how you do or will distinguish this other business to ensure that customers or prospective customers do not view this other business as part of Colorado Financial's business?* Yes No
4. Below, explain your compensation arrangement with/for the other business.
5. Is this other business your primary source of income? *If yes, explain the reason you still wish to maintain your registration/association with Colorado Financial Service Corporation.* Yes No
6. Do you have signatory authority on the investment or checking accounts for this other business or organization or their accounts? *If yes, explain.* Yes No
7. Do you either directly or indirectly raise any capital to fund or operate this other business or organization? Yes No
8. Do you assist, involve, or participate in raising capital for or on behalf of this other business or organization? Yes No
9. Do you receive any compensation based on: (i) either the amount you raise for or on behalf of the other business; or (ii) the amount raised by any individuals or entities you refer to the other business? Yes No
10. Do you, either directly or indirectly, recommend or sell any securities or securities-like products through, as, or on behalf of the other business? Yes No
11. Do you, either directly or indirectly, participate in transactions of any securities or securities-like products? Yes No

Pursuant to the rule 2(a)(1) of the Securities Act of 1933, the term "security" means any note, stock, treasury stock, security future, security-based swap, bond, debenture, evidence of indebtedness, certificate of interest or participation in any profit-sharing agreement, collateral-trust certificate, preorganization certificate or subscription, transferable share, investment contract, voting-trust certificate, certificate of deposit for a security, fractional undivided interest in oil, gas, or other mineral rights, any put, call, straddle, option, or privilege on any security, certificate of deposit, or group or index of securities (including any interest therein or based on the value thereof), or any put, call, straddle, option, or privilege entered into on a national securities exchange relating to foreign currency, or, in general, any interest or instrument commonly known as a "security", or any certificate of interest or participation in, temporary or interim certificate for, receipt for, guarantee of, or warrant or right to subscribe to or purchase, any of the foregoing.

E. CERTIFICATION AND ACKNOWLEDGMENT

Please note that based on the answers/information above, the Home Office may contact you for additional information or documents.

I certify that: (i) I PERSONALLY completed this form; and (ii) all information and statements contained herein are accurate and complete to the best of my knowledge and belief. I also understand and agree that false or misleading statements or information, and/or any material omission(s), may result in disciplinary action up to and including termination of my association with Colorado Financial Service Corporation. Furthermore, I understand that until I receive a written notification, from the Home Office, of this proposed other business being approved, I am not allowed to engage or participate in this proposed outside business. Furthermore, I will submit an updated report when any of the above information changes.

Representative's Signature:

Date:

F. HOME OFFICE USE ONLY

HOME OFFICE UNDERSTANDING OF OUTSIDE ACTIVITY:

- 1. Will activity interfere with or otherwise compromise the registered person's responsibilities to the RR's customers? Yes No
- 2. Will activity be viewed by customers or the public as part of Colorado Financial's business based upon, among other factors, the nature of the proposed activity and the manner in which it will be offered? Yes No
- 3. Will activity be properly characterized as an outside business activity? Yes No
- 4. Should activity be treated as a private securities transaction or transactions? Yes No
- 5. Is this activity covered by Errors & Omissions Insurance? If so, revenue contribution \$ Yes No
- 6. Is this activity covered by Firm's Fidelity Bond? If so, revenue contribution \$ Yes No
- 7. If yes to any of questions above (F1-F4), describe any actions taken or any restrictions or conditions imposed:

RESTRICTIONS:

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CONDITIONS:

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- 8. **If approved, what is firm's supervisory plan for this activity?**

APPROVED or **DISAPPROVED**

Signature

Date