

Advisor Profile Form



Please return completed form to: **Michael Modica - Partner**
Email: mmodica@pinevalleyinvestments.com

Advisor Information

Name: _____
First Last

What led you to PVI? _____

Home Address: _____
Street Address Apartment/Unit #

City State Zip Code

Branch Address: _____
Street Address Apartment/Unit #

City State Zip Code

Preferred Phone Number: _____ Fax Number: _____

Personal Email: _____

Clearing Firm: _____

Current B/D Affiliation: _____

Previous B/D Affiliation: _____

Do you have an Independent RIA? Yes No If Yes, Name: _____

Are you interested in affiliating as an IAR with PVI's RIA? Yes No

of Registered Financial Advisors: _____ # of Registered Sales Assistants: _____

of Non-Registered Sales Assistants: _____ # of Office Locations: _____

Approximate date or time period you wish to affiliate with a new firm: _____

Product Vendors / Money Managers

Please list important product vendors or money managers you would like to continue using with PVI:

Fees & Commissions - Gross Dealer Concession (GDC)

Current Trailing 12 Months GDC* \$ _____

2021 Full Year GDC \$ _____

2020 Full Year GDC \$ _____

*** Please provide proof of Trailing 12 Months Production in the form of a Comission Statement, W-2 or 1099.**

GDC by Product Type:

Mutual Funds - New Sales	\$ _____	Mutual Fund - Trails	\$ _____
Variable Annuities - New Sales	\$ _____	Variable Annuity - Trails	\$ _____
Variable Life	\$ _____	401k Plans	\$ _____
Equity/ETF	\$ _____		
Fixed Income	\$ _____	Advisory - Products & Platforms Utilized:	
Alternative Investments	\$ _____	_____	
Fixed Insurance & FIA/EIA	\$ _____	_____	
Advisory - Advisor Managed	\$ _____	_____	
Advisory - 3rd Party Managed	\$ _____	_____	

Assets Under Advisement (AUA) - By Product Type*

- Exclude AUA that would not transfer with you.

Brokerage (excluding advisory)	\$ _____
Variable Annuities	\$ _____
Alternative Investments	\$ _____
Mutual Funds in brokerage accounts	\$ _____
Mutual Funds custodied w/ sponsor	\$ _____
401k Plans	\$ _____
Advisory Fee Based:	
Advisor Self-Managed	\$ _____
3rd Party Managed	\$ _____
Total Transferrable Assets	\$ _____

*** Please provide proof of AUA in the form of an Albridge Product Companies by AUM Report or similar B/D Report if available.**

Customer Accounts

Provide estimated number of each client account below.

	Retirement	Non-Retirement
# of Brokerage Accounts	_____	_____
# of Directly Held Accounts	_____	_____
# of Self-Managed Advisory Accounts	_____	_____
# of 3rd Party Managed Advisory Accounts	_____	_____

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Are there any unique situations specific to your practice or branch?

Acknowledgement

By signing below, you are acknowledging that you understand any offer extended to you is based upon the information provided herein and is subject to verification. To the extent that we are unable to verify or should the information change as a result of verification, our offer may be adjusted accordingly.

Advisor Signature