





The purpose of reviewing this information prior to processing any U-4 submitted is to determine:

1. To identify any current disciplinary history
2. If the licensing transfer may be delayed due to disciplinary history or delinquent continuing education status.
3. If special supervision or training needs exist due to employment or disciplinary history, pursuant to FINRA Notice to Members 97-19

Areas to be accessed include, but may not be limited to, disciplinary history, employment history, and regulatory element continuing education status as found on WEBCRD. All information obtained will be used for hiring, licensing and compliance purposes only.

You will be notified by the Branch Development Department of any anticipated transfer delays.

The undersigned individual understands the foregoing and hereby authorized Centaurus Financial, Inc. to access his/her history on WEBCRD.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
CRD # (if available)

**CENTAURUS FINANCIAL, INC.  
PRE-HIRE  
OUTSIDE BUSINESS ACTIVITY QUESTIONNAIRE  
FINRA Rule 3030**

No person associated with Centaurus in any registered capacity shall be employed by, or accept compensation from, any other person as a result of any business activity, other than a passive investment, *outside the scope of his/her relationship with Centaurus*, unless he/she has provided prompt written notice to Centaurus. Such notice shall be in the form required by the Centaurus. Each Registered Representative is required to immediately notify Centaurus of any changes in outside business activities prior to engaging in any activity.

**\*\*You will also be required to submit this information electronically\*\***

Are you currently engaged in, or plan to be, in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude any activity that is exclusively charitable, civic, religious or fraternal and is recognized as tax exempt.)

YES \_\_\_\_\_ NO \_\_\_\_\_

If "yes" check appropriate box(es) and describe below:

- Tax Preparation/Accounting
- Sale of fixed insurance and/or fixed annuities
- Pension related services
- Trust related services
- Referrals
- Board member who CAN act on behalf of corporation without permission of other Board Members
- Board member who CAN NOT act on behalf of corporation without permission of other Board Members
- Investment Club participant
- Retail sales
- Other (Describe): \_\_\_\_\_

**Please complete for each yes answer:**

\_\_\_\_\_ Investment Related? YES \_\_\_\_\_ NO \_\_\_\_\_  
Name of Entity

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code  
Address

\_\_\_\_\_ Start Date  
Your Position or Title

What % of your annual gross income is derived from this activity? \_\_\_\_\_

Describe your duties including the number of hours per month devoted to this activity.

\_\_\_\_\_

\_\_\_\_\_

If fixed insurance or annuities activities, have the products (described) been approved by Centaurus?

**Outside Business Activities Disclosure (#2) \***

\_\_\_\_\_  
Name of Entity

Investment Related? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Your Position or Title

\_\_\_\_\_  
Start Date

What % of your annual gross income is derived from this activity? \_\_\_\_\_

Describe your duties including the number of hours per month devoted to this activity.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If fixed insurance or annuities activities, have the products (described) been approved by Centaurus?

\_\_\_\_\_

**\*NOTE: THIS INFORMATION SHOULD BE CONSISTENT WITH SECTION 13 OF YOUR U4**

**THE FOREGOING IS TRUE AND CORRECT**

\_\_\_\_\_  
Registered Representative Printed Name

\_\_\_\_\_  
Registered Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Branch Manager Print Name

\_\_\_\_\_  
Branch Manager Signature

\_\_\_\_\_  
Date

|                                 |                |                   |
|---------------------------------|----------------|-------------------|
| <b>FOR COMPLIANCE USE ONLY:</b> |                |                   |
| No Action Required _____        | Approved _____ | Disapproved _____ |
| By: _____                       | Date: _____    |                   |

KESTLER



FINANCIAL GROUP, INC.  
Welcome Home

## Broker/Dealer Conversion Expense Allowance

As one of the largest branch offices in the country for Centaurus Financial, Inc. (CFI), Kestler Financial Group (KFG) is pleased to offer the Broker/Dealer Conversion Expense Allowance. The expense allowance can be credited towards *actual* expenses incurred in your transition. Actual expenses include NASD fees, state fees, programming time, postage, etc. The amount of expense allowance will be based on the amount of verifiable GDCs provided to KFG prior to the submission of your U-4 securities application and CFI affiliation kit.

| Verifiable Gross Dealer Concessions (GDCs) | Expense Allowance up to: |
|--|--------------------------|
| \$0 – 49,999                               | \$0                      |
| \$50,000 – \$99,999                        | \$200                    |
| \$100,000 – 249,999                        | \$400                    |
| \$250,000 – 499,000                        | \$1,000                  |
| \$500,000 – 749,000                        | \$2,000                  |
| \$750,000 – 999,999                        | \$3,000                  |
| \$1,000,000+                               | \$4,000                  |

How do I participate?

1. Submit your Pre-hire Consent Form to KFG.
2. Complete the attached Broker/Dealer Conversion Expense Allowance Worksheet.
3. Attach copies of prior year's securities production reports or commission statement showing total GDCs for the previous 12 months.
4. Attach copies of prior year's Fixed Indexed Annuity (FIA) production reports or commission statements.

5. KFG will calculate verifiable GDCs by combining 10% of FIA production to securities GDCs. For example:

|   |                  |
|---|------------------|
| Prior year securities GDCs                      | \$75,000         |
| Prior year FIA production – \$3,500,000 X 10% = | <u>\$350,000</u> |
| Total verifiable GDCs                           | \$425,000        |
| Expense allowance up to:                        | \$1,000          |

6. KFG will apply expense allowance towards licensing and appointment fees.
7. If expense allowance remains after paying licensing and appointment fees, receipts for actual expenses incurred in making a transition will be reimbursed.
8. In order to be eligible for ANY expense reimbursement, the attached worksheet **MUST** accompany the Pre-hire Consent Form along with all supporting documents. Worksheets submitted after the Pre-hire Consent Form will not be considered for reimbursement allowance.

We look forward to working with you!



Thomas R. Kestler  
Branch Office Principal  
Centaurus Financial, Inc.



# Broker/Dealer Conversion Expense Allowance Worksheet

Fax to: (571) 209-1221      *Attention Securities Dept.*

Date: \_\_\_\_\_ Total Pages: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

| Office Use Only |   |         |       |
|-----------------|---|---------|-------|
|                 |   | Premium | GDCs: |
| 1               | Broker/Dealer:                            |         |       |
| 2               | Carrier: PMO:                             |         |       |
| 3               | Carrier: PMO:                             |         |       |
| 4               | Carrier: PMO:                             |         |       |
| 5               | Carrier: PMO:                             |         |       |
|                 | <b>Total Verifiable GDCs</b>              |         |       |
|                 | <b>Approved Expense Allowance</b>         |         | \$    |
|                 | <b>Total Licensing Fees</b>               |         | -     |
|                 | <b>Balance Due From Rep/(Owed to Rep)</b> |         | =     |
|                 |   |         |       |
|                 |   |         |       |

Attached are documents to be used to verify prior year GDCs and appropriate Conversion Expense Allowance.

Rep Signature: \_\_\_\_\_

OSJ Approval: \_\_\_\_\_



## INSURANCE APPOINTMENT REQUEST FORM

Fax your request to (571) 209-1222  
 or email [jmccadney@kestlerfinancial.com](mailto:jmccadney@kestlerfinancial.com)  
 Attention: James McCadney - Kestler Financial Group

\_\_\_\_\_  
 Representative Name

\_\_\_\_\_  
 Representative Number

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Fax Number

\_\_\_\_\_  
 E-Mail Address

List the insurance company/companies you want to be appointed with and product type(s):  
 All appointments to insurance companies that are contracted with Centaurus must be  
 requested through Kestler Financial Group, not from the insurance company  
 directly.

|  |                              |                             |                                     |  |                              |
|--|------------------------------|-----------------------------|-------------------------------------|--|------------------------------|
|  | <input type="checkbox"/> VUL | <input type="checkbox"/> VA | <input type="checkbox"/> Fixed Life | <input type="checkbox"/> Fixed Annuities | <input type="checkbox"/> LTC |
|  | <input type="checkbox"/> VUL | <input type="checkbox"/> VA | <input type="checkbox"/> Fixed Life | <input type="checkbox"/> Fixed Annuities | <input type="checkbox"/> LTC |
|  | <input type="checkbox"/> VUL | <input type="checkbox"/> VA | <input type="checkbox"/> Fixed Life | <input type="checkbox"/> Fixed Annuities | <input type="checkbox"/> LTC |
|  | <input type="checkbox"/> VUL | <input type="checkbox"/> VA | <input type="checkbox"/> Fixed Life | <input type="checkbox"/> Fixed Annuities | <input type="checkbox"/> LTC |
|  | <input type="checkbox"/> VUL | <input type="checkbox"/> VA | <input type="checkbox"/> Fixed Life | <input type="checkbox"/> Fixed Annuities | <input type="checkbox"/> LTC |
|  | <input type="checkbox"/> VUL | <input type="checkbox"/> VA | <input type="checkbox"/> Fixed Life | <input type="checkbox"/> Fixed Annuities | <input type="checkbox"/> LTC |
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|  | <input type="checkbox"/> VUL | <input type="checkbox"/> VA | <input type="checkbox"/> Fixed Life | <input type="checkbox"/> Fixed Annuities | <input type="checkbox"/> LTC |
|  | <input type="checkbox"/> VUL | <input type="checkbox"/> VA | <input type="checkbox"/> Fixed Life | <input type="checkbox"/> Fixed Annuities | <input type="checkbox"/> LTC |

Check the states in which you want to be appointed in. Be sure to include your insurance license for each state you are requesting.

- |                                      |                                    |  |   |   |
|--------------------------------------|------------------------------------|--|---|---|
| <input type="checkbox"/> Alabama     | <input type="checkbox"/> Hawaii    | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New Mexico     | <input type="checkbox"/> South Dakota   |
| <input type="checkbox"/> Alaska      | <input type="checkbox"/> Idaho     | <input type="checkbox"/> Michigan      | <input type="checkbox"/> New York       | <input type="checkbox"/> Tennessee      |
| <input type="checkbox"/> Arizona     | <input type="checkbox"/> Illinois  | <input type="checkbox"/> Minnesota     | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Texas          |
| <input type="checkbox"/> Arkansas    | <input type="checkbox"/> Indiana   | <input type="checkbox"/> Mississippi   | <input type="checkbox"/> North Dakota   | <input type="checkbox"/> Utah           |
| <input type="checkbox"/> California  | <input type="checkbox"/> Iowa      | <input type="checkbox"/> Missouri      | <input type="checkbox"/> Ohio           | <input type="checkbox"/> Vermont        |
| <input type="checkbox"/> Colorado    | <input type="checkbox"/> Kansas    | <input type="checkbox"/> Montana       | <input type="checkbox"/> Oklahoma       | <input type="checkbox"/> Virginia       |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Kentucky  | <input type="checkbox"/> Nebraska      | <input type="checkbox"/> Oregon         | <input type="checkbox"/> Washington     |
| <input type="checkbox"/> Delaware    | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Nevada        | <input type="checkbox"/> Pennsylvania   | <input type="checkbox"/> Washington, DC |
| <input type="checkbox"/> Florida     | <input type="checkbox"/> Maine     | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Rhode Island   | <input type="checkbox"/> West Virginia  |
| <input type="checkbox"/> Georgia     | <input type="checkbox"/> Maryland  | <input type="checkbox"/> New Jersey    | <input type="checkbox"/> South Carolina | <input type="checkbox"/> Wisconsin      |
|                                      |                                    |  |   | <input type="checkbox"/> Wyoming        |

\_\_\_\_\_  
 Representative Signature

\_\_\_\_\_  
 Date