



Value, Service, & Reliability Rep Profile

Pre-Licensing Authorization

Full Name _____

Date of Birth _____ SSN _____

Current Firm _____ Referred By _____

Trailing 12 Month Production \$ _____ Assets Under Management \$ _____

Gross Income (all sources): 2010ytd _____ 2009 _____ 2008 _____

Gross Dealer Commission: 2010ytd _____ 2009 _____ 2008 _____

Business Profile: Commissions % _____ vs. Fee-Based % _____

Product Mix: Equities _____% Bonds _____% Mutual Funds _____% Variable Products _____%

Alternative Investments _____% Other _____% (please specify) _____

Licenses & Designations: CFP ChFC PFS CFA CIC CPA NFA Insurance

Securities Other _____

Are you a Registered Investment Advisor or associated with one? Yes _____ No

Home Address _____

Business Address _____

Business Name _____

Cell Phone _____ Home Phone _____

Business Phone _____ Business Fax _____

Email address we may use to contact you _____

Disclosure Questions

Please submit a separate signed statement of explanation with this profile if any of the following questions are answered "Yes."

1. Have you ever been charged or convicted with any felony or misdemeanor? Yes No
2. Have you ever been involved in litigation, investigations, customer complaints, and regulatory inquiries or had a "yes" answer on your U4? Yes No
3. Have you ever been terminated for any reason other than "voluntary"? Yes No
4. Have you ever become insolvent, filed bankruptcy or had any unsatisfied judgments or liens against you? Yes No
5. Are you under contract or any other agreement which may affect your business (sales contract, non-compete clause, etc)? Yes No

By signing below, I authorize VSR Financial Services, Inc. to review my FINRA CRD Report, and I hereby authorize VSR to perform a background check, including a review of my credit report, for the purposes of considering my engagement as an independent contractor Registered Representative with VSR.

Signature

Date

Please fax to the attention of Licensing at VSR Financial Services, Inc.

Licensing fax: 913-982-8467 or Email: licensing@vsrfs.com

8620 West 110th Street, Overland Park, KS 66210 | 913-498-2900 or 800-800-3177