

Investment Adviser Supplemental Application Form

1. Applicant Information:

Date: _____

Applicant's Name	Applicant's IARD Number
Address (number, street, city, state, zip code)	

2. Has applicant conducted Investment Adviser business with Michigan clients: Yes No

If "Yes", submit a written explanation of how applicant is in compliance with the Michigan Uniform Securities Act, Public Act 551 of 2008, as amended. Provide dates, numbers of clients and consideration received.

3. Is applicant currently registered as an Investment Adviser for Michigan: Yes No

Address(es) of office(s) in Michigan:

Address	City	State	Zip Code
Address	City	State	Zip Code

4. Name, Office Address, CRD# and Social Security # of all persons that will render investment services to Michigan clients.

Name	CRD No.	Social Security No.
Address (number, street, city, state, zip code)		
Name	CRD No.	Social Security No.
Address (number, street, city, state, zip code)		
Name	CRD No.	Social Security No.
Address (number, street, city, state, zip code)		
Name	CRD No.	Social Security No.
Address (number, street, city, state, zip code)		

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5. Enter names, addresses, and other information requested for all persons associated with, employed by, or who have an ownership interest in applicant, who are currently registered as Securities Agents for Michigan. Provide the name of the brokerage firm where employed and dates of employment. **You must describe the nature of the association, employment or ownership interest.** IF NO ONE IS REGISTERED AS A SECURITIES AGENT FOR MICHIGAN, PLEASE ANSWER "NONE". If applicant is a sole proprietor and is registered as a Securities Agent for Michigan, please provide complete details.

Name		CRD No.
Address (Number, Street, City, State, Zip Code)		
Name of Brokerage Firm where employed:		CRD No.
Dates of Employment:	Describe nature of association, employment, or ownership interest:	
From: To:		
Name		CRD No.
Address (Number, Street, City, State, Zip Code)		
Name of Brokerage Firm where employed:		CRD No.
Dates of Employment:	Describe nature of association, employment, or ownership interest:	
From: To:		
Name		CRD No.
Address (Number, Street, City, State, Zip Code)		
Name of Brokerage Firm where employed:		CRD No.
Dates of Employment:	Describe nature of association, employment, or ownership interest:	
From: To:		
Name		CRD No.
Address (Number, Street, City, State, Zip Code)		
Name of Brokerage Firm where employed:		CRD No.
Dates of Employment:	Describe nature of association, employment, or ownership interest:	
From: To:		
Name		CRD No.
Address (Number, Street, City, State, Zip Code)		
Name of Brokerage Firm where employed:		CRD No.
Dates of Employment:	Describe nature of association, employment, or ownership interest:	
From: To:		

Name and Title of person who completed this form:

Name:	Title:
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RETURN COMPLETED APPLICATION TO:

Office of Financial and Insurance Regulation
 Securities Division
 P.O. Box 30701
 Lansing, MI 48909-8201

This form is issued pursuant to Public Act 551 of 2008, as amended. It must be completed and filed as part of an application to register as an Investment Adviser. Failure to file will result in denial of your application.



Michigan Department of Licensing and Regulatory Affairs

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