



DIVERSIFIED SECURITIES, INC. ANNUAL COMPLIANCE QUESTIONNAIRE

1. I understand that I must complete the firm's annual compliance requirements within the established deadlines to remain in good standing and registered with the firm.

Yes No Contact Me

2. I understand that Registered Persons have an ongoing obligation to promptly disclose all outside business activities to the Compliance Department **before** engaging in the activity. Registered Persons must obtain an "OBA" form from the Compliance Department and submit same for approval in writing. (See section 4.1 of DSI's WSP Manual)

Yes No Contact Me

3. I understand that Branch Office books and records must be maintained on location and in the manner required by the firm's compliance procedures.

Yes No Contact Me

4. I understand any gift or gratuity, received or given, individually valued at \$25 or more must be reported to the Compliance Department in writing by completing the Gift and Gratuities Form.

Yes No Contact Me

5. I understand that any cash and/or non-cash compensation receivable from a product sponsor is subject to prior review and approval by the Compliance Department, and that any approved cash compensation can only be paid to the firm for distribution to me, and that I submit the firm's Cash & Non-Cash Compensation Form.

Yes No Contact Me

6. I understand that the firm prohibits the sharing of securities commissions with any person or entity who is not associated with the firm without prior written approval.

Yes No Contact Me

7. I understand that I may not perform or charge for investment advisory services unless I am registered as an Investment Advisor Representative (IAR) with the firm, or affiliated with another firm-approved investment advisory firm.

Yes No Contact Me

8. I understand that I may not use or otherwise act on any material non-public information obtained by me from a corporate official or other insider, or from anyone who has access to such information.

Yes No Contact Me

9. I understand that I must keep non-public personal information about my customers safe, secure and confidential at all times.

Yes No Contact Me

10. I understand that the firm requires that all unregistered individuals located at the firm's Branch Offices submit fingerprint cards to the firm for processing, and that this policy includes family members and temporary and part-time employees who work for me, and any individual with access to firm files who does not work for me, such as an employee at any unrelated business sharing space at my Branch Office location.

Yes No Contact Me

11. I understand I have access to the firm's Compliance Manual, AML Manual, and the firm's other compliance resources and materials, including contact information for the Compliance Department, on the firm's website.

Yes No Contact Me

12. I understand that all Registered Representatives must be assigned to a Supervisor, and that Supervisors help to ensure that the firm's compliance policies and procedures are followed by all and act as a compliance knowledge resource.

Yes No Contact Me

13. I understand that I have a recognized duty to conduct myself in accordance with the firm's written compliance policies and procedures, and I confirm my awareness and understanding of these policies and procedures, and agree to conduct my business practices accordingly.

Yes No Contact Me

Representative Name: _____

Representative's signature: _____ Date: _____

CCO Reviewed & Approved: _____ Date: _____

CCO Comments:
