To be completed by the Advisor for Trust Account

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| **Main Advisor Account Contact:** |  | **Assistant or Secondary Account Contact:** |  | **Operations Contact:** |  | |
|  |  |  |  |  |  |  |
| **Title:** |  | **Title:** |  | **Title:** |  | |
| **Email:** |  | **Email:** |  | **Email:** |  | |
| **Phone** |  | **Phone** |  | **Phone** |  | |
| **Advisor CRD/SEC#** |  |  |  |  |  | |
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|  |  |  |  |  |  |  |
| **Firm Name** |  | | | | |  |
|  |  |  |  |  |  |  |
| **Address** |  |  |  |  |  |  |
| **City** |  | **State** |  | **Zip** |  |  |
| **Website** |  |  |  |  |  |  |
| **Main Phone** |  | **Fax** |  |  |  |  |
| **SEC#** |  | **CRD#** |  |  |  |  |
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| **Advisor** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Years in experience as licensed advisor? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any past regulatory or legal actions taken towards the advisor in the last 5 years not yet formally reflected on record in your regulatory filings? | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | |  | | | No | | | |
| Are there any legal or regulatory actions currently pending against the advisor? | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | |  | | | No | | | |
| *If yes, please explain:* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the highest educational degree acquired? | | | |  | High School | | | | | | | | |  | | Associates | | | |  | | Bachelor | | | | | | |  | | | Master | | | |  | | | Other | | |
| *If other, please explain degree:* | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *School where highest degree was acquired:* | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please provide employment history:* | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company |  | | | | | | | | | | | Title | | | | |  | | | | | | | | Date | | | | | | | | | | | |  | | | |  |
| Company |  | | | | | | | | | | | Title | | | | |  | | | | | | | | Date | | | | | | | | | | | |  | | | |  |
| Company |  | | | | | | | | | | | Title | | | | |  | | | | | | | | Date | | | | | | | | | | | |  | | | |  |
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| Assets Under Management (AUM) | | | | | | | Discretionary | | | | | | | | | | | | | | Non Discretionary | | | | | | | | | | | | | | | | | | | | |
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| **Investments** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you manage the trust account based on an Investment Policy Statement (IPS) for your clients? | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | No | | | | | | | |
| *If no, please explain:* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *If BOKF, NA is trustee on a delegated trust, a BOKF, NA IPS is required, unless agreed upon by BOKF, NA in advance.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you exercise investment discretion on marketable securities as defined by your regulatory authority (FINRA or SEC)? | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | |  | | | No | | | |
| *If no, please explain:* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does client (BOKF, as Trustee, is the legal client) have to approve individual trades? | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | |  | | | No | | | |
| *If yes, please explain:* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Conflict of Interest Section** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you utilize any proprietary mutual funds or other proprietary investment products in trust accounts where you, the Advisor, is responsible for managing the marketable securities when BOKF, NA is serving as trustee? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | |  | | | | No | |
| *If yes, explain what specifically is used* | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *If yes, explain how the fees are assessed* | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *If yes, define the class share used for MF* | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Custodian** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Advisor Preferred Custodian? | |  | BOKF | | |  | | | Pershing | | | |  | | Schwab | | |  | Fidelity | | | | |  | | TD Ameritrade | | | | | | | | | |  | | | Other | | |
| *If other, please list:* | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Service Inquiry** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How did you hear about our trust administration services? | | | |  | Referral  (by whom) | | | | | | | | |  | | Marketing Information | | | |  | | Conference | | | | | | |  | | | Client | | | |  | | | Other | | |
| **Advisor to submit the following REQUIRED document** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Submit the following document for review:  ADV Part 2B Brochure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Questions?** | |
| Rosemary Hueser, SVP, Manager of Advisor Trust Services  Randy Kimmel, VP, Wealth Specialty Sales Officer | 888-957-6678 [RHueser@BOKF.com](mailto:RHueser@BOKF.com)  877-957-1078 [RKimmel@BOKF.com](mailto:RKimmel@BOKF.com) |

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| **Certification** | | | | | | | | | | | |
| I certify that the information provided above is true and accurate. If information on this profile or the information on which this profile is based changes, I will provide in a timely manner and at least annually. | | | | | | | | | | | |
| Advisor Signature | |  | | Title |  | | Date | |  | |  |
|  | | | | | | | | | | | |
| Print Name |  | | | | |  | |  | |  | |
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| **Internal Use Only** | |
| Notes: |  |