

Join *CPAlliance*TM

CONFIDENTIAL QUESTIONNAIRE

Contact name(s): _____

Firm name / affiliation: _____

Contact address: _____

Contact phone(s): _____

Contact email: _____

Are you a partner / principal in your current firm? Yes ___ No ___

Are you contemplating going independent of your current firm? Yes ___ No ___

How long have you offered financial services? _____

What professional licenses do you hold? _____

When & in what state(s) did you obtain your various licenses? _____

What motivated you to include financial services in your practice?

___ Diversify your practice / grow your income stream / improve profitability

___ Increase client satisfaction / respond to clients' requests

___ Remain competitive

___ Personal interest / satisfaction

___ To increase your business value

___ Just getting started – or gathering information

___ Other: _____

Does your firm possess any other specialties or serve any niche markets? _____

Are you currently offering financial services as a/an:

Independent RIA

Broker/Dealer (Name of B/D _____)

Both (Name of B/D _____)

Not currently registered or licensed

If you are solely registered as an independent RIA, what advantages do you feel that independence provides over a Broker/Dealer relationship? _____

If you are solely registered as a broker or representative with a Broker/Dealer, are you satisfied with that working relationship? If not, what do you feel is lacking in the relationship? _____

If you are affiliated with an RIA or B/D, how did you learn about them?

Referral Direct Mail Phone Call Email Trade Show Seminar

Other: _____

If you are affiliated with an RIA or B/D, what was the primary factor in your decision to join them? _____

Are you seeking any products or services that your current firm or affiliate does not provide?

No Yes: (Give details: _____)

How did you hear about CPAlliance™? _____

How many CPAs are in your practice? _____

Other professionals in your practice (# and designation)? _____

How many clients does your practice serve? _____

What **percentage** of your clientele fall into the following categories?

____% Small businesses ____% Individuals ____% Trusts/Estates ____% Municipalities
____% Nonprofit organizations ____% Other (describe: _____)

What **percentage** of your firm's revenue comes from the following areas?

____% Tax & accounting ____% Insurance services ____% Asset management
____% Consultation services ____% Other (describe: _____)

What is your clients' average household income?

- ___ Less than \$50,000
- ___ \$50,000 - \$99,999
- ___ \$100,000 - \$499,000
- ___ \$500,000 - \$1,000,000
- ___ Over \$1,000,000

What is your clients' average investable assets?

- ___ Less than \$250,000
- ___ \$250,000 - \$499,999
- ___ \$500,000 - \$999,000
- ___ \$1,000,000 - \$2,999,999
- ___ \$ Over \$3,000,000

When it comes to providing asset management or insurance services in your practice, what kind of relationship do you prefer when working with strategic partners or outside alliances?

_____ Backroom support only; I prefer to make all the investment or insurance decisions

_____ Collaboration on all processes and decisions

_____ Full support for processes, compliance, execution, marketing, training & continuing ed opportunities, ongoing assistance with complex cases.

_____ Mixed approach, as circumstances dictate (Give any details: _____

_____)

I would like to learn more about joining *CPAlliance*™.

_____ Please call me at: _____

Best day of week: _____ Best time of day: _____

_____ Please send me additional information to: _____

Thank you for your interest!