

Outside Business Activity Template

To report a NEW OBA, click on the “Add New OBA” button

What type of submission is this? ALL OTHER OUTSIDE BUSINESS ACTIVITIES

Provide full legal name of the outside (non-Firm) company, entity, or business venture (OBA).

LSPN PRO LLC

Company/OBA Street Address Line 1:

100 N. STATE STREET

Company/OBA Street Address / Suite # Line 2: STE B

City: LINDON

State: UT- UTAH

Zip Code: 84042

Is this business address the same as your registered branch location? NO

Is there a website for this entity? YES

Please provide the web address of the site: WWW.LSPNDIRECT.COM

Is this OBA a pass-through entity for accounting purposes for your WFG/TFA/TAN Business?

NO

Is this OBA Investment Related? NO

Is this company publicly traded? NO

Are you currently affiliated with this OBA? NO

When do you expect to start? (DATE YOU WISH TO START)

Briefly describe the type of business conducted by this Company. Examples: Board Member; Rental Property; Entity Ownership; Insurance Sales; Retail; Tax Preparation; Real Estate Sales; Mortgages; etc.

PROVIDING BUNDLED PROFESSIONAL SERVICES WITH EMPHASIS ON ESTATE PLANNING SERVICES

Please indicate the form of business structure of this company/OBA. LLC

Are there organizational documents for this entity? YES

You may be required to supply a copy of the organizational documents

UPLOAD THE UTAHLSPNCERTIFICATE DOCUMENT

How will you be compensated or paid for your activity with this OBA?

OTHER

What is your current or anticipated annual income from this OBA? **FLAT FEE OF \$200 or \$400 PER CLIENT SERVICED, DEPENDING ON PLAN**

What is your current or anticipated annual income from this OBA? **\$200 or \$400 PER CLIENT SERVICED**

Will you be marketing or selling any any products or services with this OBA? **YES**

Describe the product or service that you will be marketing/selling:

ESTATE PLANNING SERVICES, OTHER LEGAL SERVICES, NOTARY SERVICES, AND DEED/TITLE SERVICES.

Have you used or will you use any marketing/sales materials in connection with this activity **YES**

Do you understand that TFA may request that you provide copies of the marketing/sales materials? **YES**

If prompted upload the following documents:

1 BASIC PLANNING

2 BUSINESS PLANNING

3 INCAPACITY PLANNING

4 SPECIAL NEEDS PLANNING

5 LEGACY PLANNING

Have you marketed/Sold or will market/sell any products or services to: **TFA CUSTOMER**

Provide a list of the individuals and identify how they are a TFA Customer:

ANSWER AS YOU SEE FIT OR LEAVE BLANK

Do you, or will you, have business cards for this OBA? **NO**

Are you required to hold any licenses, registrations, or professional designations to market/sell the products or services of this OBA? **NO**

How many hours each month do or will you devote to this OBA? **5**

Please describe in detail your usual, daily activities and responsibilities with this OBA.

CLIENT COMMUNICATIONS, FOLLOW UP WITH CLIENT ISSUES, PROVIDE EDUCATION ON ESTATE PLANNING ISSUES, SCHEDULE APPOINTMENTS.

Identify the licenses, registrations, or professional designations you hold for this OBA. [N/A](#)

How many hours each month do or will you devote to this OBA? [5](#)

How many hours each day during NYSE trading hours do or will you devote to this OBA? [1](#)

Will you be:

Employee

Independent Contractor

Director, Officer, Partner, Member, Trustee, or similar capacity

[OTHER](#)

You may be required to supply your independent contractor agreement:

[LSPN works on a Handshake Agreement. There are no contractual agreements with representatives.](#)

Does any of the following have any beneficial interest in the company OBA? [NONE OF THE ABOVE](#)

Do any of the following have custody or control of this company OBA? [NONE OF THE ABOVE](#)

If there are other individual(s) who have ownership, provide their name(s) and their percentage of ownership. [N/A](#)

Did a current or former representative of the firm introduced you to this OBA? [NO](#)

Have you been or will you be involved in raising money, capital, funds, or any other assets in connections with this activity? [NO](#)

Will you be involved, or have you previously been involved, in referring anyone to another person or entity seeking money funds, investments or any other capital for investment in this OBA? [NO](#)

Is there any additional information you should disclose to TFA in order to provide a complete and accurate description of your association with this OBA?

[MARKETING MATERIALS ARE ONLY DISTRIBUTED TO CLIENTS AS PART OF THE EDUCATIONAL SEMINARS AND INDIVIDUAL MEETINGS WITH LSPN PROFESSIONALS. THEY ARE NOT USED FOR GENERAL DISTRIBUTION. FEES ARE NOT PAID AS A COMMISSION OR REFERRAL FEE BUT ARE PAID FOR PROVIDING ADMINISTRATIVE AND CUSTOMER SERVICE TASKS FOR EVERY PAID CLIENT.](#)

[Please provide the information you deem is necessary.](#)