

Persons not affiliated with ESI and/or National Life Group are generally not permitted to conduct business or maintain offices on Firm premises.

- Certain office-sharing arrangements with non-affiliated persons or entities may be considered with the prior review and approval of the Branch Office Supervisor ("BOS")/Regional Development Officer ("RDO")\*\* **and** Compliance acknowledgement of the proposed arrangement.

### A. Office Information

1. List Registered Representative(s) ("RR") requesting to share space:

Registered Representative Name	RR #

2. Address where office sharing will take place:

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3. Describe location (i.e. Accounting Office, Executive Office Suite [Regis, WeWork, etc.], Attorney, P&C, etc.):

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### B. Individuals in the Office

1. List ALL individuals in the space who are **NOT** associated with National Life/ESI (attach an additional page if needed):

Individual Name	Company Name	Type of Business	Does this person have access to your individual space?	Is this person Registered/assoc. with outside broker/dealer or RIA?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. List ALL administrative staff that you **share with individuals NOT** associated with National Life/ESI:

Individual Name	Company Name	Job Title & Joint Duty Performed	Associated with outside broker/dealer or RIA?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

### C. Office Information

1. Do you have a separate suite number? ☐ Yes ☐ No

2. Is there a shared entrance? ☐ Yes ☐ No

3. Are there any common areas? ☐ Yes ☐ No

a. **IF YES**, list the common areas (e.g. kitchen, file room, equipment, conference room, etc.):

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4. Is there a separate network, copier, and/or fax? (e.g. phone systems, copiers, faxes, servers, networks, computers, shredding equipment, etc.) ☐ Yes ☐ No

a. **IF NO**, please explain in detail how these systems are shared amongst individuals within the office suite, particularly how customer information is protected by you:

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5. Is there a distinct phone system separating the ESI RR from the other entities in the space? ☐ Yes ☐ No

a. **IF NO**, describe how the caller knows what entity they are contacting:

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6. How is ESI signage displayed? (Specifically describe location of ESI sign and the visual distinction between your activities and the other party's activities.)

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7. Relative to office expenses, is there an expense sharing arrangement based on securities production? ☐ Yes ☐ No

a. **IF YES**, please explain:

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8. Do you receive rent/lease payments from those that share space with you? ☐ Yes ☐ No

a. **IF YES**, have you disclosed this as an outside business activity? ☐ Yes ☐ No

9. Is there any instance where customer or ESI related information would be accessible to non-affiliated persons in the shared office space? ☐ Yes ☐ No

a. **IF YES**, please explain:

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10. How do you protect documents containing confidential customer information within your office space?

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11. How do you discard documents containing confidential customer information?

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12. Please describe in detail how you will receive mail at the location (*i.e. who receives the mail, who opens the mail, how it is delivered to you, etc.*):

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13. Have you attached a copy or drawing of the floor plan?

☐ Yes ☐ No

Please **attach a copy of the floor plan** and note the proposed office sharing area(s) on it. If you do not have access to a floor plan, please draw a diagram of the proposed office sharing space and attach it to this document.

#### D. Attestation

As an Associated Person of Equity Services Inc. ("ESI") I am aware of my responsibility to:

- Assure the privacy and security of confidential information maintained in my office and on computer systems.
- Identify anticipated threats and hazards to the security and integrity of files.
- Protect against unauthorized access and use of confidential information.

I certify that the information provided in this office sharing request for approval, to the best of my knowledge, is true and accurate. I further certify that no changes will be made to the arrangements as described without prior BOS/RDO\*\* approval and Compliance review.

\_\_\_\_\_  
Printed Name of RR Requesting Arrangement

\_\_\_\_\_  
Signature of RR Requesting Arrangement

\_\_\_\_\_  
Date (mm/dd/yyyy)

#### E. Approval

**Supervisor:** As Supervisor/Supervisory Designee ("SD"), I **approve** the office sharing arrangement and agree to supervise as represented.

\_\_\_\_\_  
Printed Name of Supervisor/SD\*\*

\_\_\_\_\_  
Signature of Supervisor/SD\*\*

\_\_\_\_\_  
Date (mm/dd/yyyy)

\*\*If the office sharing arrangement involves a BOS, approval by the Regional Development Officer ("RDO") is required.

#### F. Compliance Use Only

This office sharing arrangement has been reviewed by ESI Compliance and made part of ESI's records.

\_\_\_\_\_  
Printed Name of Compliance Officer

\_\_\_\_\_  
Signature of Compliance Officer

\_\_\_\_\_  
Date (mm/dd/yyyy)