

FINRA requires registered representatives to obtain prior written permission for any outside business activities ("OBAs"). FINRA defines an OBA as being an employee, independent contractor, sole proprietor, officer, director or partner of another person, or being compensated, or having the reasonable expectation of compensation, from any other person as a result of any business activity outside the scope of the relationship with his or her member firm (i.e., the broker-dealer). These activities include, but are not limited to, providing services as an independent registered investment adviser, fixed insurance sales, tax services, legal services, accounting services, real estate sales or rentals, acting as trustee or executor, or being a board member of any organization (e.g., professional network group, charitable foundation).

Fully complete, sign, and date this notification form and return it to ESI_Licensing@nationallife.com; it must be received and acknowledged in writing before you can engage in the disclosed activity.

Please type or print clearly. If you are involved in more than one outside activity, please complete a separate notification form for each activity.

Representative Name: _____ Rep #: _____ Branch #: _____

OBA Disclosure

I submit this form to:

- ☐ Disclose a new OBA (Complete all information in OBA DETAILS and SIGNATURE sections)
- ☐ Update a previously disclosed OBA (Complete all information in OBA DETAILS and SIGNATURE sections).
- ☐ Certify that I am *not* involved in any OBAs. (Skip to SIGNATURE section).
- ☐ Terminate a previously disclosed OBA Name: _____ End Date: _____
(Skip to SIGNATURE section.)

OBA Details

1. Under what name (doing business as name or "DBA") will this OBA be conducted and marketed?

2. What is the address where you will conduct this OBA?

3. Date you anticipate beginning this activity: (mm/dd/yyyy) _____
4. Duration of this activity (e.g., ongoing, one-time, one year)

5. Description of OBA: (Please be specific.)

6. Your title or position, if any, for this activity:

7. Describe your duties or obligations for this activity (Please be specific.):

8. Will any persons not affiliated with ESI share space within your FINRA-registered branch office, OSJ, or any location where you conduct ESI business as a result of this OBA? ☐ Yes ☐ No
If yes, please provide completed *Office Space Sharing Form ES0670* and include the floor plan. The *Form* is available on NL website under 'Forms & Materials Search'.
9. Beyond your direct compensation, do you have a financial interest in this business? ☐ Yes ☐ No (If no, skip to question 16.)
If yes, what percentage of the business does your interest represent? _____ %
Please indicate the source(s) of initial and ongoing capital for this business (e.g., personal assets, bank loan, other partners, investors, no capital is required, etc.)

Disclosure of Outside Business Activity- Continued

10. Have you solicited any other individual(s) to invest in, or otherwise contribute capital to, this entity/organization? ☐ Yes ☐ No
If yes, list their names, your relationship to each person, and the nature of their involvement.

11. Type of business organization:

- ☐ Corporation (private)
☐ Corporation (public) - If checked: ☐ Symbol ☐ Exchange
☐ Partnership - If checked, you are a: ☐ General Partner ☐ Limited Partner
☐ Sole proprietorship - If checked, who is the owner? _____
☐ Nonprofit Organization
☐ Charitable Organization
☐ Limited Liability Corporation - If checked, you are a: ☐ Voting Member ☐ Non-voting Member
Please list all Non-Voting Member Names:

☐ Other: (please describe) _____

Please note: For a privately held corporation, LLC or partnership under your control and/or ownership, please provide a copy of the articles of organization, membership agreement, a list of owners, their relationship to you, and their percentage of ownership, etc.

12. Are any other ESI registered representatives involved in this activity? ☐ Yes ☐ No
If yes, list their names (if applicable):

13. Are any registered representatives of another broker/dealer or Registered Investment Adviser involved in this OBA? ☐ Yes ☐ No
If yes, include their names and affiliated broker/dealers or Registered Investment Advisers:

14. Are any of your ESI customers participating in this activity? ☐ Yes ☐ No
If yes, list full names, all ESI accounts, and the nature of their involvement:

15. Does this organization/entity maintain an investment account(s) at ESI? ☐ Yes ☐ No
If yes, list account name(s) and number(s)

16. What type of compensation will you receive (e.g., salary, commissions, hourly or flat fee, or no compensation)? _____

17. What percentage of your time do you estimate spending on this activity during regular business hours (e.g., Mon - Fri, 8am to 5pm.)? _____

18. What is your estimated approximate annual income from this business? _____

19. Does this activity represent more than 10% of your time and income? ☐ Yes ☐ No

20. How many employees does this business have? _____

21. Please provide any website, social media platform and email address you will be using to market this activity. _____
(Please note that you will have to submit business related websites to the Advertising Review Unit for review.)

Signature

ESI's acknowledgement of your outside business activity is conditioned upon the requirement that you provide, upon request, complete copies of any information about this business during the course of any branch and OSJ audits or other Compliance department inquiry. ESI makes no representations regarding, or inquiry into, any licensing or state regulatory requirements that exist for an outside business activity, nor does ESI render an opinion on the legality of any outside business activity.

The undersigned registered representative certifies that the foregoing is true and accurate and agrees to provide ESI with complete copies of his or her information concerning this outside business activity immediately upon request.

The undersigned registered representative agrees to indemnify and hold ESI, its officers, partners, employees and associated persons harmless from and against any and all losses, liabilities, claims, damages and expenses whatsoever (including reasonable attorney's fees), arising out of any regulatory action, civil litigation, proceeding, or dispute of any kind relating in any way to the acts or omissions of the registered representative while performing this outside business activity, without limitation as to amount or insurance coverage.

Please note: You may not engage in the proposed OBA until you receive written acknowledgement from ESI's Licensing department.

Representative Signature: _____ Date: _____

Principal Review Section

Supervisor	Home Office Principal
<p>(RDO approval required for OBA of Branch Office Supervisors)</p> <p>Does this activity interfere with or otherwise compromise the representative's responsibilities to ESI and/or ESI's customers? <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Uncertain*</p> <p>Will the activity be viewed by customers or the public as part of ESI's business based upon, among other factors, the nature of the activity and the manner in which it will be offered? <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Uncertain*</p> <p>This activity is properly characterized as an outside business activity, and should not be characterized as a private securities transaction. <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Uncertain*</p> <p><input type="checkbox"/> This activity is acknowledged without restriction or special conditions.</p> <p><input type="checkbox"/> This activity is subject to restrictions and/or special conditions.*</p> <p><input type="checkbox"/> This activity is prohibited.*</p> <p>Supervisor Signature: _____</p> <p>Date: _____</p>	<p>Does this activity interfere with or otherwise compromise the representative's responsibilities to ESI and/or ESI's customers? <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Uncertain*</p> <p>Will the activity be viewed by customers or the public as part of ESI's business based upon, among other factors, the nature of the activity and the manner in which it will be offered? <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Uncertain*</p> <p>This activity is properly characterized as an outside business activity, and should not be characterized as a private securities transaction. <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Uncertain*</p> <p><input type="checkbox"/> This activity is acknowledged without restriction or special conditions.</p> <p><input type="checkbox"/> This activity is subject to restrictions and/or special conditions.*</p> <p><input type="checkbox"/> This activity is prohibited.*</p> <p>Home Office Principal Signature: _____</p> <p>Date: _____</p>
<p>*Must provide additional info on supplemental page.</p>	<p>*Must provide explanation on supplemental page.</p>

Outside Business Activity Disclosure
Supplemental Information Page

Field Office Supervisor Section

☐ Additional Information/Comments

☐ Restrictions/Special Conditions

Home Office Principal Section

☐ Additional Information/Comments

☐ Restrictions/Special Conditions
