

This form must be completed for each new location you intend to use for any business activities PRIOR to working from that location. The Firm will determine if the location needs to be registered as a branch or a non-branch. The FINRA registration fee for a branch location is \$175.00. Please note that some states may impose additional branch registration fees.

**A. Proposed Location Information**

Registered Representative ("RR") Submitting Form: \_\_\_\_\_

1. Please provide a response for each question below:

Question	Response	Additional Info
Physical address of proposed location		
Is mailing address different than proposed physical address?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*If 'Yes', list mailing address:
Main phone number for proposed location		
Fax Number (if none, please write "N/A")		
Will this be an OSJ or a Branch/Non-Branch location?	<input type="checkbox"/> OSJ <input type="checkbox"/> Branch/Non-Branch	
Is this a new location or an update to an already disclosed location?	<input type="checkbox"/> New <input type="checkbox"/> Update to existing	
Is proposed location a residence or business?	<input type="checkbox"/> Residence <input type="checkbox"/> Business	

2. List below **ALL ESI associated individuals** at the location. Include Registered Reps and NRFs (Non-Registered Fingerprinted staff):

Individual Name	RR or NRF	Individual Name	RR or NRF
	<input type="checkbox"/> RR <input type="checkbox"/> NRF		<input type="checkbox"/> RR <input type="checkbox"/> NRF
	<input type="checkbox"/> RR <input type="checkbox"/> NRF		<input type="checkbox"/> RR <input type="checkbox"/> NRF
	<input type="checkbox"/> RR <input type="checkbox"/> NRF		<input type="checkbox"/> RR <input type="checkbox"/> NRF
	<input type="checkbox"/> RR <input type="checkbox"/> NRF		<input type="checkbox"/> RR <input type="checkbox"/> NRF

3. Provide below the name of the RR at the location who will be the main point of contact for the new location. (This person will also be the Person in Charge (PIC) on the branch filing (Form BR) filed with FINRA. This is not a supervisory position. The PIC should be able to explain the general records of the branch in the event of a regulatory inspection.):

Name of Proposed Person In Charge (PIC): \_\_\_\_\_

4. List the RR(s) or Firm/Entity having responsibility, directly or indirectly, for paying the securities-related activity expenses of this location, or, that otherwise have a financial interest in this location.

Name	Share %

## B. Location Details

1. Please provide the anticipated number of business days **per month** that you plan to conduct business from the location? \_\_\_\_\_

2. Provide below **all** "Doing Business As" (DBA) names that will be used at this location:

*(include investment related and non-investment related, as well as agency DBA name(s) and/or personal name if used)*

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3. Please answer 'Yes' or 'No' for each activity or office description that applies to the proposed location:

Primary Residence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attorney Office	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Secondary Residence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings Bank	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Vacation Home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings Association	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Fixed Insurance Office	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Credit Union	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Property & Casualty Insurance	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Federally Insured Depository Institution	<input type="checkbox"/> Yes* <input type="checkbox"/> No
CPA Office	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Other**	<input type="checkbox"/> Yes* <input type="checkbox"/> No

\*\* If 'Yes' to "Other", provide a description of location below:

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4. Will there be anyone working at this location that is **NOT** an ESI RR, NRF, or an agent with National Life Group? ☐ Yes\* ☐ No

5. Will there be anyone working at this location that is **currently registered** with a broker/dealer, Investment adviser, or other financial services related institution **not** affiliated with ESI? ☐ Yes\* ☐ No

\* If 'Yes', please complete the *ESI Office Sharing Form (ES0670)* and return it with this *Location Disclosure Form*.

6. Please answer 'Yes' or 'No' for each of the following:

a. Will you or any person EVER meet customers at this location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', by appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', by walk-ins?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Will customer funds or securities be handled at this location? <i>(such as investment checks payable to product sponsor)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Will you store and/or maintain customer files at this location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Will this location be listed on any marketing materials? <i>(such as advertising, stationery, letterhead, business cards, office sign, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Will you have established business hours at this location?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Please answer 'Yes' or 'No' for each of the following and provide additional information as requested:

a. Will this location be advertised on any website(s)?

☐ Yes ☐ No

If 'Yes', list website address(es):

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b. Will this location be advertised on any social media platform? (i.e. *LinkedIn, Facebook, Twitter, etc.*)

☐ Yes ☐ No

If 'Yes', list social media addresses:

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### C. Certification

I certify that the information provided in this *Location Disclosure Form*, 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 Branch Office Supervisor ("BOS"/Regional Development Officer ("RDO") approval and Compliance review.

\_\_\_\_\_  
Registered Representative Signature

\_\_\_\_\_  
Registered Representative Name (*Print*)

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

\_\_\_\_\_  
BOS (or Designee) Signature

\_\_\_\_\_  
BOS (or Designee) Name (*Print*)

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

### ESI Licensing Use Only

Location Type: ☐ Branch ☐ Non-Branch ☐ FOSJ

This location disclosure has been reviewed and made part of ESI's records.

\_\_\_\_\_  
Reviewer Signature

\_\_\_\_\_  
Reviewer Name (*Print*)

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