



*Return to: HBWAS Compliance*  
3355 Cochran Street, Suite 100  
Simi Valley, CA 93063  
800-636-1302 fax  
todd.penrod@hbwadvisory.com

## OUTSIDE BUSINESS ACTIVITY NOTIFICATION FORM

Name of Investment Advisor Rep (IAR): \_\_\_\_\_  
(Type or Print)

You are required to notify HBW Advisory Services LLC (HBWAS) if you are, or plan to be, involved in any outside business activity or employment. This notification must be made prior to engaging in the activity. A separate form must be completed for each Outside Business Activity.

Please complete, sign and date this notification form and return it to the Chief Compliance Officer if you are an existing or future advisor of HBWAS. A copy of this form should be retained for your records and changes should be promptly reported to the Chief Compliance Officer.

- Are you currently involved in any business other than working for HBWAS?  
NO      YES
- Name of business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
- Nature of business (i.e., insurance agency, real estate, employment, rental income etc.). \_\_\_\_\_
- Are you using a Doing Business As Name (d/b/a) with this outside activity?  
NO      YES

If yes, what is the d/b/a name? \_\_\_\_\_

If yes, List all income sources for this DBA by Company Name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***If yes, complete a separate OBA Notification form for each income source listed.***

- Explain the organizational status of this business (i.e., a corporation, partnership, sole proprietorship, LLC, etc.). \_\_\_\_\_
- Date of commencement of OBA \_\_\_\_\_

- List your title/position: \_\_\_\_\_
- Duties of your position: \_\_\_\_\_  
\_\_\_\_\_
- Percentage of your time spent in this OBA during business hours: \_\_\_\_\_
- Is this business disclosed on your most current Form U4? NO YES
- Do you have a financial interest in the business? NO YES  
If so, what is the total dollar amount of such interest? \_\_\_\_\_
- How are you compensated by this business? \_\_\_\_\_
- Estimated annual income from this business? \_\_\_\_\_

I authorize HBWAS to investigate my outside business activities and contact any entities or individuals affiliated with such outside business activities. Furthermore, I authorize these entities or individuals to release to HBWAS any information that it requests about my employment, affiliation and/or activities with this organization.

**The foregoing is true and correct.**

\_\_\_\_\_  
Printed IAR Name IAR Signature Date

**Received and Reviewed:**

Notes/comments/verifications/additional information requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
HBWAS Chief Compliance Officer Date