



Investment Adviser Questionnaire - 2026

Welcome to the Annual Investment Adviser Questionnaire - 2026

The Indiana Secretary of State, Securities Division ("Division") requires that all Indiana domiciled Investment Advisers ("Firms") complete the Investment Adviser Questionnaire ("Questionnaire") annually. Firms must electronically submit responses to the Questionnaire in its entirety to comply with this inquiry. The Questionnaire must be completed on or before March 31, 2026.

Before you proceed, please ensure you review the copy of the PDF version. If you do not have a copy of the PDF, you may obtain a copy from the Indiana Secretary of State's website at: <https://securities.sos.in.gov/general-information/investment-adviser/> under Helpful Resources. This PDF is provided as a convenience to assist you in the preparation of your responses, however the survey must be completed and submitted online.

The Questionnaire's software will direct Firms to the specific questions they must complete. The Questionnaire has multiple pages, which a user navigates through by clicking the "Next" button to proceed to the next page. Once all applicable prompts have been answered, the user submits the Questionnaire by clicking the "Done" button.

Firms who successfully complete the survey through the link will receive a confirmation email from SurveyMonkey shortly after their responses have been submitted. Firms should preserve this confirmation email for their records.

Questions should be directed to SecuritiesExaminations@sos.in.gov.

Failure to complete and return the Questionnaire by March 31, 2026, may be deemed by the Division a violation of the Indiana Securities Act within the meaning of Ind. Code § 23-19-4-12(d)(2) and the matter may be referred to the Division's Enforcement Section.



Investment Adviser Questionnaire - 2026

State Registered Investment Adviser:

*** 1. Firm's full legal name as well as all DBAs utilized:**

*** 2. Firm CRD Number:**

*** 3. Chief Compliance Officer or Primary Contact:**

*** 4. Primary Contact's Phone Number and email address:**

*** 5. Firm Website(s) and all Social Media (including but not limited to FaceBook, Instagram, LinkedIn, X, etc.):**

Enter N/A, if this item does not apply.

*** 6. Business Address:**

Address

Address 2

City

State

ZIP Code

*** 7. Is the Firm located in a private residence?**

☐ Yes

☐ No

*** 8. Does the Firm have more than one office in the State of Indiana?**

☐ Yes

☐ No

If yes, provide the address, phone number and primary contact for each office.

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*** 9. Total number of Personnel:**

Break down the total number of Personnel by each category. (Note: Some individuals may fall into multiple categories.)

Broker Dealer

Registered

Representative(s)

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Investment Adviser

Representative(s)

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Non-Registered

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Administrative Staff

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*** 10. Did the Firm terminate any Personnel or allow any Personnel to resign in the last two years?**

☐ Yes

☐ No

If yes, provide comprehensive details for each person who was terminated or allowed to resign.

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*** 11. As an Investment Adviser ("Firm") registered with the Indiana Secretary of State, Securities Division, please select the type(s) of services the Firm or any persons, paid, unpaid, full time, part-time, or contractor ("Personnel") offers.**

- ☐ Asset Management
- ☐ Financial Planning
- ☐ Management of Pooled Investment Vehicle (e.g. mutual funds, private funds, pension funds, etc.)
- ☐ Selection of 3rd Party Managers
- ☐ Solicitation of Potential Clients for Another Entity
- ☐ Compensation to 3rd Parties for the Solicitation of Potential Clients
- ☐ Brokerage
- ☐ Insurance Products including Variable Annuities
- ☐ Tax Preparation
- ☐ Accounting / Bill Payment
- ☐ Legal
- ☐ Lending
- ☐ Alternative Investments
- ☐ List any services not identified in the above list.

*** 12. Did the Firm or any of its Personnel receive any complaints in the last two years?**

- ☐ Yes
- ☐ No

If yes, provide comprehensive details related to each complaint.

*** 13. Does the Firm have any Personnel who is under heightened or special supervision?**

- ☐ Yes
- ☐ No

If yes, provide comprehensive details for each individual(s) including the reason for heightened or special supervision, and the process for monitoring and reporting.

*** 14. In the following fields, please select the type(s) of investments the Firm recommends.**

Stocks	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>
ETFs/ETNs	<input type="checkbox"/>
Bonds or other Debt Securities	<input type="checkbox"/>
Derivatives (Options, Futures, Forwards, Swaps)	<input type="checkbox"/>
Variable Annuities	<input type="checkbox"/>
Insurance Products	<input type="checkbox"/>
Real Estate Investment Trusts (REITs)	<input type="checkbox"/>
Penny Stocks	<input type="checkbox"/>
Alternative Investments (Private Funds, Commodities, Venture Capital, etc.)	<input type="checkbox"/>
Private Placements	<input type="checkbox"/>
Digital Assets such as Cryptocurrency	<input type="checkbox"/>
Viaticals/Life Settlements	<input type="checkbox"/>
Promissory Notes	<input type="checkbox"/>
Unaffiliated, 3rd Party Investment Managers	<input type="checkbox"/>

List any investments not identified in the above list.

*** 15. Does the Firm charge performance-based fees?**

For information regarding the performance-based compensation exemption, see [710 IAC 4-9-10](#)

☐ Yes

☐ No

*** 16. Does the Firm or any of its Personnel have custody, as defined by Rule § 275.206(4)-2 within the Investment Advisers Act of 1940, as incorporated by reference within 710 IAC 4-9, of client assets (e.g. withdrawal of advisory fees directly from client accounts, inadvertent custody, use of Standing Letters of Instructions where the recipient of client assets is not an identically registered account, receipt of client assets for deposit, etc.)?**

☐ Yes

☐ No

*** 17. Does the Firm or any of its Personnel access any client's outside accounts (e.g., 529s, bank, broker-dealer, mutual fund, retirement, etc.) utilizing the client's personal credentials?**

☐ Yes

☐ No

If yes, describe how these accounts are accessed.

*** 18. What forms of communication does Firm utilize with clients?**

Select all that apply.

☐ Phone

☐ Written Correspondence

☐ Email

☐ Other (e.g. social media, instant or direct messaging)

☐ Text

*** 19. Does the Firm obtain or attempt to obtain Trusted Contact information for all clients?**

☐ Yes

☐ No

*** 20. Does the Firm have procedures in place to comply with the requirements of Indiana's laws related to Senior Citizens and Financially Vulnerable Adults?**

[710 IAC 4-10-2](#), [IC § 23-19-4.1](#), [Senior Savings Protection](#)

☐ Yes

☐ No