



Candidate Information Form

GENERAL INFORMATION

Name: _____

Please include First Name, Middle Name, and Last Name

Nickname: _____ Telephone Number: _____

Company/DBA Name: _____

Are you affiliated with any other producers? Yes No

If "Yes", please provide names(s) of other person(s):

Do you have a website? Yes No

If "Yes", please provide URL: _____

LICENSING

Current Securities Licenses Held: 6 7 24 26 63 65 66 Other: _____

If not currently registered with a broker/dealer, when will your license(s) expire? _____

Professional Designations: CPA CFP ChFC CLU

CFA PFS CIC EA Other: _____

PERSONAL PRODUCTION

What was your gross securities income (not including fixed insurance) for:

2007: \$ _____ 2006: \$ _____

What was your gross income for fixed insurance for:

2007: \$ _____ 2006: \$ _____

How did you learn about Madison Avenue Securities? _____

PROFESSIONAL AFFILIATIONS

Current broker/dealer: _____

If you are affiliated with an insurance marketing organization (FMO, IMO, etc.), which one(s)? _____

What other broker/dealers are you considering? _____

What two things about your current broker/dealer prompt you to seek a change?

1. _____

2. _____

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