## **OUTSIDE ACTIVITY (OA) APPROVAL REQUEST FORM**

All registered individuals must complete this form and obtain Compliance approval before engaging in any Outside Activity.

| SECTION 1 – EMPLOYEE INFORMATION   |   |
|--|---|
| Name   | Phone   |
| Title  | Email   |
| Registration Category  |   |
| SECTION 2 – DETAILS OF THE OUTSIDE ACTIVITY  |   |
| 1. Type of activity (check all that apply):  |   |
| Executor / Liquidator of an Estate (for non- family member)  | Employment, consulting role or volunteering             |
| Power of Attorney (for non-family members)   | Operating a business / partnership / investment club    |
| Board/Committee membership (for-profit or not-for-profit)  | Real estate activity (agent, landlord, prop management) |
| Other (please specify):  |   |
| 2. Name of organization or individual(s) involved:   |   |
| 3. Description of activity and your role:  |   |
| 4. Estimated time commitment (hours per week/month):   |   |
| 5. Start date (and expected duration):   |   |
| 6. Will you receive compensation?  |   |
| SECTION 3: CONFLICT OF INTEREST CONSIDERATIONS   |   |
| SECTION S. CONFEICH OF INTEREST CONSIDERATIONS   | YES NO  |
| 1. Could this activity create a potential conflict of interest with your role at the firm?   |   |
| If yes, please specify:  |   |
| 2. Could this activity impact your time, availability, or performance?   |   |
| 3. Does this activity involve clients or prospective clients of the firm?  |   |
| SECTION 4: EMPLOYEE ATTESTATION  |   |
| I certify that the information provided above is complete and accurate. I agree not to engage in or continue this outside business activity until I receive written approval from Compliance/Management. |   |
| Signature:   | Date:   |
| SECTION 5: COMPLIANCE/MANAGEMENT REVIEW  |   |
| Approved Approved with conditions (specify)  | Denied  |
| Signature:   | Date:   |