

Professionals Alliance Group

Domestic Confidential Survey

Oppenheimer established the Professionals Alliance Group to support selected accounting firms across the country in providing financial consulting services to their high net worth clients.

In order to qualify for membership in the Professionals Alliance Group, accounting firms must meet certain requirements. If you are interested in learning more about this opportunity, please complete and return this survey with your business card to:

Professionals Alliance Group | Oppenheimer & Co. Inc.
85 Broad Street, 24th Floor, New York, NY 10004
professionalsalliancegroup@opco.com
(212) 668-5880

Name _____

Title _____

Company _____

Parent Company _____

Address _____

City _____

State _____ Zip _____

Telephone _____ Fax _____

Email _____

Website _____

Home Address _____

City _____

State _____ Zip _____

Social Security # _____

Date of Birth _____

Year Firm Founded _____

Number of Partners _____

Please indicate the approximate number of clients with INVESTABLE assets within the following ranges:

____ \$500m-\$2mm ____ \$2mm-\$5mm
____ \$5mm-\$10mm ____ \$10mm-\$25mm
____ >\$25mm

Please indicate your firm's approximate current annual revenues:

\$1mm - \$3mm \$3mm - \$5mm
 \$5mm - \$10mm >\$10mm

Do you have a financial services business?

Yes No

Do you have an RIA? Yes No

Please indicate the license(s) you hold:

Please indicate industry specialization(s), if any (e.g.: manufacturing, healthcare, technology, non-traditional)

Because of the nature of our business we are required to conduct a thorough review of all statements made by you with respect to our proposed business contract or our investment. We would like to record your consent to such review at this time.

To be considered for a potential business relationship with Oppenheimer & Co. Inc. you hereby agree:

1. A confidential investigation into your character and/or adjudicated litigations;
2. An FBI background check; and
3. A Criminal conviction background check investigation.

By signing below, you acknowledge that you have read and understand the contents of this Form.
Acknowledged and agreed;

Signature: _____

Print Name: _____

Date: _____