



REQUEST FOR USE OF SPONSOR FUNDS INSTRUCTIONS

Please take the time to carefully review these instructions and the Request for Use of Sponsor Funds Form (see page 2). If you need any further assistance, contact one of the specialists in the Department of OSJ Supervision at 310.257.7608.

Overview

- Advance approval of the meeting by Cetera Advisor Networks is required. Failure to obtain advance approval could result in denial of sponsor reimbursement and/or other disciplinary action.
- Do not commit to or incur any expenses or other obligations for a planned training or educational meeting until this meeting has been approved in writing.
- We recommend that you allow a minimum of 30 days notice prior to the meeting/seminar.
- Upon review, you will receive written notification (via email or facsimile) of either the approval or denial.

Representative Details

- Provide the representative's name who is hosting the event, along with their rep number.
- The phone number included should be the contact number for the reviewer to obtain additional information about the meeting. This could be the representative, an assistant or another contact person. If not the representative, please include the name of the person to be contacted for additional information.
- The fax number included should be the fax number where approval/denial is to be faxed. Remember, the record of the approval/denial should be kept in the office records. If you have a centralized office structure, this may be the OSJ office fax number.

Type of Request

This form is intended to be used for educational and training events hosted by the home office or field office, marketing expenses and customer or prospective customer seminars only. This form should not be used to request permission to attend a sponsor organized (due diligence) event.

Expenses

A breakdown of anticipated meeting/seminar and marketing expenses **MUST** be included with the request.

- For meetings/seminars held in the associated person's office, sponsor reimbursement is generally limited to food and refreshments served at the meeting/seminar and actual costs of invitations and postage to the meeting/seminar.
- For off-site meetings/seminars, sponsor reimbursement is generally limited to food, refreshments, facility rental, business equipment, invitations and postage, and educational/training materials used in connection with the meeting/seminar.

Sponsor Information

For each product sponsor intending to fund all or part of the meeting/seminar, you must provide: product sponsor name, contact name, phone number and estimated cost to be paid by each sponsor. Please copy the Request for Use of Sponsor Funds form for additional product sponsors so that all product sponsors funding this event are fully disclosed.

Attachments

It is critical for the review that the following additional items be included with the request:

- Preliminary agenda. The agenda should, at a minimum, show:
 - a. A future date.
 - b. List of specific training/educational topics relevant to the business, identities of persons presenting the topics and an accounting for all times during the meeting's/seminar's duration.
 - c. If using an invitation/flyer, please provide copies. Invitations, handouts, flyers, etc. distributed before the meeting/seminar or intended to be used at the meeting/seminar must be approved by the Advertising Compliance Department. Approval of the invitations and or other meeting/seminar materials by the Advertising Compliance Department is not approval for sponsor reimbursement of the meeting/seminar.
- List of invitees. Please indicate on the list who are associated persons of the broker-dealer and who are customers. In addition, where appropriate, indicate the criteria for their selection to attend.
- For marketing expenses, include itemized invoice for marketing materials.



Tracking Number
(if required)

REQUEST FOR USE
OF SPONSOR FUNDS

This form must be completed in its entirety to request approval for training and educational meetings funded in whole, or in part by a product sponsor. Please forward this form with supporting documentation to Cetera Advisor Networks' home office, Attention: Department of OSJ Supervision, fax: 877.339.0594.

Representative Printed Name _____ Rep Number _____ Date _____

Phone Number _____ Fax Number _____

Type of Request:

Purpose: Educational/Training Meeting – Field Office Hosted Customer/Prospective Customer Seminar
 Marketing: _____ Reasonable and Occasional (Entertainment)
Type of Material

Meeting Name _____ Date(s) of Meeting _____

Location of Meeting _____ City/State _____

Expenses: Estimated breakdown of anticipated expenses

DO NOT commit to or incur any expenses until this request has been approved in writing.

Meals/Refreshments: \$ _____
 Facility/Business Equipment Rental: \$ _____
 Training/Educational Materials: \$ _____
 Meeting Invitation and Postage: \$ _____
 Marketing Material (*advisory support only*): \$ _____
 Total Estimated Cost of the Meeting: \$ _____

Sponsor Information

| Name of Product Sponsor | Product Sponsor Contact Name & Phone Number | Estimated Cost Paid by Sponsor |
|-------------------------|---|--------------------------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Will the representative be reimbursed for any of the meeting expenses? Yes* No Est. Amt \$ _____

ATTACHMENT: The following items must be provided with this request

- Preliminary agenda and invitation**
- List of invitees, please note associated persons**

*Product sponsors may not directly reimburse representatives for expenses incurred. All reimbursements must be paid through Cetera Advisor Networks. To obtain reimbursement, submit a completed Sponsor Reimbursement Form (CAN 202) with supporting documentation.

Home Office Use Only

Preliminary Agenda Received Invitee List Received Invoice Received Approved Denied

Print Reviewer's Name _____ Reviewer's Signature _____ Date _____

Requests over \$15,000 require chief compliance officer approval.

Print Chief Compliance Officer's Name _____ Chief Compliance Officer's Signature _____ Date _____

