Institute for Portfolio Alternatives

Membership Application

DISTRIBUTION PARTNER

Firm Information

Firm name: _____

Years in business: _____ Website: _____ Assets under management: _____

Brief description of your firm: _____

_____

_____

Are you a Registered Broker-Dealer (BD)? ☐ Yes ☐ No If yes, CRD#: _____

State of principal office _____ Number of states licensed in? _____

What is your total annual revenue? ☐ under $100M ☐ $100M-$500M ☐ $500M-$1B ☐ $1B+

Number of producing reps? _____ Revenue % that is illiquid/non-traded alternatives? _____

What is your qualified custodian/clearing firm? _____

Are you a Registered Investment Adviser (RIA)? ☐ Yes ☐ No If yes, IARD#: _____

Are you dually registered as a BD? ☐ Yes ☐ No

If not, are you affiliated with a BD? ☐ Yes ☐ No If yes, firm name: _____

Number of adviser reps? _____ Number of dually-registered reps? _____

Where are you registered? ☐ State ☐ Federal State of principal office _____ Number of states licensed in? _____

On average, what is your allocation to alternative investments? ☐ 0-5% ☐ 5-10% ☐ 10-15% ☐ 15+%

If dually registered, which platform do you offer illiquid alternatives on? ☐ BD ☐ RIA

What is your qualified custodian/clearing firm? _____

Are you a Family Office? ☐ Yes ☐ No State of principal office _____ Number of states licensed in _____

Number of investment professionals _____ Does your family office qualify as exempt? ☐ Yes ☐ No

Do you or any of your investment professionals qualify as "registered representatives" or "investment adviser representatives"? ☐ Yes ☐ No

What is your total assets under management? ☐ under $100M ☐ $100M-$500M ☐ $500M-$1B ☐ $1B+

Of your total assets under management, what percentage is allocated to alternative investments?

☐ 0-5% ☐ 5-10% ☐ 10-15% ☐ 15+%

What is your qualified custodian/clearing firm? _____

Experience with Alternative Investment Products

Do you offer alternatives on your advisory platform? ☐ Yes ☐ No

Brief description of the alternatives your firm currently offers: _____

_____

_____

Approx. # of reps actively offering alternatives: _____

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Primary contact

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please provide two additional contacts

Name: _____ Title: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Our firm has reviewed the IPA's Code of Conduct, available on the IPA's website at IPA.com, and will comply with it to the extent applicable. We consent to having our name and logo listed as an IPA member.

Signature: _____ Date: _____

Name: _____ Title: _____

For questions, please contact us at (202) 548-7190 or memberships@ipa.com. Please email your completed application to memberships@ipa.com