



Diversified Securities Inc.
Member FINRA, SIPC
6700 E. Pacific Coast Hwy., Ste: 150
Long Beach, CA 90803
Office: 562-493-8881
Fax: 562-493-9352

OUTSIDE BUSINESS ACTIVITY DISCLOSURE FORM

Name (Print): _____ Rep No.: _____

NO Outside Business Activities

- Check here if you DO NOT participate in any Outside Business Activities.
You still must sign and return this form.

Disclosure of Outside Business Activities

Check all boxes that apply to activities for which you receive direct or indirect compensation.
For each checked box, provide details on page 2.

Insurance

- Equity Indexed Annuities
- Fixed Insurance Products
- Group Annuities
- Health, Disability
- Life Settlements
- Long Term Care
- Property and Casualty
- Viatical Settlements

Business, Marketing, Other

- Business Transactions with client
- Consulting Activity
- Educational Instructor
- Franchise/Franchisee
- Marketing of Financial Instruments
- Media (Radio, Print, TV, Internet)
- Network Marketing
- Officer/Director Capacities
- Volunteer
- Other

Other Financial and/or Advisor Activities

- Estate Planning
- Financial Instruments not provided by DSI and/or H. Beck
- Investment Advisory Services
- Professional Activity (accountant, attorney, etc)
- Promissory Notes
- Real Estate/Mortgage Services
- Tax Preparation
- TPA Services
- Trustee Services

COMPLETE THIS PAGE FOR EACH NEW OUTSIDE BUSINESS ACTIVITY

Name of Business Activity: _____

Address, if different from Branch Location: _____

Position/Title/Relationship: _____

Activity Start Date: _____ Estimated Annual Compensation: _____

Estimated Number of Hours per Month: _____

Number of Hours Devoted During Securities Trading Hours: _____

Is the activity investment related? Yes No If yes, Explain below:

In connection with the activity, have any of your securities clients provided capital or services?

Description of Duties with Business Activity: _____

I certify that the above disclosure is inclusive of all my business activities outside of Diversified Securities Inc. (unless previously disclosed in writing). I understand that I have an ongoing obligation to report in advance all new Outside Business Activities.

Signature: _____ Date: _____

Return to the Compliance Department
Fax: 562-493-9352
Mail: 6700 E. Pacific Coast Hwy., Ste: 150
Long Beach, CA 90803

If you have questions, please call us at 562-493-8881 or 800-732-1733

COMPLIANCE DEPARTMENT REVIEW:

Analysis pursuant to Rule 3270-01:

Initials	Date
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