



ASSET MANAGER APPLICATION

The Third Party Marketers Association offers Associate Memberships to asset managers who would like to participate in the association.

Firm Name: _____

Address: _____ Website: _____ Phone: _____ Fax: _____

Name of Firm Professional Completing Application: _____

Email Address of Firm Professional Completing Application: _____

Phone Number of Firm Professional Completing Application: _____

Number of Principals/Owners: _____ **Number of Employees (non-Principals/Owners):** _____

Employee/Owner 1: Name: _____ Title: _____ Phone: _____

Employee/Owner 1: Email: _____ Address: _____

Employee/Owner 2: Name: _____ Title: _____ Phone: _____

Employee/Owner 2: Email: _____ Address: _____

References:

Please provide 2 industry references, including contact information, that 3PM may contact on behalf of your firm. At least 1 reference must be a Member Firm of 3PM:

Name: _____ Firm: _____ City, State: _____ Phone: _____ Email: _____

Name: _____ Firm: _____ City, State: _____ Phone: _____ Email: _____

Membership Dues for Asset Managers (\$350 USD)

Additional contacts may be added for \$200 per person. (Please include Name, Phone and Email Address for each additional contact)

METHOD OF PAYMENT:

- We accept Master Card , VISA , American Express on our [Member's Only Site](#).

- Check/Money Order can be sent to Third Party Marketers Association, Inc. 191 Clarksville Road, Princeton Jct., NJ 08550

Firm owner/employee who will be listed on the 3PM website as contact person on behalf of the Firm (one is included in Industry Associate participation, see above to list additional personnel)

Name: _____ Title: _____

Phone: _____ Email: _____

As the representative submitting this application for Industry Associate participation in the Third Party Marketers Association, I vow that the statements above are true and accurate to the best of my knowledge and ability, and that all firm owner and employee signatures and information are genuine and accurate as of this date.

Signature

Date

ASSET MANAGER FIRM PROFILE

Please complete the following questions regarding your firm. All information collected is for in-house use only and will be held in strictest confidence, unless authorized otherwise by the primary contact at the Asset Manager participating firm as specified in response to this next statement.

Note: Firm listing on the 3PM.org web site is based on acceptance and continued good standing, and your authorization and completion of this page.

Pending acceptance, may we use this information to add your firm to our web site, www.3pm.org? Yes No

Firm Name: _____

Primary Address: _____

Contact Name: _____

Contact Phone: _____ Contact Email: _____

Firm Products: Please attach a sheet with additional products as necessary.

1. Product Name: _____ Strategy: _____ Length of Track Record: _____

2. Product Name: _____ Strategy: _____ Length of Track Record: _____

Firm History:

1. Firm Inception Date: _____ 2. Firm Ownership Structure: _____ 3. Firm AUM: _____

4. Organization Size: _____ # of Employees: _____ # of Investment Professionals: _____

5. Current Sales Infrastructure: In-house Sales Team Third Party Marketers None Other _____

Please indicate the categories which you feel best describe your firm/strategies:

- | | | | |
|-------------------------------------|--|------------------------------------|--|
| Traditional Emerging Managers | <input type="checkbox"/> Yes <input type="checkbox"/> No | Alternative Emerging Managers..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| U.S. Equity | <input type="checkbox"/> Yes <input type="checkbox"/> No | Int'l/Global/Emerging Markets..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fixed Income | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hedge Funds..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hedge Fund of Funds..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Private Equity | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Private Equity Fund of Funds..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Real Estate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Int'l/Global Equity..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Int'l/Global Income/Debt..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: _____ | | | |

Please indicate your firm's targeted distribution channels:

- | | | | |
|--|--|---------------------------------|--|
| High Net Worth Individuals | <input type="checkbox"/> Yes <input type="checkbox"/> No | Family Offices | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| RIAs and Wealth Mgmt Platf..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Wrap, B/Ds and Mgd Account..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Corporates | <input type="checkbox"/> Yes <input type="checkbox"/> No | Public Funds | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Endowments & Foundations | <input type="checkbox"/> Yes <input type="checkbox"/> No | Taft-Hartley / Union Plans..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Consultants..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Subadvisory Relationships..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Broker/Dealer-Independent, Wirehouse | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Other: _____ | | | |

Please attach a description (max 100 words) of your firm and the services you provide.

As the representative submitting this Firm Profile for Asset Manager participation in the Third Party Marketers Association, I vow that the statements above are true and accurate to the best of my knowledge and ability, and that all firm owner and employee signatures and information are genuine and accurate as of this date.

Signature

Date

IMPORTANT NOTE: if you choose to electronically send this completed application to info@3PM.org, please be sure to SAVE the completed document and transmit the SAVED document. In addition, please print and mail or fax an original copy of this completed application to:

**Third Party Marketers Association, Inc.
191 Clarksville Road, Princeton Jct., NJ 08550 - Phone 609/799-4900 Fax 609/799-7032**