

INFINEX COMPLIANCE ADVERTISING REVIEW FORM

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Type of Material:	
Date of Submission:	
Institution Name:	Contact Name:
Phone Number:	Fax Number:
How is the material to be used?	Target Audience:
Anticipated date of first use:	Deadline:
Name of individual who created the material:	Submitting Individual Name:
Company who created the material:	Submitting Company Name:
Comments:	

FOR COMPLETION BY COMPLIANCE

REVIEWED BY:				
Advisory Marketing	Performance Results (PR)	Calculations Supporting PR	Selective or Cherry-Picked PR	Back Tested PR
<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Gross PR without Net PR	Outlying Figures	Past Recommendations Listed	Endorsement / Testimonial	No Compensation or Is Disclosed
<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>

Interim Activity

ACTION:	DATE:
Comments:	
ACTION:	DATE:
Comments:	
ACTION:	DATE:
Comments:	
APPROVED BY:	APPROVED DATE:
Denial By:	Denied Date:
Comments:	

Filing Codes

APPROVAL DATE	PROGRAM CODE	GENRE	NOTATIONS	TYPE

PLEASE NOTE: This item will be "CLOSED" on our records if revisions are not submitted or you do not respond within 30 days. Additionally, our records will indicate that Compliance approval was not granted and use of this will be considered a violation. Approval indicates Infinex's belief the piece is fair and balanced, no material facts were omitted, and no untrue statements were made.