

My Privacy Options

If you would like to limit the personal information that your Financial Advisor can disclose or take with him or her to another financial services firm upon the termination of his or her relationship with Triad Advisors, Inc., please complete and mail the following form to:

Triad Advisors, Inc.
Attn: Compliance Department
5185 Peachtree Parkway, Suite 280
Norcross, GA 30092

_____ *I do not want my personal information disclosed to another brokerage or investment advisory
Initials firm upon my Financial Advisor terminating his or her relationship with Triad Advisors.*

If you want to follow your Financial Advisor to a New Financial Institution when your registered representative/advisor terminates its relationship with Triad, please do not send in this My Privacy Options form.

In order for your opt-out election to be effective, you must complete the following information including the signature and date lines.

Name: _____
Address: _____
City: _____ State/Zip: _____
Account Number or SSN: _____

Signature: _____ Date: _____

Name: _____
Address: _____
City: _____ State/Zip: _____
Account Number or SSN: _____

Signature: _____ Date: _____