

Advisor Profile – Confidential



Name: _____

Date: _____

The completion of this form is necessary in order for us to better understand your business model. Completion of this form does not obligate you or your firm in any way. All information obtained in this questionnaire is held in strict confidence and will not be shared outside of Triad Advisors.

***Please answer all questions and return to Triad Advisors for review.
Please also include:***

- 1)** Your previous year's annual production report
- 2)** Your form ADV (if applicable)

If you have any questions, please contact:

Triad Business Development at (800) 720-4003 or
businessdevelopment@triad-advisors.com.

Please return this information by fax or mail to:

 **Triad Advisors**
Your business. Your way.

Attn: Business Development
5185 Peachtree Parkway
Suite 280
Norcross, GA 30092
Fax: 678.405.5699

Personal Information:

First Name _____ Middle Name _____

Last Name _____ Jr./et _____

Social Security Number _____

Date of Birth _____

Which licenses/designations do you currently hold?

S6 S7 S63 S26 S24 S65/66 CFP CPA CFA ChFC PFS CIC

Variable Life Variable Annuity Life/Health Other

Company Name (if applicable): _____

Projected Transition Date: _____

How did you hear about Triad? _____

Business Information:

Street Address _____

Suite Number _____

City _____ State _____ Zip _____

Business Phone () - _____

Business Fax () - _____

Cellular Phone () - _____

Email Address _____

Website _____

Who is the host for your website (i.e. Emerald, AdvisorSquare, etc.)? _____

What is the best way to contact you during business hours? _____

Business Information:

Who is your current broker-dealer? _____

How long have you been with your current broker-dealer? _____

Are you an OSJ Branch? ____ Yes ____ No

If yes, what is the number of representatives that you supervise? _____

Do you have your own RIA? ____ Yes ____ No

If yes, is the RIA ____ SEC or ____ State registered?

If no, are you an Investment Advisory Rep under another RIA? ____ Yes ____ No

If yes, whose RIA are you under? _____

What is your current payout? On commission business ____%. On fee business ____%

Do you hold client brokerage accounts through your B/D Clearing Firm? ____ Yes ____ No

If yes, who is the clearing firm? (i.e. Pershing, NFS, etc.): _____

If yes, approximately how many total accounts? _____

If yes, how many are IRA Accounts? _____

Approximately how many accounts do you hold direct at the product company? _____

Fee-Based Business:

What is your gross annual revenue from fee-based business? _____

What are your total assets under management (AUM) for fee-based business? _____

Please list all assets by custodian or platform:

Custodian:

Assets:

What percentage of your fee business is advisor-managed? ____ %

What percentage of your fee business is third-party managed? ____ %

Commission Business:

What is your annual revenue from commission-based business? _____

What are your total assets under management (AUM) for commission business? _____

What is your approximate product mix for your commission business? (i.e. mutual funds 30%, stocks 20%, etc.): _____

Who are your primary product companies for commission business? (i.e. Hartford, American Funds, CNL, etc.): _____

Do you offer fixed insurance products to your clients: _____ Yes _____ No

If yes, how much do you generate in annual commissions? _____

If yes, do you use a General Agency? _____ Yes _____ No

If yes, what agency do you use? _____

Do you sell/offer Equity Indexed Annuities (EIAs) to your clients? _____ Yes _____ No

If yes, how much annual premium do you generate in EIAs? _____

If yes, what products do you use? _____

If yes, what General Agency do you use? _____

Other Business Activities:

Please describe any other investment related business you have (i.e. hedge funds, alternative investments, limited partnerships, etc.):

Background Information

1. Have you ever declared a personal bankruptcy? Yes No
2. Within the past 10 years, has any corporation , partnership or business in which you or your family members were a partner, officer shareholder director, been a party to lawsuits, judgements, bankruptcies or liens? Yes No
3. Have you ever been fined by an insurance or securities regulatory authority? Yes No
4. Have you ever had your securities registration or insurance license denied, suspended or revoked by a State or Federal agency? Yes No
5. Are you indebted to an insurance company, general agent, broker or manager or any registered broker-dealer? Yes No
6. Have you ever resigned or been terminated from a position or agency as a result of being charged or accused of violating any standard of conduct law, rule or regulation concerning investments, securities, insurance, banking, commodities or real estate? Yes No
7. Have you ever been charged with, convicted of, plead guilty to or plead no contest to any felony or misdemeanor concerning investments, insurance, securities, banking, real estate, commodities, fraud, theft, forgery, counterfeiting, extortion, false statements or omissions? Yes No
8. Do you currently have any potential investment related action or customer complaint pending with the SEC, NASD or any other self-regulatory organization? Yes No
9. Not including traffic violations, have you ever been charged with or convicted of, pled guilty to, or pled no contest to any felony or misdemeanor? Yes No
10. Have you ever been known personally by any other name or have you ever conducted business or carried bank accounts in any other name than the one you have indicated? Yes No
11. Do you have Errors and Omissions Insurance through your current broker-dealer? Yes No

** Please attach a written explanation and court documents to all "yes" answers.*

Authorization for Release of Information

To Whom It May Concern:

I hereby authorize any employer, insurance company, managing associate, educational institution, consumer reporting agency, criminal justice agency, insurance department or individual having any information relating to my activities to release such information to Triad Advisors, Inc. any of its subsidiaries or affiliates and any of its Product Providers or their affiliates. This information may include, but is not limited to, employment and job history, academic records, credit reports, disciplinary, arrest and conviction records and personal history. I agree that a photo copy of this authorization shall be as valid as the original.

Representative's Full Name (please print) _____

Signature of Representative _____

Date _____