



Name: _____

Date: _____

Advisor Profile- Confidential

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 Nathan Stibbs at (800) 720-4003 or nathan@triad-advisors.com.

Please return this information by fax or mail to:

Triad Advisors
Attn: Business Development
5185 Peachtree Parkway
Suite 280
Norcross, GA 30092

Fax: (678) 405-5699

Representative Profile**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/S66

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 (_____) _____ - _____

E-mail address to use for contact purposes: _____

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, alternatives
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 or false statements or omissions? | Yes | No |
| 8. Do you currently have <u>any</u> potential investment related action or customer complaint <u>pending</u> 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, or pled guilty to, or plead 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 photographic copy of this authorization shall be as valid as the original.

Representative's Full Name (please print) _____

Signature of Representative _____

Date ____/____/_____