

3.NF-TR1-PO-0620



Mail this opt-out form to:

Triad Advisors, LLC.  
Attn: Compliance Department  
5155 Peachtree Parkway  
Suite 3220  
Norcross, GA 30092  
1-888-713-5445

[www.compliance.com](http://www.compliance.com)

Member FINRA and SIPC



MY PRIVACY OPTIONS

Complete and submit this form to Triad Advisors if you would like to limit the personal information that your Financial Professional can disclose or take with him or her should he or she decide to leave Triad Advisors and go to another financial institution. Please complete and mail the following form to:

**Triad Advisors, LLC.**  
**Attn: Compliance Department**  
**5155 Peachtree Parkway**  
**Suite 3220**  
**Norcross, GA 30092**

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

If you intend to follow your Financial Professional should he or she decide to leave Triad Advisors and go to another financial institution and want him or her to take your personal information with him or her, there is **no** need for you to take any action.



In order for your opt-out election to be effective, you must complete the information below, sign and date the form and return to Triad Advisors, LLC.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Account Number or last 4 digits of SSN

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date