TRADITION
WEALTH MANAGEMENT

952-563-6500

info@traditionwealth.com

www.traditionwealth.com

EDINA OFFICE

7601 France Ave S
Suite 100
Edina, MN 55435

WAYZATA OFFICE

100 Lake Street
Suite 120
Wayzata, MN 55391

WOODBURY OFFICE

7616 Currell Boulevard
Suite 110
Woodbury, MN 55125

TRADITION
WEALTH MANAGEMENT

PRIVACY POLICY

HOW WE USE AND PROTECT PERSONAL INFORMATION

Tradition Wealth Management, LLC *("Tradition Wealth Management," "TWM," "we," or "us")* is committed to maintaining the trust and confidence of our clients. We have developed our own privacy policy to reinforce our commitment and want you to understand how we protect your privacy when we collect and use your nonpublic personal information in the course of business.

COLLECTING YOUR INFORMATION

We obtain information, much of which comes directly from you, as we deem appropriate, to provide you with products and services you have requested, and, as we deem appropriate, to determine your eligibility for products or services. In order to conduct our analysis, we collect and compile financial information *(including tax returns, investment statements, etc.)* and other related documents that are part of our planning process. Furthermore, we may collect identification and contact information, such as your name, Social Security number, address, telephone number, and email address.

SAFEGUARDING YOUR INFORMATION

We utilize in-house and third-party physical, electronic, and procedural safeguards that meet or exceed federal standards to guard your personal information.

DISCLOSING YOUR INFORMATION

We will not disclose your personal information to entities not affiliated with us unless it is to entities *(such as insurance companies and brokers, banks, broker/dealers, and investment advisors)* that provide services for you as a course of our planned business relationship.

DISCLOSURES PERMITTED BY LAW

We may also disclose all of the information we collect as permitted or required by law. For example, we may disclose information to law enforcement agencies or insurance and securities regulatory agencies.

OPT OUT PROVISION

If you wish to not share your information, you can Opt Out by emailing us at privacy@traditionwealth.com or mailing us at the address below.

HOW YOU CAN HELP

You can help maintain the privacy of your information by ensuring the confidentiality of your account authentication credentials *(user names, passwords, tokens, etc.)* and by restricting access to your devices that are capable of accessing your accounts. Keep in mind that if you provide authentication credentials to another party, any account or transaction activity by that party, or others who may receive your credentials due to your sharing, may be deemed authorized activity.

Please notify us immediately if you believe an unauthorized party has gained access to your information.

OFFER OF FORM ADV

We are required by law to annually provide you with a copy of our privacy policy and FORM ADV Part 2A and 2B. Please contact us for the most recent Privacy Policy and Form ADV Part 2A and 2B at any time. Please do not hesitate to contact us with questions about this notice.

As a reminder, please contact your advisor if your investment objective or financial situation changes so that your profile can be evaluated and adjusted accordingly.

PRIVACY MANAGEMENT ▪ 7601 FRANCE AVENUE SOUTH ▪ SUITE 100 ▪ EDINA, MINNESOTA 55435 ☏ (952) 563-6500 | (952) 252-4693 | privacy@traditionwealth.com

0180116

TRADITION
WEALTH MANAGEMENT

LET'S COMPARE ADVANTAGES OF WORKING WITH AN RIA & BROKER

Tradition Wealth Management is an independent Registered Investment Advisor (RIA).

This means that we have no proprietary products and are able to select from numerous investment options. We have a fiduciary duty to act in your best interest-not the interests of an employer or sales manager.

RIA		BROKER
Vast and open-architecture platform where only the best investments are utilized	BREADTH OF OFFERINGS	Vast, but may direct investments to in-house, proprietary products
No proprietary products	PROPRIETARY PRODUCTS	Many brokers offer their parent company's investment products and receive extra compensation for doing so
SEC requirement of a fiduciary standard: RIA must act in best interest of client	LEGAL STANDARD	FINRA conduct rule limits recommendations to suitable investments
Management fee based on assets under management	COMPENSATION	Commissions, loads, 12b-1s, finder's fees, sales bonuses
Full disclosure requirements as required by the SEC, fiduciary law, state laws, and Uniform Prudent Investor Act (ADV II)	DISCLOSURES	Limited disclosure requirements

Robert Thomas Homes

Tradition Wealth Management

Tradition Capital Bank

Golf

TRADITION
COMPANIES

Tradition Mortgage

A family of organizations devoted to fulfilling the dreams & visions of our clients.

Tradition Development

Esquire Title

Homes by Tradition

Enebak Construction

Tradition Wealth Management may share a name with - but is independent of - the entities above. This graphic is intended to conceptualize the breadth of referral relationships available.

CONNECT with
TRADITION
WEALTH MANAGEMENT

Website & Contact Info

Cyber Security

myTradition

Client Accounts

Advisory Services offered through Tradition Wealth Management, LLC, a Registered Investment Advisor. Securities offered through Concourse Financial Group Securities, a Registered Broker / Dealer and Member of FINRA and SIPC. Tradition Wealth Management, LLC, is independent of Concourse Financial Group Securities, Inc.

Tradition Wealth Management
Bradley Johnson, AAMS
7601 France Avenue South
Suite 100
Edina, MN 55435
952-563-6508
brad.johnson@traditionwealth.com
www.traditionwealth.com

TRADITION
WEALTH MANAGEMENT

Life Insurance Basics

Life Insurance Basics

Life insurance is an agreement between you (the policy owner) and an insurer. Under the terms of a life insurance policy, the insurer promises to pay a certain sum to a person you choose (your beneficiary) upon your death, in exchange for your premium payments. Proper life insurance coverage should provide you with peace of mind, since you know that those you care about will be financially protected after you die.

The many uses of life insurance

One of the most common reasons for buying life insurance is to replace the loss of income that would occur in the event of your death. When you die and your paychecks stop, your family may be left with limited resources. Proceeds from a life insurance policy make cash available to support your family almost immediately upon your death. Life insurance is also commonly used to pay any debts that you may leave behind. Life insurance can be used to pay off mortgages, car loans, and credit card debts, leaving other remaining assets intact for your family. Life insurance proceeds can also be used to pay for final expenses and estate taxes. Finally, life insurance can create an estate for your heirs.

How much life insurance do you need?

Your life insurance needs will depend on a number of factors, including whether you're married, the size of your family, the nature of your financial obligations, your career stage, and your goals. For example, when you're young, you may not have a great need for life insurance. However, as you take on more responsibilities and your family grows, your need for life insurance increases.

There are plenty of tools to help you determine how much coverage you should have. Your best resource may be a financial professional. At the most basic level, the amount of life insurance coverage that you need corresponds directly to your answers to these questions:

- What immediate financial expenses (e.g., debt repayment, funeral expenses) would your family face upon your death?
- How much of your salary is devoted to current expenses and future needs?
- How long would your dependents need support if you were to die tomorrow?
- How much money would you want to leave for special situations upon your death, such as funding your children's education, gifts to charities, or an inheritance for your children?

Since your needs will change over time, you'll need to continually re-evaluate your need for coverage.

How much life insurance can you afford?

TRADITION
WEALTH MANAGEMENT

How do you balance the cost of insurance coverage with the amount of coverage that your family needs? Just as several variables determine the amount of coverage that you need, many factors determine the cost of coverage. The type of policy that you choose, the amount of coverage, your age, and your health all play a part. The amount of coverage you can afford is tied to your current and expected future financial situation, as well. A financial professional or insurance agent can be invaluable in helping you select the right insurance plan.

What's in a life insurance contract?

A life insurance contract is made up of legal provisions, your application (which identifies who you are and your medical declarations), and a policy specifications page that describes the policy you have selected, including any options and riders that you have purchased in return for an additional premium.

Provisions describe the conditions, rights, and obligations of the parties to the contract (e.g., the grace period for payment of premiums, suicide and incontestability clauses).

The policy specifications page describes the amount to be paid upon your death and the amount of premiums required to keep the policy in effect. Also stated are any riders and options added to the standard policy. Some riders include the waiver of premium rider, which allows you to skip premium payments during periods of disability; the guaranteed insurability rider, which permits you to raise the amount of your insurance without a further medical exam; and accidental death benefits.

The insurer may add an endorsement to the policy at the time of issue to amend a provision of the standard contract.

Types of life insurance policies

The two basic types of life insurance are term life and permanent (cash value) life. Term policies provide life insurance protection for a specific period of time. If you die during the coverage period, your beneficiary receives the policy death benefit. If you live to the end of the term, the policy simply terminates, unless it automatically renews for a new period. Term policies are available for periods of 1 to 30 years or more and may, in some cases, be renewed until you reach age 95. Premium payments may be increasing, as with annually renewable 1-year (period) term, or level (equal) for up to 30-year term periods.

Permanent insurance policies provide protection for your entire life, provided you pay the premium to keep the policy in force. Premium payments are greater than necessary to provide the life insurance benefit in the early years of the policy, so that a reserve can be accumulated to make up the shortfall in premiums necessary to provide the insurance in the later years. Should the policyowner discontinue the policy, this reserve, known as the cash value, is returned to the policyowner. Permanent life insurance can be further broken down into the following basic categories:

- Whole life: You generally make level (equal) premium payments for life. The death benefit and cash value are predetermined and guaranteed. Any guarantees associated with payment of death benefits, income options, or rates of return are based on the claims-paying ability of the insurer.
- Universal life: You may pay premiums at any time, in any amount (subject to certain limits), as long as policy expenses and the cost of insurance coverage are met. The amount of insurance coverage can be decreased, and the cash value will grow at a declared interest rate, which may vary over time.
- Index universal life: This is a form of universal life insurance with excess interest credited to cash values. But, unlike universal life insurance, the amount of interest credited is tied to the performance of an equity index, such as the S&P 500.
- Variable life: As with whole life, you pay a level premium for life. However, the death benefit and cash value fluctuate depending on the performance of investments in what are known as subaccounts. A subaccount is a pool of investor funds professionally managed to pursue a stated investment objective. The policyowner selects the subaccounts in which the cash value should be invested.
- Variable universal life: A combination of universal and variable life. You may pay premiums at any time, in any amount (subject to limits), as long as policy expenses and the cost of insurance coverage are met. The amount of insurance coverage can be decreased, and the cash value goes up or down based on the performance of investments in the subaccounts.

Note: *Variable life and variable universal life insurance policies are offered by prospectus, which you can obtain from your financial professional or the insurance company. The prospectus contains detailed information about investment objectives, risks, charges, and expenses. You should read the prospectus and consider this information carefully before purchasing a variable life or variable universal life insurance policy.*

Your beneficiaries

You must name a primary beneficiary to receive the proceeds of your insurance policy. You may name a contingent beneficiary to receive the proceeds if your primary beneficiary dies before the insured. Your beneficiary may be a person, corporation, or other legal entity. You may name multiple beneficiaries and specify what percentage of the net death benefit each is to receive. You should carefully consider the ramifications of your beneficiary designations to ensure that your wishes are carried out as you intend.

Generally, you can change your beneficiary at any time. Changing your beneficiary usually requires nothing more than signing a new designation form and sending it to your insurance company. If you have named someone as an irrevocable (permanent) beneficiary, however, you will need that person's permission to adjust any of the policy's provisions.

Where can you buy life insurance?

You can often get insurance coverage from your employer (i.e., through a group life insurance plan offered by your employer) or through an association to which you belong (which may also offer group life insurance). You can also buy insurance through a licensed life insurance agent or broker, or directly from an insurance company.

Any policy that you buy is only as good as the company that issues it, so investigate the company offering you the insurance. Ratings services, such as A. M. Best, Moody's, and Standard & Poor's, evaluate an insurer's financial strength. The company offering you coverage should provide you with this information.

Advisory Services offered through Tradition Wealth Management, LLC, a Registered Investment Advisor. Securities offered through Concourse Financial Group Securities, a Registered Broker / Dealer and Member of FINRA and SIPC. Tradition Wealth Management, LLC, is independent of Concourse Financial Group Securities, Inc.

This communication should not be considered as an offer to sell or buy any securities, provide investment advice, or make investment recommendations. This information is being provided with the understanding that it is not intended to be interpreted as specific legal or tax advice. Individuals are encouraged to consult with a professional in regards to legal, tax, and/or investment issues.

Tradition Wealth Management
Bradley Johnson, AAMS
7601 France Avenue South
Suite 100
Edina, MN 55435
952-563-6508
brad.johnson@traditionwealth.com
www.traditionwealth.com

Tradition Wealth Management
Bradley Johnson, AAMS
7601 France Avenue South
Suite 100
Edina, MN 55435
952-563-6508
brad.johnson@traditionwealth.com
www.traditionwealth.com

Life Insurance at Various Life Stages

Life Insurance at Various Life Stages

Your need for life insurance changes as your life changes. When you're young, you typically have less need for life insurance, but that changes as you take on more responsibility and your family grows. Then, as your responsibilities once again begin to diminish, your need for life insurance may decrease. Let's look at how your life insurance needs change throughout your lifetime.

Footloose and fancy-free

As a young adult, you become more independent and self-sufficient. You no longer depend on others for your financial well-being. But in most cases, your death would still not create a financial hardship for others. For most young singles, life insurance is not a priority.

Some would argue that you should buy life insurance now, while you're healthy and the rates are low. This may be a valid argument if you are at a high risk for developing a medical condition (such as diabetes) later in life. But you should also consider the earnings you could realize by investing the money now instead of spending it on insurance premiums.

If you have a mortgage or other loans that are jointly held with a cosigner, your death would leave the cosigner responsible for the entire debt. You might consider purchasing enough life insurance to cover these debts in the event of your death. Funeral expenses are also a concern for young singles, but it is typically not advisable to purchase a life insurance policy just for this purpose, unless paying for your funeral would burden your parents or whomever would be responsible for funeral expenses. Instead, consider investing the money you would have spent on life insurance premiums.

Your life insurance needs increase significantly if you are supporting a parent or grandparent, or if you have a child before marriage. In these situations, life insurance could provide continued support for your dependent(s) if you were to die.

Going to the chapel

Married couples without children typically still have little need for life insurance. If both spouses contribute equally to household finances and do not yet own a home, the death of one spouse will usually not be financially catastrophic for the other.

Once you buy a house, the situation begins to change. Even if both spouses have well-paying jobs, the burden of a mortgage may be more than the surviving spouse can afford on a single income. Credit card debt and other debts can contribute to the financial strain.

To make sure either spouse could carry on financially after the death of the other, both of you should probably purchase a modest amount of life insurance. At a minimum, it will provide peace of mind knowing that both you and your spouse are protected.

Again, your life insurance needs increase significantly if you are caring for an aging parent, or if you have children before

marriage. Life insurance becomes extremely important in these situations, because these dependents must be provided for in the event of your death.

Your growing family

When you have young children, your life insurance needs reach a climax. In most situations, life insurance for both parents is appropriate.

Single-income families are completely dependent on the income of the breadwinner. If he or she dies without life insurance, the consequences could be disastrous. The death of the stay-at-home spouse would necessitate costly day-care and housekeeping expenses. Both spouses should carry enough life insurance to cover the lost income or the economic value of lost services that would result from their deaths.

Dual-income families need life insurance, too. If one spouse dies, it is unlikely that the surviving spouse will be able to keep up with the household expenses and pay for child care with the remaining income.

Moving up the ladder

For many people, career advancement means starting a new job with a new company. At some point, you might even decide to be your own boss and start your own business. It's important to review your life insurance coverage any time you leave an employer.

Keep in mind that when you leave your job, your employer-sponsored group life insurance coverage will usually end, so find out if you will be eligible for group coverage through your new employer, or look into purchasing life insurance coverage on your own. You may also have the option of converting your group coverage to an individual policy. This may cost significantly more, but may be wise if you have a pre-existing medical condition that may prevent you from buying life insurance coverage elsewhere.

Make sure that the amount of your coverage is up-to-date, as well. The policy you purchased right after you got married might not be adequate anymore, especially if you have kids, a mortgage, and college expenses to consider. Business owners may also have business debt to consider. If your business is not incorporated, your family could be responsible for those bills if you die.

Single again

If you and your spouse divorce, you'll have to decide what to do about your life insurance. Divorce raises both beneficiary issues and coverage issues. And if you have children, these issues become even more complex.

If you and your spouse have no children, it may be as simple as changing the beneficiary on your policy and adjusting your coverage to reflect your newly single status. However, if you have kids, you'll want to make sure that they, and not your former spouse, are provided for in the event of your death. This may involve purchasing a new policy if your spouse owns the existing policy, or simply changing the beneficiary from your spouse to your children. The custodial and noncustodial parent will need to work out the details of this complicated situation. If you can't come to terms, the court will make the decisions for you.

Your retirement years

Once you retire, and your priorities shift, your life insurance needs may change. If fewer people are depending on you financially, your mortgage and other debts have been repaid, and you have substantial financial assets, you may need less life insurance protection than before. But it's also possible that your need for life insurance will remain strong even after you retire. For example, the proceeds of a life insurance policy can be used to pay your final expenses or to replace any income lost to your spouse as a result of your death (e.g., from a pension or Social Security). Life insurance can be used to pay estate taxes or leave money to charity.

Advisory Services offered through Tradition Wealth Management, LLC, a Registered Investment Advisor. Securities offered through Concourse Financial Group Securities, a Registered Broker / Dealer and Member of FINRA and SIPC. Tradition Wealth Management, LLC, is independent of Concourse Financial Group Securities, Inc.

This communication should not be considered as an offer to sell or buy any securities, provide investment advice, or make investment recommendations. This information is being provided with the understanding that it is not intended to be interpreted as specific legal or tax advice. Individuals are encouraged to consult with a professional in regards to legal, tax, and/or investment issues.

Tradition Wealth Management
Bradley Johnson, AAMS
7601 France Avenue South
Suite 100
Edina, MN 55435
952-563-6508
brad.johnson@traditionwealth.com
www.traditionwealth.com

TRADITION
WEALTH MANAGEMENT

TRADITION
WEALTH MANAGEMENT

Life Insurance Needs Analysis

SCENARIO: ____

IMMEDIATE CASH NEEDS

final expenses.. ____________

mortgage.. + ____________

other debt.. + ____________

child care.. + ____________

children's education.. + ____________

miscellaneous/other .... + ____________

= ____________

ANNUAL CASH NEEDS

annual living expenses for survivor........... ____________

LESS: survivor's after-tax income*............ - ____________

LESS: Social Security survivor benefit....... - ____________

= ____________

INVESTMENTS REQUIRED TO GENERATE ANNUAL CASH NEEDS

= (annual cash needs) ÷ (withdrawal rate: _______%)................. ____________

SUMMARY

total life insurance needed.. ____________
= immediate cash needs + investments required to generate annual cash needs

LESS: existing investments.. - ____________

LESS: existing life insurance .... - ____________

additional life insurance needed for: ______________________..... = ____________

** assumes surviving individual will adequately save for his/her retirement with his/her income*

TRADITION
WEALTH MANAGEMENT

Owner	Institution	Type of Account	Account Number	Primary Beneficiary	Contingent Beneficiary

The purpose of this report is to identify the primary and contingent beneficiaries of your investment accounts and insurance. This report is based upon your current beneficiaries as of the above date. It is important to notify TWM promptly to any changes made to your beneficiaries. Any changes made to your beneficiaries will deem this report inaccurate.

BASIC INFORMATION

full legal name ______________________________ ❑ male ❑ female

known-by name(s) ______________________ SSN ______________

date of birth __________ birthplace ________ citizenship ____________

maiden name __________________ mother's maiden name ____________

driver's license number ____

driver's license state ______ issue date ________ expiration date __________

marital status ❑ single ❑ married ❑ life partner ❑ divorced ❑ widowed

CONTACT INFORMATION

street address ______________________________ purchase date ______

city, state, ZIP code ____

home phone __________________ cell phone ____________________

personal email address ____

EMPLOYMENT INFORMATION

retired? ❑ no ↓ ❑ yes → retirement date __________ *(skip to* **FAMILY INFORMATION***)*

occupation __________________ income ______________________

employer ________________________________ hire date __________

employer's street address ______________________________________

city, state, ZIP code ____

work phone __________________ work fax ______________________

work email address ____

CONTACT PREFERENCES

phone number ❑ home ❑ cell ❑ work | email address ❑ personal ❑ work

FAMILY INFORMATION

spouse's name ________________________ ❑ m ❑ f anniversary__________

child's full name ____________________________________ ❑ m ❑ f

SSN ____________________ date of birth ____________________

child's full name ____________________________________ ❑ m ❑ f

SSN ____________________ date of birth ____________________

EXISTING LIFE INSURANCE INFORMATION

Please attach a recent statement for each, if available.

issuing company ______________________________

coverage type ❑ term ❑ universal ❑ variable ❑ whole life

name of insured ______________________________

name of owner ______________________________

name(s) of beneficiary/ies ______________________________

face value ______________ issue date ______________

cash value ______________ premium & frequency ______________

issuing company ______________________________

coverage type ❑ term ❑ universal ❑ variable ❑ whole life

name of insured ______________________________

name of owner ______________________________

name(s) of beneficiary/ies ______________________________

face value ______________ issue date ______________

cash value ______________ premium & frequency ______________

EXISTING DISABILITY INSURANCE INFORMATION

Please attach a recent statement for each, if available.

issuing company ______________________ ❑ group ❑ individual

name of insured ______________________________

issue date ______________ COLA % ______________

elimination period ______________ benefit period ______________

monthly benefit amount ______________ premium & frequency ______________

EXISTING LONG-TERM CARE INSURANCE INFORMATION

Please attach a recent statement for each, if available.

issuing company ______________________ ❑ group ❑ individual

name of insured ______________________________

issue date ______________ COLA % ______________

elimination period ______________ benefit period ______________

monthly benefit amount ______________ premium & frequency ______________

PRIMARY CARE PROVIDER INFORMATION

name of clinic ______________________________

location ______________________________

name of doctor ______________________ phone ______________________

date of last visit ______________________ reason ______________________

treatment/medication ______________________________

OTHER CARE PROVIDER INFORMATION

Please list additional doctors, hospitals, or clinics that you have visited for care or treatment.

name of clinic, hospital ______________________________

location ______________________________

name of doctor ______________________ phone ______________________

date of last visit ______________________ reason ______________________

treatment/medication ______________________________

name of clinic, hospital ______________________________

location ______________________________

name of doctor ______________________ phone ______________________

date of last visit ______________________ reason ______________________

treatment/medication ______________________________

name of clinic, hospital ______________________________

location ______________________________

name of doctor ______________________ phone ______________________

date of last visit ______________________ reason ______________________

treatment/medication ______________________________

name of clinic, hospital ______________________________

location ______________________________

name of doctor ______________________ phone ______________________

date of last visit ______________________ reason ______________________

treatment/medication ______________________________

PHYSICAL & MEDICAL INFORMATION

height ______________________________ weight ________________________________

⪢ PLEASE PROVIDE DETAILS FOR ANY "YES" ANSWERS BELOW ⪡

↓ DETAILS ↓

Within the past 6 months, has your weight changed by more than 15 pounds?

❑ no ❑ yes:

Have you been diagnosed with, or treated for, any…

…heart, blood, blood vessel disorders? .... ❑ no ❑ yes:

…cancer, tumors (malignant or benign)? .... ❑ no ❑ yes:

…endocrine, body regulation disorders? .... ❑ no ❑ yes:

…mental, psychiatric, emotional disorders? .... ❑ no ❑ yes:

…lung, respiratory disorders? .... ❑ no ❑ yes:

…brain, nervous system disorders? .... ❑ no ❑ yes:

…esophagus, liver, stomach, intestine disorders? .... ❑ no ❑ yes:

…bladder, kidney, urinary tract, prostate disorders? ❑ no ❑ yes:

…reproductive system disorders? .... ❑ no ❑ yes:

…joint, muscle, bone, skin disorders? .... ❑ no ❑ yes:

…eye, ear, nose, throat disorders? .... ❑ no ❑ yes:

…autoimmune disorders? .... ❑ no ❑ yes:

…sleep disorders (including Sleep Apnea)? .... ❑ no ❑ yes:

…other diseases or disorders not mentioned? .... ❑ no ❑ yes:

Within the past 10 years, have you had an operation or been admitted to a hospital or any other health care facility for observation and/or treatment of any illness or disease?

❑ no ❑ yes:

PHYSICAL & MEDICAL INFORMATION *(CONT'D)*

DETAILS

Within the past 5 years, have you had any diagnostic tests (other than routine blood pressure, blood, urine checks), including a treadmill stress test, for any purpose, including insurance, whether conducted on an in-patient or out-patient basis?

❑ no ❑ yes:

Do you currently have any medical concerns for which you have not consulted a physician or for which any consultation, testing, or investigation recommended by a physician has not yet been completed?

❑ no ❑ yes:

Are you currently taking, or have you been advised to take, any prescribed medication, other than contraceptives?

❑ no ❑ yes:

Do you consume alcoholic beverages?

❑ no, never have

❑ no, but have in the past

date stopped ____________________ reason ____________________

❑ yes, currently

type(s) ____________________ quantity & frequency ____________________

date of last consumption ____________________ type of last consumption ____________________

DETAILS

Have you ever been advised by a physician or other licensed medial practitioner to limit or cease the use of alcoholic beverages?

❑ no ❑ yes:

Have you ever been counseled, sought help or treatment, or been advised by a physician or other licensed medical practitioner to undergo counseling or treatment for alcohol problems?

❑ no ❑ yes:

Have you ever attended or joined any organization due to alcohol or related problems?

❑ no ❑ yes:

PHYSICAL & MEDICAL INFORMATION *(CONT'D)*

Do you use any kind of tobacco?

- ❑ no, never have
- ❑ no, but have in the past

  type(s) ______________________ quantity & frequency ______________________

  date(s) stopped ____

- ❑ yes, currently

  type(s) ______________________ quantity & frequency ______________________

  date of last consumption ______________ type of last consumption ______________

DETAILS

Have you ever used amphetamines, barbiturates, cocaine, heroin, crack, marijuana, LSD, PCP, or other illegal, restricted, or controlled substances, except as prescribed by a licensed physician?

❑ no ❑ yes:

PERSONAL HISTORY

Have you ever been declined, rated, had coverage modified or withdrawn, or had reinstatement declined by any insurance company?

❑ no ❑ yes:

Within the last year, has any other life, health, or long-term care insurance been issued or applied for?

❑ no ❑ yes:

Within the past 5 years, have you requested or received a Worker's Compensation, Social Security, or disability income payment?

❑ no ❑ yes:

Within the past 5 years, have you filed for bankruptcy?

❑ no ❑ yes:

Have you ever been convicted of, or are you currently charged with, a felony or misdemeanor, or are you currently on parole or probation?

❑ no ❑ yes:

PERSONAL HISTORY *(CONT'D)*

↓ DETAILS ↓

Within the past 5 years, has your driver's license been suspended or revoked or have you been convicted of two or more moving violations or accidents?

❑ no ❑ yes:

Within the past 5 years, have you been convicted of, or plead guilty or no contest to, driving while impaired, intoxicated, or under the influence of alcohol or drugs?

❑ no ❑ yes:

OTHER ACTIVITIES

Are you a member of, or do you anticipate joining, the Armed Forces or an active/reserve military unit?

❑ no ❑ yes:

Do you hold a current pilot license, or have you within the past 5 years flown, or within the next 2 years do you intend to, fly, other than as a passenger, in any type of aircraft?

❑ no ❑ yes:

Have you within the past 2 years engaged in, or within the next 2 years do you intend to engage in, certain activities such as hang gliding, hot-air ballooning, ultra-light flying, heli-skiing, mountain, ice, or rock climbing, cliff or base jumping, motor vehicle racing, motorcycle or any other motorized land or water vehicle racing, or scuba or sky diving?

❑ no ❑ yes:

Do you intend to travel outside of the U.S. or Canada, or change your country of residence within the next 12 months?

❑ no *(skip to* **FAMILY HISTORY***)*

❑ yes *(complete the following)*

city, country to be visited	dates	purpose of travel

FAMILY HISTORY

father age if alive__________ OR age at death__________ cause ______________________________

mother age if alive__________ OR age at death__________ cause ______________________________

sibling 1 ❑ m ❑ f age if alive _______ OR age at death ________ cause ______________________

sibling 2 ❑ m ❑ f age if alive _______ OR age at death ________ cause ______________________

sibling 3 ❑ m ❑ f age if alive _______ OR age at death ________ cause ______________________

sibling 4 ❑ m ❑ f age if alive _______ OR age at death ________ cause ______________________

To the best of your knowledge, is there a family history of diabetes, cancer, heart disease, mental illness, or any hereditary disease?

❑ no

❑ yes *(please explain)* ____

____

BENEFICIARY INFORMATION

primary beneficiary

name ____

relationship ________________________________ percentage ____________________________________

SSN _______________________________________ date of birth __________________________________

❑ primary OR ❑ contingent beneficiary

name ____

relationship ________________________________ percentage ____________________________________

SSN _______________________________________ date of birth __________________________________

❑ primary OR ❑ contingent beneficiary

name ____

relationship ________________________________ percentage ____________________________________

SSN _______________________________________ date of birth __________________________________

trust as beneficiary *(Please provide a copy of the trust.)*

name of trust ____

date of trust ______________________________ trust TIN _______________________________________

trustee(s) ____

ADDITIONAL INFORMATION

Please provide any additional information or comments that you feel may be pertinent.

By signing below, I hereby declare that this information is complete and true to the best of my knowledge and belief, and agree that it shall be included in an application for insurance.

Client Name ______________________________

Signature ______________________________ Date ______________

EXISTING LIFE INSURANCE INFORMATION

Please attach a recent statement for each, if available.

issing company ______________________________

coverage type ❑ term ❑ universal ❑ variable ❑ whole life

name of insured ______________________________

name of owner ______________________________

name(s) of beneficiary/ies ______________________________

face value ______________ issue date ______________

cash value ______________ premium & frequency ______________

issuing company ______________________________

coverage type ❑ term ❑ universal ❑ variable ❑ whole life

name of insured ______________________________

name of owner ______________________________

name(s) of beneficiary/ies ______________________________

face value ______________ issue date ______________

cash value ______________ premium & frequency ______________

EXISTING DISABILITY INSURANCE INFORMATION

Please attach a recent statement for each, if available.

issuing company ______________________________ ❑ group ❑ individual

name of insured ______________________________

issue date ______________ COLA % ______________

elimination period ______________ benefit period ______________

monthly benefit amount ______________ premium & frequency ______________

EXISTING LONG-TERM CARE INSURANCE INFORMATION

Please attach a recent statement for each, if available.

issuing company ______________________________ ❑ group ❑ individual

name of insured ______________________________

issue date ______________ COLA % ______________

elimination period ______________ benefit period ______________

monthly benefit amount ______________ premium & frequency ______________

INFORMATION REQUEST
INSURANCE

name of insured ____

owner (if different than above) ____

policy number ______________________ issuer ______________________

AT THE REQUEST OF OUR MUTUAL CLIENT, PLEASE PROVIDE THE FOLLOWING INFORMATION TO:

Brad Johnson **brad.johnson@traditionwealth.com** FAX **(952) 252-4663**

BASIC POLICY INFORMATION

- ❑ policy type ____
- ❑ face amount ____
- ❑ issue/register date ____
- ❑ primary beneficiary/ies ____
- ❑ contingent beneficiary/ies ____
- ❑ premium mode ______________________ premium amount ______________________
- ❑ date premium paid to ____
- ❑ policy loan interest rate ____
- ❑ assignments ____
- ❑ current dividend election *(if applicable)* ____
- ❑ cost basis and taxable gain ____
- ❑ current statement of policy values including cash value, net cash value, loan information
- ❑ other ____

IN-FORCE ILLUSTRATION INFORMATION *(IF CHECKED)*

- ❑ premium schedule
- ❑ current premium and dividend election *(if variable, current premiums and 6% gross rate of return)*
- ❑ no future premiums
- ❑ reduced paid-up amount
- ❑ solve for premium required to have net cash surrender value of $1,000 at policy maturity
- ❑ other ____

By signing below, I hereby provide my authorization for the issuer above to release the requested information to and discuss additional policy details with Tradition Wealth Management.

name ____

signature ______________________________________ date ______________________

7601 FRANCE AVENUE SOUTH, SUITE 100, EDINA, MINNESOTA 55435 | ☎ (952) 563-6500 | 🖷 (952) 563-6501