ALABAMA FAMILY TRUST
Administering Special Needs Trusts
100 Centerview Dr., Suite 200, Vestavia Hills, AL 35216
205.883.8333 F a x : 205.883.0333
info@alabamafamilytrust.com

THIRD–PARTY TRUST INVESTMENT OPTIONS AGREEMENT WITH REPRESENTATIVE AMENDMENT AUTHORITY

THE CONTRIBUTOR, _____, IS NEITHER THE **LIFE BENEFICIARY**, _____, NOR THE SPOUSE OF THE LIFE BENEFICIARY.

The Contributor of any AFT trust has the right to select an investment strategy and to amend the selection of an investment strategy. The Contributor also has the right to delegate these rights to an appointed Representative and to any number of Successor Representatives designated as Representative upon the death, resignation, incompetence, or removal of the Representative or previous Successor Representatives. In a third-party trust, the Contributor can name himself or herself as the Representative or Successor Representative.

The Contributor hereby elects to authorize the Representative and any Successor Representative designated currently or appointed in the future to amend this Investment Options Agreement. The Contributor acknowledges and agrees, however, that after the death of the Contributor and the death, resignation, incompetence, or removal of the Representative and all Successor Representatives designated currently or appointed in the future, the Trustee shall have the right to appoint by a vote of its Board of Trustees a Successor Representative who shall have the right to amend this Investment Options Agreement.

THE CONTRIBUTOR HEREBY CHOOSES THE FOLLOWING ONE AND ONLY ONE INVESTMENT OPTION BY PLACING THE CONTRIBUTOR'S INITIALS NEXT TO THE ALLOCATION SELECTED.

1. **WAVERLY ADVISORS PURE GROWTH ALLOCATION** _____
2. **WAVERLY ADVISORS GROWTH FOCUSED ALLOCATION** _____
3. **WAVERLY ADVISORS BALANCED ALLOCATION** _____
4. **WAVERLY ADVISORS CONSERVATIVELY BALANCED ALLOCATION** _____
5. **WAVERLY ADVISORS INCOME FOCUSED ALLOCATION** _____
6. **WAVERLY ADVISORS CAPITAL PRESERVATION ALLOCATION** _____
7. **VANGUARD LIFESTRATEGY FUNDS – CONSERVATIVE GROWTH** _____
8. **VANGUARD LIFESTRATEGY FUNDS – INCOME** _____

The Contributor acknowledges that the Trustee's Investment Advisor, currently Waverly Advisors, shall cause the Portfolios contained in the above investment classes held by the Trustee's Custodian to be rebalanced periodically to conform to the allocation decisions of the Investment Committee of the Trustee's Investment Advisor.

The Contributor acknowledges receipt of a separate schedule of fees and costs for the management of this trust by the Trustee and its Investment Advisor and Custodian.

The Contributor acknowledges that the trust will be closed If the balance in the account falls below minimum that may be changed from time to time by the AFT Board of Trustees, which is now and has been $525.00 since at least 2015, unless additional contributions restore the balance to the minimum.

The Contributor acknowledges that investments in the Model Portfolios are not deposits or obligations of or guaranteed by the Trustee or its Investment Advisor. The Contributor also acknowledges that all Investment Options involve risk, including the possible loss of principal, and that such investments are not insured by the FDIC or any other government agency.

The Contributor also acknowledges that that the Alabama Family Trust Corporation, as Trustee, and any Representative serving under the terms of this trust are exempt from liability as provided by law in *Code of Alabama* § 38-9B-7, except for actual fraud or willful misconduct by the Trustee or Representative.

Both parties intending to be bound by the terms herein and accepting and acknowledging the selection of an Investment Option by the Contributor, this Investment Options Agreement is executed by the Contributor and the Trustee effective as of the date executed by the Trustee below.

Printed Name: _____, CONTRIBUTOR

Signature: _____

By: _____, **as** _____

TWO WITNESSES TO THE CONTRIBUTOR'S SIGNATURE: **Date:** _____

First Witness Signature: _____

Printed Name of First Witness: _____

Address of First Witness: _____

Second Witness Signature: _____

Printed Name of Second Witness: _____

Address of Second Witness: _____

ALABAMA FAMILY TRUST CORPORATION, AS TRUSTEE

By _____, as _____

Printed Name: _____ Date: _____