



**INVESTMENT OPTIONS AGREEMENT**

**NAME:** \_\_\_\_\_  
 (Beneficiary)

The **Donor** of a trust shall be given the right, herein, to select an investment strategy.

If, due to disbursements or otherwise, the balance of the trust account falls below \$395.00, such balance must be restored to the minimum of \$395.00 through additional contributions.

The **Donor** hereby acknowledges and agrees to hold the **Trustee(s)** harmless from any loss(es), as provided in Section 38-9B-7 of the Code of Alabama, 1975, incurred as a result of any investment option selection.

**THE DESIGNATED REPRESENTATIVE MAY ALTER OR AMEND THIS INVESTMENT OPTIONS AGREEMENT AS THE REPRESENTATIVE SHALL DETERMINE FROM TIME TO TIME.**

<b>CHOOSE ONLY ONE OF THE FOLLOWING INVESTMENT OPTIONS:</b>	<b><u>Donor's Initials</u></b>
1. <b><u>WARREN AVERETT PURE GROWTH ALLOCATION</u></b>	_____
2. <b><u>WARREN AVERETT GROWTH FOCUSED ALLOCATION</u></b>	_____
3. <b><u>WARREN AVERETT BALANCED ALLOCATION</u></b>	_____
4. <b><u>WARREN AVERETT CONSERVATIVELY BALANCED ALLOCATION</u></b>	_____
5. <b><u>WARREN AVERETT INCOME FOCUSED ALLOCATION</u></b>	_____
6. <b><u>VANGUARD LIFESTRATEGY FUNDS – INCOME</u></b>	_____
7. <b><u>VANGUARD LIFESTRATEGY FUNDS – CONSERVATIVE GROWTH</u></b>	_____

The **Custodian** of the Portfolios shall periodically *rebalance* the above investment classes so as to conform to the allocation decision of the Investment Committee of Warren Averett Asset Management.

**PLEASE REVIEW EACH OF THE FOLLOWING ITEMS CAREFULLY AND INITIAL "ALL" THAT ARE APPLICABLE TO YOUR SITUATION.**

*Alabama*  
**Family Trust**  
ADMINISTERING SPECIAL NEEDS TRUSTS

**Donor's Initials**

<b>A.</b>	Donor hereby elects to permit any Representative or Successor Representative designated currently or in the future by the Donor, to alter or amend this Investment Options Agreement as to the same extent as the Donor could, if then living and competent.	
<b>B.</b>	Donor hereby acknowledges that in the event the donor does <u>not</u> authorize a Representative or Successor Representative to alter or amend this Investment Options Agreement, then after the Donor's death, all investment decision shall be made by the Board of Trustees, in its sole and absolute discretion.	
<b>C.</b>	Donor acknowledges receipt of a separate schedule showing the fee and cost structure.	
<b>D.</b>	Donor acknowledges that investments in the Model Portfolios are not deposits or obligations of or guaranteed by the Trustee or its agent, Warren Averett. Donor also acknowledges that such investments are not federally insured by the FDIC or any other government agency. Investment Options involve risk, including the possible loss of principal.	

This Investment Options Agreement is executed by the Donor, intending to be bound by the terms herein, and the Alabama Family Trust Corporation, as the Trustee of the Alabama Family Trust, acting through an authorized agent, has signed this Agreement, hereby accepting and acknowledging the Donor's selections, as of this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_.

**DONOR(S):**

1. Signature: \_\_\_\_\_ 2. Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

**WITNESSES:**

1. Signature: \_\_\_\_\_ 2. Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**ALABAMA FAMILY TRUST CORPORATION TRUSTEE (Executive Director)**

Signature: \_\_\_\_\_ Title: Executive Director

Print Name: **Melanie Holliman** Date: \_\_\_\_\_