

Administering Special Needs Trusts

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FIRST-PARTY TRUST INVESTMENT OPTIONS A GREEMENT WITH REPRESENTATIVE AMENDMENT AUTHORITY

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y Successor Representative ent Options Agreement. The signation, incompetence, or ted currently or appointed in pard of Trustees a Successor Agreement.
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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.

Page 1 of 2 Rev 3-2025 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 \$395.00 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:		
Ву:	, 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:	

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