

# MARSHALL & SULLIVAN

REGISTERED INVESTMENT ADVISOR

## ACCOUNT GUIDELINES

**Payment Method:** Client may indicate by marking one of the options below how to arrange payment of the Fee. If left blank, Adviser will assume that the first option is selected.

Adviser is authorized to invoice the Custodian directly for its fees, although it will simultaneously send a copy of its bill to Client. Client shall be responsible for verifying the accuracy of the fee calculation -- the Custodian shall not determine whether the fee is calculated properly. Client agrees to instruct Custodian to pay fees directly to Adviser.

Adviser is authorized to invoice Client directly for the payment of its fees. Any such payment shall be made to Adviser by separate check, and under no circumstance shall any fee be deducted from amounts held in the Account.

**Advisory Fee:** I understand there will be an advisory fee of \_\_\_\_\_% based on assets of my account under management. This is an annual fee billed quarterly in advance.

**Broker/Custodian:** The Client hereby directs that account transactions should be executed through \_\_\_\_\_ (the "Directed Broker") account number \_\_\_\_\_.

**Account Goals:** Client hereby directs Adviser to manage the account as one of the following:

- Moderate Growth                       Growth                       Aggressive Growth                       Income  
 Moderate Growth and Income                       Growth and Income                       Aggressive Growth and Income

The investment committee will determine percentage and type of bonds for income accounts unless noted here.

% in bonds \_\_\_\_\_  Government                       Municipal

**Account Restrictions:** \_\_\_\_\_

### Mailing Address:

<u>Client</u>		<u>Duplicate</u>	
Name	_____	Name	_____
Address	_____	Address	_____
City	_____	City	_____
State	_____ ZIP Code _____	State	_____ ZIP Code _____

### Privacy Policy Exceptions:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date