Discretionary Investment management agreement ACCEPTED

Client and Adviser have executed this Discretionary Investment Management Agreement on the Effective Date on this Agreement. By signing below, each party acknowledges that it has received and agrees to be bound by and fulfill the obligations set forth in this Agreement. This Agreement is effective upon the signature of all the undersigned parties.

**Firm Disclosure Acknowledgement: Client acknowledges receipt of required Disclosure Documents outlined in Item # [update to corresponding number above]; (a) Adviser’s Form CRS, (b) Form ADV, Part 2A [and WRAP Brochure] (c) Form ADV, Part 2B and (d) Adviser’s Notice of Privacy Policy.**

**I agree to opt-in to my information being shared as outlined in the [FULL NAME OF FIRM] Privacy Policy. I understand that if I have any questions or concerns about the written disclosures, it is my responsibility to discuss this with my financial professional.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Client Initials** |  | **Client Initials** |

**Electronic Consent: Refer to # [update to corresponding number above] above.**

|  |  |  |
| --- | --- | --- |
| * + No, I DO NOT consent to electronic delivery. | | |
| * + Yes, I consent to electronic delivery. | | |
|  |  |  |
| **Email Address** |  | **Client Initials** |

accepted:

Client and Adviser have executed this Discretionary Investment Management Agreement on the Effective Date on this Agreement. By signing below, each party acknowledges that it has received and agrees to be bound by and fulfill the obligations set forth in this Agreement.

|  |  |
| --- | --- |
| Account Holder’s Printed Name (“Client”): | Account Holder’s Signature (“Client”): |
| Joint Account Holder’s Printed Name (“Client”): | Joint Account Holder’s Signature (“Client”): |
|  | Effective Date: |

BY: [FULL NAME OF FIRM]

|  |  |
| --- | --- |
| Firm Representative Signature: | CCO Signature: |