

Wisconsin Wealth Advisors, LLC

Investment Policy

Dated _____

Client Name(s) _____

Account #(s) _____

Investable Assets \$ _____

Your answers to the following questions will be used to determine your Investment Policy.

Term of Investment

_____ Less than 3 Years. _____ Three to Five Years.

_____ Five to 10 Years. _____ Ten Years or More.

If you have differing time horizons for different accounts complete a separate policy form for each time frame.

Investment Objective

_____ Growth (Capital Accumulation)

_____ Growth & Income (Receive current income while growing my capital.)

_____ Income (Receive current income from my capital.)

If you have differing investment objectives for different accounts complete a separate policy form per objective.

Account Tax Status

_____ Currently Taxable Account.

Account #(s) _____

_____ Tax Differed Account.

Account #(s) _____

Target Return

_____ % Per Year. I understand that there is no guarantee that this target will be met.

Required Income from this account.

\$ _____ per Year / Quarter / Month

I understand that there is no guarantee that this target will be met.

Maximum Permissible Loss

\$ _____ Per Year. _____ % Of my Holdings Per Year.

What do you want us to do to attempt to prevent losses?

- _____ Do nothing, I am a Long Term Investor
- _____ Seek to control losses by Asset Allocation.
- _____ Use Market Timing to move me in and out of the Market.
- _____ Provide Investments with Guarantees.

I understand that there is no guarantee that this target will be met.

Permissible Investments

List any investments or asset classes you do not wish to own.

Trading Instructions.

I do hereby authorize my advisor _____ to act on this Investment Policy.

Signature

Signature

Name

Name