

Initial Investment Direction

Use the "Investment Substitution Request Form" to Change Existing Investments

Please return by email to contributions@easternpointservices.com. Call (855) 222-7513 to verify receipt of this form.

Note: Request will not be processed unless all information is complete.

Mailing Address: P.O. Box 232 Warrenton, VA 20188

SECTION A: INVESTMENT IN	FORMATION			
Applying to the Trust (Name)				
Trust ID#				
CECTION D1. CELECT FITHED A	LIVDOTHETIC	NAL MODEL DODTE		CDEATE
SECTION B1: SELECT EITHER A				
A CUSTOM PORTFOLIO IN B2 Pred		•)
Very Conservative	Conservat	ive	Prudent Growth	
Moderate Growth Gr	owth	Aggressive — OR —	Very Aggressiv	⁄e
SECTION B2: (Please use whole	numbers and m		DO NOT USE IF SECTIO	N B1 IS SELECTED)
FUND NAME			TICKER SYMBOL	PERCENT
				%
				%
				%
				%
				%
				%
				%
			TOTAL	<u>%</u>
SECTION C: DISCLAIMER				
I request the Trustee execute the instructions at The value of investments may fluctuate over the This request shall be executed as administrative I waive all rights and claims to any investment The assets of the Trust belong to the Trust and	me and that risks are a vely feasible and trade returns except for thos	ssociated with investing. s may be delayed subject e as actually achieved by	and when the funds were investe	d.
SECTION D: AUTHORIZATION				
Family Contact Printed Name:		Family Contact	Signature:	MM / DD / YYYY
				Date:
		Choose a Signature Option		