



INVESTMENT POLICY STATEMENT

Introduction

The purpose of this Investment Policy Statement (IPS) is to establish a clear understanding between Client(s) and Wealth Planners, LLC (Advisor) as to investment goals and objectives and management policies applicable to the Client's investment portfolio.

This Investment Policy Statement will:

- Establish reasonable expectations, objectives, and guidelines in the investment of the Portfolio's assets.
- Define the responsibilities of the Client and the Adviser.
- Encourage effective communication between the Adviser and the Client.

This IPS is not a contract. This investment policy has not been reviewed by any legal counsel and the Adviser and Client use it at their own discretion. This IPS is intended to be a summary of an investment philosophy and the procedures that provide guidance for the Client and the Adviser. The investment policies described in the IPS should be dynamic. These policies should reflect the Client's current status and philosophy regarding the investment of the Portfolio. These policies will be reviewed and revised periodically to ensure they adequately reflect any changes related to the Portfolio, to the Client or the capital markets. It is understood that there can be no guarantee about the attainment of goals or investment objectives outlined herein.

INVESTMENT PROFILE

I. Investment Objective:

The specific objectives for the aggregate investments under this Investment Policy Statement shall be to achieve an average annual rate of return of: %

II. Risk Profile:

Investment theory and historical capital market return data suggest that, over long periods of time, there is a relationship between level of risk assumed and the level of return that can be expected in an investment program. In general, higher risk (e.g. volatility of return) is associated with higher return. Given this relationship between risk and return, a fundamental step in determining the investment policy for the Portfolio is the determination of an appropriate risk tolerance level. There are two primary factors that affect the Client's risk tolerance:

Your Adviser shall be responsible for:

1. Designing, recommending and implementing an appropriate investment strategy consistent with the investment objectives, time horizon, risk profile, guidelines and constraints outlined in this statement.
2. Retaining an appropriate custodian to safeguard Client's assets.
3. Advising the Client about the selection of and the allocation of assets.
4. Ensuring that the custodian provides Client with a current prospectus, where applicable, for each investment proposed for the portfolio.
5. Monitoring the performance of all selected assets.
6. Periodically reviewing the suitability of the investments for the Client, being available to consult with the Client no less than annually, and being available at such other times within reason at the Client's request.
7. Your Adviser will exercise discretionary control over the Client's assets.

III. The Client

You shall be responsible for:

1. The oversight of the Portfolio, unless Discretionary Authorization has been designated to your Adviser .
2. Defining the investment objectives and policies of the Portfolio.
3. Directing your Adviser to make changes in investment policy and to oversee and to approve or disapprove your Adviser's recommendations with regards to policy, guidelines, objectives and specific investments on a timely basis.
4. You shall provide your Adviser with all relevant information on your financial conditions and risk tolerances and shall notify your Adviser promptly of any changes to this information.
5. You shall read and understand the information contained in the prospectus and each investment in the Portfolio.
6. You shall read and understand your Portfolio statements and bring any questions or concerns about the Portfolio, or any investments in the Portfolio, to the attention of the Adviser.

Client and Adviser have executed this Investment Policy Statement on this _____ day of _____, 20_____.

CLIENT(S)

1) _____
Signature, Title (if applicable) Date

2) _____
Signature, Title (if applicable) Date

Primary Social Security or Tax I.D. Number

Secondary Social Security or Tax I.D. Number

WEALTH PLANNERS, LLC

By:

Signature Date

Title