<u>CFM Model Choice Form – Investment Policy Statement</u>

Account Title:	Approx Value: \$	Account Type (<u>Taxable</u> or <u>IRA</u>)
This document identifies Risk Tole	erance, and describes the investment st	rategy and asset allocation of your
investment account. You have dis	scussed your level of acceptable risk and	d investment time horizon with Canty
rmancial Management (CrM) in t	the financial planning process. We have	blished an investment time horizon and
considered the risk and return issue		torished an investment time norizon and
	es important to my esting.	
1) Do you have any constraints of	on this investment account or any ant	ticipated Deposits or Withdrawals
	For example, do you have the	
short-term goals? If yes, please summ	narize, or attach an explanation:	
2) Please select one of the follow	ving CFM Model Portfolios that most	t closely meets your circumstances.
	time horizon over 10 years, who has other ipal. Investor has low concern for volatilit	
near term access to investment princi	with a time horizon over 10 years, who has ipal. The investor realizes the returns may and there is a risk to losing investment principal.	
	to 10 year time horizon, who may have of The investor's goal is to take moderate inventors and Stocks / 40% Bonds)	
years, or has a near term need for the		person who may be retiring in the next few ts more emphasis on the income that bonds cks / 60% Bonds & Cash Equivalents)
smaller amount of stocks. Income an	a 1 to 3 year time horizon, and who wants and safety are the primary emphasis with bottes. (approximately 20% Stocks / 80% Bonders)	nds, and the investor desires to grow with
Short term Rands CDs and/o	or FDIC Money Market Only: Safer in	avastments with a short time harizon
There are no stocks contained in this	portfolio, and investment risk is lower than	n any other model. (0% Stocks / 100%
u acknowledge that we have discussed ponsible for notifying CFM of any ch ection. This form does not make or in stom holdings that are not a part of a C ease let us know if you have any quest	If the investment time horizon and the invest langes in your desired level of risk so we camply any guarantee to the attainment of your CFM Model portfolio it can skew the overal	an make a change to your Model Portfolio ur investment objective. If you have any all level of risk in the investment account. In your financial circumstances. Clients with
Client Signature:	Date:	
Advisor Signature:	Date:	
You may fax this Investment Policy S If you choose to fax or email this form	Statement to CFM at 518-885-2835, or e-m you must confirm that we received it by	nail it to us at bill@cantyfinancial.com. calling us at 518-885-3230.
MSOE:iRebalSF task: Manual/A	Automatic Rebalance by: Reviewed by:	(CFM form updated October 2020)