

My 401(k) Pilot

Application Package

Name (s) _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail Address _____

Employer Name (exactly as it appears on your 401(k) account statement):

Please read and acknowledge the following five pages with your signature or initials where designated.



A division of CPS Investment Advisors
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Fax: (863) 688-0692

Toll-Free: (877) 564-6277
www.my401kpilot.com

401(k) Pilot™

Investor's Risk Tolerance Survey

Please answer the following by selecting the number between 1 – 5 which most accurately reflects your opinion. Then add up your score & enter your result in the “Total Score” box at the end of this form. Please write your initials, or sign & date where indicated on the **following pages**. (NOTE: # 1 indicates your strong disagreement; whereas # 5 indicates your strong agreement to the statement given).

1. Suppose you already earn enough money to live comfortably, and you also received or saved an additional \$100,000. You would invest the \$100,000 in aggressive growth stocks and possibly high yield bonds.

Strongly Disagree 1 2 3 4 5 Strongly Agree

2. I feel that CD's, money market funds and government bonds may be “safe” for short-term investing, but I realize that inflation will reduce my buying power if all of my investments are “low risk.”

Strongly Disagree 1 2 3 4 5 Strongly Agree

3. I intend to invest in my 401(k) for 5 to 10 years or more before I will make withdrawals from the account.

Strongly Disagree 1 2 3 4 5 Strongly Agree

4. I understand that financial markets fluctuate in value, and I will be OK if the value of my investments decreases by 25% in any one year.

Strongly Disagree 1 2 3 4 5 Strongly Agree

5. I am able to tolerate more than one year of consecutive declines in my investment values.

Strongly Disagree 1 2 3 4 5 Strongly Agree

6. I understand that this account is for my future retirement, AND therefore I am able to tolerate some short-term losses if it will lead to long-term gains.

Strongly Disagree 1 2 3 4 5 Strongly Agree

7. With this retirement account, my most important goal is to earn a long-term profit which exceeds the rate of inflation.

Strongly Disagree 1 2 3 4 5 Strongly Agree

Total Score:

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Asset Allocation Scoring System

	<u>Sign your Initials</u> <u>Next to your score range</u>	<u>Your Survey's</u> <u>Total Score</u>
<p>AGGRESSIVE (Growth)</p> <p>80% Stocks 20% Bonds</p> <p>Highest risk tolerance, and return potential, Most fluctuation in value</p>	_____	28 - 35
<p>MODERATE (Growth Primary / Income Secondary)</p> <p>60% Stocks 40% Bonds</p> <p>Relatively high return potential, relatively high fluctuation in value</p>	_____	22 - 27
<p>LOW RISK (Income Primary / Nominal Growth)</p> <p>25% Stocks 75% Bonds</p> <p>Relatively lower return potential, relatively low fluctuation in value</p>	_____	7 - 21

You have completed Steps #1 & #2
. . . . Continue on next page to Read & Accept our Investment
Advisory Agreement to complete Step #3.

401(k) Pilot™

Investment Advisory Agreement

We are pleased that you have retained us to supervise the investment of your mutual fund portfolio. The goal of our service is to maximize profits while protecting your invested assets from undue risk through the use of modern portfolio theory. Your account with us is discretionary in nature. This means that we will exercise complete discretion regarding the selection of specific mutual funds for your portfolio. We will provide daily supervision of your portfolio in accordance with our analysis of the financial markets, including the switching of assets among mutual funds.

CPS Investment Advisors (CPS) has no financial affiliation with any mutual fund family or with any brokerage firm. We receive no commission or other form of compensation for your transaction from anyone other than you. CPS does not maintain custody of the assets in your account; checks or withdrawals drawn on your account must be payable to you at your address of record, or to an identically registered account at another financial institution, unless we receive written instructions otherwise.

In accordance with the Investment Advisor Act of 1940, we will not make any assignment of this agreement without your consent.

This agreement can be terminated by you without penalty or by us at any time by delivering written notice thereof to the other. Until such notice of termination shall be received by us or we shall have received written notice of your death or legal incompetence, we shall be entitled to rely, and shall rely, on continuing to have the discretionary authority to switch your invested assets among the funds available. Should it become necessary to terminate this agreement, we will switch your invested assets into a money market fund within ten business days after we receive written notice of your desire to terminate, or the date we forward to you a letter of our desire to terminate this agreement. Upon termination, the fee will be pro rated for the final period and an applicable refund will be made. For purposes of pro rata calculation, any portion of a month during which this agreement is in effect shall be deemed an entire month. (Example: termination commences on April 15, the pro rata refund will not include April).

Our account management services should be used by those individuals who fully understand the inherent risks of any investment program.

Although we endeavor to control risk and maximize returns, we cannot guarantee the profitability of your portfolio. Short term volatility in all financial markets is certain. Therefore, your signature on this Letter of Agreement acknowledges your intention of remaining with our program for a period of several years.

Your signature also acknowledges your understanding of the terms of this letter and your receipt of Part II of Form ADV for CPS. Specifically, though not exclusively, your signature on this Letter of Agreement authorizes us to select specific mutual funds and to execute the switching of mutual fund shares on your behalf among those mutual fund accounts on a discretionary basis. Your signature acknowledges the inherent risk associated with any investment program that employs common stocks and other market investment vehicles. Your signature further acknowledges your understanding that this service is a long-term investment program and that the investment value of your portfolio at any given time will fluctuate. Lastly, your signature acknowledges your understanding that this agreement may be terminated by you without penalty at any time by delivering written notice thereof to CPS.

Past performance is no guarantee of future results.

I Accept : _____
Signature

[CLICK HERE TO DOWNLOAD & PRINT OUR FIRM'S CURRENT FORM ADV](#)

You have completed Step #3

401(k) Pilot™

Confidential Account Information

Name on 401(k) or 403(b) account: _____
(Write the name exactly as it appears on your retirement account)

Social Security number _____

Account number: _____

Website: _____

User ID: _____

Password or PIN# _____

Login Special Instructions: _____

*** Please note: You must contact us before changing your User ID, password or PIN# to avoid terminating your investment management services.**

I have read and understand the questions above. I desire to have CPS invest my portfolio in a manner consistent with the investment style indicated on page three. I understand that all equity investments contain some amount of risk and volatility and should only be used by those who have a long term perspective and intend to measure the performance over a period of 3-5 years.

Signature _____ Date _____

The waiver below should be signed only by clients who choose an asset allocation which is different than that corresponding to their score on the risk tolerance survey.

WAIVER: I recognize and fully understand the described classifications and investment styles set forth herein. I realize that my selection indicated on page three is not the recommended classification for my particular situation as determined by my score on the risk evaluation questionnaire. However, I believe my choice to be consistent with my personal goals and objectives, and I hereby relieve CPS Investment Advisors of any suitability issues connected to my decision.

Signature _____ Date _____

This completes Step #4

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BILLING AGREEMENT & Schedule of Management Fees

Our investment management fee is computed as an annual rate using the schedule below:

	Value Of Account	Fee Percentage
First	0 - \$ 10,000	3.00%
Next	\$ 10,001 - \$ 40,000	2.00%
Next	\$ 40,001 - \$ 100,000	1.00%
Next	\$ 100,001 - \$ 3,000,000	1.50%
Next	\$ 3,000,000 - \$ 5,000,000	1.00%
	Over \$ 5,000,000	0.75%

All management fees will be billed in advance based on the portfolio valuation on the last market day of the previous calendar quarter. In the event the previous calendar quarter balance is unavailable, the current balance will be used for determination of initial fees. If management of your account commences in the middle of the billing quarter, your account will be billed immediately for the remaining months in the calendar quarter and the upcoming quarter. One calendar quarter of fees will be on deposit with CPS Investment Advisors at all times. A partial month is considered a full month for billing purposes. (Example: If the agreement begins June 15th, our first bill will be for the entire month of June plus July, August and September)

Please select only one billing method below, by signing your Initials next to your choice.

_____ I authorize **CPS Investment Advisors** to redeem the management fees for services rendered from my/our existing Fidelity Investment account. (Attach copy of current statement)

_____ Account Name

_____ Account Number

_____ I prefer to be billed on my credit/ debit card.

_____ Name on Account

_____ Credit Card Type Number
(Master Card / Visa)

_____ Security Code Exp. Date

You are finished! Review your application package for accuracy. Print out your copy to Fax to our office: 863-688-0692. Or mail to: "My 401(k) Pilot", care of CPS Investment Advisors - 1509 South Florida Avenue, Lakeland, FL 33803-2243.