

**SELECTOR[®] MONEY MANAGEMENT ADDENDUM TO
INVESTMENT ADVISORY AGREEMENT**

This addendum to the Agreement between Foy Financial Services, Inc. and _____ dated the ___ day of _____, 20__ is for the purpose of adding to the "Portfolio" listed in said agreement.

1. **Company:** _____ **Product:** _____
 Name as it appears on the Account: _____
 Account number: _____ Approximate Account Value \$: _____
 Type of Account: Individual Joint WROS Trust Cust for Minor Other: _____
 Is this a Qualified Account? Yes No
 If yes, what type? IRA Roth IRA Simple/SEP IRA Other: _____
 Management Program: SELECTOR[®] Growth SELECTOR[®] Aggressive Growth
 SELECTOR[®] Conservative Growth SELECTOR[®] Balanced Growth
 SELECTOR[®] Income & Growth SELECTOR[®] Income
 Billing Options: Invoice Client Debit Investment Debit other Account #: _____

2. **Company:** _____ **Product:** _____
 Name as it appears on the Account: _____
 Account number: _____ Approximate Account Value \$: _____
 Type of Account: Individual Joint WROS Trust Cust for Minor Other: _____
 Is this a Qualified Account? Yes No
 If yes, what type? IRA Roth IRA Simple/SEP IRA Other: _____
 Management Program: SELECTOR[®] Growth SELECTOR[®] Aggressive Growth
 SELECTOR[®] Conservative Growth SELECTOR[®] Balanced Growth
 SELECTOR[®] Income & Growth SELECTOR[®] Income
 Billing Options: Invoice Client Debit Investment Debit other Account #: _____

3. **Company:** _____ **Product:** _____
 Name as it appears on the Account: _____
 Account number: _____ Approximate Account Value \$: _____
 Type of Account: Individual Joint WROS Trust Cust for Minor Other: _____
 Is this a Qualified Account? Yes No
 If yes, what type? IRA Roth IRA Simple/SEP IRA Other: _____
 Management Program: SELECTOR[®] Growth SELECTOR[®] Aggressive Growth
 SELECTOR[®] Conservative Growth SELECTOR[®] Balanced Growth
 SELECTOR[®] Income & Growth SELECTOR[®] Income
 Billing Options: Invoice Client Debit Investment Debit other Account #: _____

ADDENDUM dated this _____ day of _____, 20_____.

X _____ X _____
Client Signature Date Joint Client's Signature, if applicable Date

Client's Name (Please Print) Joint Client's Name, if applicable (Please Print)

X _____
Financial Advisor's Signature Date

ACCEPTED BY FOY FINANCIAL SERVICES, INC.

By: _____ Date: _____

