

# Wisconsin Wealth Advisors, LLC

## Investment Policy

Dated \_\_\_\_\_

Client Name(s) \_\_\_\_\_

Account #(s) \_\_\_\_\_

Investable Assets \$ \_\_\_\_\_

**Your answers to the following questions will be used to determine your Investment Policy.**

### Term of Investment

\_\_\_\_\_ Less than 3 Years.    \_\_\_\_\_ Three to Five Years.

\_\_\_\_\_ Five to 10 Years.    \_\_\_\_\_ Ten Years or More.

If you have differing time horizons for different accounts complete a separate policy form for each time frame.

### Investment Objective

\_\_\_\_\_ Growth (Capital Accumulation)

\_\_\_\_\_ Growth & Income (Receive current income while growing my capital.)

\_\_\_\_\_ Income (Receive current income from my capital.)

If you have differing investment objectives for different accounts complete a separate policy form per objective.

### Account Tax Status

\_\_\_\_\_ Currently Taxable Account.

Account #(s) \_\_\_\_\_

\_\_\_\_\_ Tax Differed Account.

Account #(s) \_\_\_\_\_

**Target Return**

\_\_\_\_\_ % Per Year. I understand that there is no guarantee that this target will be met.

**Required Income from this account.**

\$ \_\_\_\_\_ per Year / Quarter / Month

I understand that there is no guarantee that this target will be met.

**Maximum Permissible Loss**

\$ \_\_\_\_\_ Per Year. \_\_\_\_\_ % Of my Holdings Per Year.

What do you want us to do to attempt to prevent losses?

- \_\_\_\_\_ Do nothing, I am a Long Term Investor
- \_\_\_\_\_ Seek to control losses by Asset Allocation.
- \_\_\_\_\_ Use Market Timing to move me in and out of the Market.
- \_\_\_\_\_ Provide Investments with Guarantees.

I understand that there is no guarantee that this target will be met.

**Permissible Investments**

List any investments or asset classes you do not wish to own.

---



---



---

**Trading Instructions.**

I do hereby authorize my advisor \_\_\_\_\_ to act on this Investment Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name