



TRUSTMONT ADVISORY GROUP, INC.

Financial Advisory Account Description

Please submit this form with every new advisory agreement.

Account Holder Name: _____

Account Registration: (Individual, Joint, Business, etc.) _____

Estimated Amount of Total Investment: _____

Estimated Household AUM At Trustmont: _____

Existing Household Registrations: _____

Fee Amount \$ or%: _____	Billing Frequency and Type:	Quarterly	Arrears
		Monthly	Advanced

1. Please explain the reasoning for choosing the Advisory Agreement over a Brokerage Agreement:

2. What services do you plan to provide on the account? How will you document the services provided?

3. Is this being placed with a 3rd party money manager? Yes No

Manager Name: _____ Approximate Expenses: _____

4. Are you placing this account on Trustmont Advisory Group's managed account platform?

(Billing will be Quarterly in Arrears) Yes No

5. Does the client have, or in the last three years have they had, any brokerage accounts with Trustmont?

Yes No

(If so, please provide a list of all commissionable transactions executed in the account(s) during the last three years):

6. Please provide your proposed initial allocations for the account(s):

7. How often do you plan to meet with the client? _____