# INVESTMENT ADVISORY AGREEMENT INSTRUCTIONS

- ▶ Please find attached (or enclosed) the following documents:
  - 1. Investment Advisory Agreement
  - 2. Schedule A: Investment Management Fee Schedule
  - 3. Schedule B: Consent to Electronic Delivery
  - 4. Schedule C: Account Application
  - 5. Schedule E: Letter of Authorization
  - 6. Privacy Policy and Form ADV II
- ▶ Once the above have been reviewed, please return the following to Tip Top Financial Advisors
  - 1. A copy of the U.S. Driver's License for all account holders (listed on the account).
  - 2. Investment Advisory Agreement completed as follows:

    Description: Provide client name(s) and the legal name (s) and the legal name (
    - D Page 1: Provide client name(s) and the legal name of the account.
    - D Item 12: Indicate "Yes" or "No".
    - D Item 15: Initial where indicated.
    - D Item 19: Indicate "Yes" or "No".
    - D Item 19: Initial where indicated (if applicable).
    - D Item 20: Sign where indicated (all account holders).
  - 3. Schedule B: Consent to Electronic Delivery- Signed (if applicable)
  - 4. Schedule C: Account Application provide all applicable information including the following <u>required</u> items (for <u>all</u> account holders):
    - D Full name
    - D Legal Street address
    - D Social security number
      - Birth date
    - D Employment information (if applicable)
    - D Sign where indicated (all account holders)
  - 5. Schedule E: Letter of Authorization signed (if applicable).
- ▶ Please keep the following documents for your records:
  - 1. Privacy Policy and Form ADV II.
  - 2. Copy of all documents sent to Tip Top Financial Advisors ("TTF").
- ▶ Please call 850-776-1157 if you have any questions.
  - Upon receipt of your new account documents, TTF will counter-sign and date the agreement.
  - This will become the effective date of the agreement.
  - TIM will send you a copy of the fully executed documents.

Tip Top Financial Advisors 1261 Greenview Lane Gulf Breeze, Fl 32563 www.genesisfinancialadvisor.com

	INVESTMENT ADVISORY AGREEMENT	
Th this		202_ by "Client").
	ient hereby agrees to engage ("TTF"), an investment advisor located at 1261 Greenview Lane, Gulf Breeze, Fl 563, to act as investment manager for the investment account known as	"Account),
un	ider the following terms and conditions:	
	1. <u>Governing Law.</u> The validity of this Agreement and the rights and liabilities of the parties hereunded determined in accordance with the laws of the State of Florida Any provision hereof which is prolumenforceable shall be ineffective to the extent of such prohibition or unenforceability without invalid remaining provisions hereof.	nibited or
2.	<u>Implementation of Advice.</u> It is understood and accepted by Client that TTF performs investment advisory for various clients, and that TTF may give advice and act in the performance of its duties with respect to other clients, which may differ from advice given or the timing or nature of action taken with respect to the Account.	any of its
3.	Services. Client hereby appoints TTF, and TTF hereby accepts Client's appointment, as investment manage Account. TTF agrees: (a) to review at reasonable intervals during the period of this Agreement the investment Account as initially accepted by TTF, together with all additions, substitutions and alterations thereto; (b) to Client's investments in accordance with Client's consent and consistent with Client's investment object indicated in TTF's records; and (c) to provide Client, at least quarterly, a written report of the investment Account. It is understood and agreed that TTF, in the preparation of reports, does not assume responsibility accuracy of information furnished by Client or any other person, firm or corporation.	ents of the to manage ctives, as nts of the

- 4. <u>Trading Authorization</u>. Client grants TTF discretionary authority to manage the Account. TTF shall supervise and direct, in its sole discretion, the investments of and for the Account without further consultation with Client, subject however, to such limitations and restrictions as Client may impose by notice, in writing, to TTF. Using this authority, TTF may: (a) buy, sell, exchange, convert and otherwise trade in all stocks, bonds, and other securities as TTF may select; and (b) establish, maintain and deal through accounts with one or more securities brokerage firms as TTF may select, to effect purchases or sales of securities, as agent for the Account.
- 5. Execution Services and Settlements. All transactions authorized by this Agreement shall be consummated by payment to or delivery by Client, or Client's custodian, of all cash and/or securities due to or from the Account. TTF shall not, under any circumstances, act as custodian for the Account or take or have possession of any assets of the Account.

TTF's instructions to Client or Client's custodian, with respect to Account investments, shall be made in writing or orally and confirmed in writing, as soon as practical thereafter. TTF shall instruct all brokers executing orders on behalf of the Account to forward to the Client or Client's custodian copies of notices of all transactions, promptly after execution. Client shall instruct the custodian to provide TTF with such periodic reports concerning the status of the Account as TTF may reasonably request from time to time. TTF shall not be responsible for any loss incurred by reason of any act or omission of any broker or custodian.

When placing orders for the Account, TTF will attempt to secure the best price and execution possible, commensurate with receiving research and other services (including quotation and information retrieval equipment) helpful to managing assets for clients.

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- 6. Fees and Terms of Payment. The compensation of TTF for its services shall be calculated in accordance with the attached Fee Schedule A. Fees will be payable daily, following the close of business, based upon a valuation of the Account at the end of each day. Upon termination by either party, the effective date of termination shall be used as the concluding date for valuation of the Account. The final charge for investment services shall cover the period from the most recent valuation date to the termination date, and TTF agrees to refund any fees prorated to the termination date. The client agrees that TTF may change its fees 30 days in advance with written notice and agreement by the client.
- 7. <u>Fee Authorization.</u> The client hereby authorizes the custodian of the Account to pay TTF its management fee directly from the Account, as calculated by TTFs "Custodian . A copy of all fees will be mailed or available online for Client's records.
- 8. <u>Amendments and Assignments.</u> This Agreement may only be amended by mutual written consent; provided, however, that TTF mails or emails the Fee Schedule referred to in paragraph 7., effective upon thirty (30) days' advance written notice to Client of such amendment. The client may agree to the amendments and authorize the changes by returning a signed agreement. No assignment of the Agreement to TTF shall be effective without the consent of the Client.
- 9. <u>Notices.</u> All notices and other communications contemplated by this Agreement shall be deemed duly given if transmitted to TTF at the address first above written and to Client at the address appearing below, or at such other address or addresses as shall be specified, in each case, in a notice similarly given.
- 10. <u>Delivery of Documents.</u> Client agrees that TTF may combine the mailing of Client statements and other Client correspondence and information for Accounts that have a common address. The client understands that this form of delivery is referred to as "householded". TTF agrees that it will handle householded documents only for accounts that have a common address or for clients whom TTF believes are in the same family.

Please initial here, if Client does not wish to have Client's Account householded with others (if applicable):

Client may revoke Client's consent to the form of delivery at any time by contacting TTF in writing. If Client chooses to revoke Client's consent, TTF will begin sending separate mailings within 30 days after receiving notice of revocation.

11. <u>Issuer Communications</u>, <u>Proxy Voting</u>, <u>and Related Actions</u>. Client hereby provides instructions with respect to issuer communications, proxy voting, and related actions below. In the absence of instructions from Client, by vesting investment discretion and trading authority over the Account to TTF, Client implicitly authorizes TTF to be sent certain issuer and issuer-related communications (proxies, tender offers, proposed mergers, rights offerings, exchange offers and warrants, among other things) that may require a voting decision or other action, regarding investments held in the Account.

If Client appoints TTF below, TTF will, regarding only those voting decisions or other action communications sent to TTF; (a) vote proxy ballots; (b) provide instructions regarding corporate reorganizations and other corporate actions; and (c) be sent certain prospectuses and annual reports and other communications. In these cases, Client hereby authorizes TTF to make all voting decisions and take all actions on Client's behalf.

Even if Client appoints TTF below, Client may be sent certain other issuer and issuer-related communications regarding investments held in the Account. Client agrees that Client will be responsible for providing TTF any applicable instructions or directions Client receives.

#### Please select only one:

D Yes. Client appoints TTF to respond to issuer communications, proxy voting, and related actions, and will fulfill Client's responsibilities, as described above. Client will instruct the custodian of the Account to not disclose my name, address and securities positions to any issuer of securities held in the Account.

D No. Client does not appoint TTF to respond as described above. Client wishes to be sent all issuer and issuer-related communications, make all voting decisions, and take all actions described above. Client understands that any issuer of securities held in the Account may request that the custodian of the Account disclose to issuers Client's name, address and securities positions in that issuer.

If Client does not select either "Yes" or "No" above, TIM will deem Client to have indicated "Yes" and will act on all issuer and issuer-related communications received on Client's behalf. If there are any inconsistencies between this Agreement and Client's custodial agreement with regards to the voting of proxies, TTF will follow the instructions Client has given to Client's custodian.

12.	Internet Access Enrollment.	TTF hereby offers	online access to	Client's Account.	To enroll, Clie	ent hereby provides
	Client's email address below	w. Once the Account	is established,	ΓTF agrees to prov	vide instruction	s on how to access
	the Account.					

Email address:			
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Internet access may also be requested or revoked at any time by contacting TTF in writing.

- 13. <u>Electronic Delivery Enrollment.</u> T T F hereby offers electronic delivery of Client's Account statements. Once enrolled, Client understands that Client will receive notification via email that Client's statements are available via TTF's secure custodian website, Interactive Brokers.com
- 14. To begin enrollment in electronic delivery, Client hereby provides Client's email address below and signs Schedule BConsent to Electronic Delivery (attached).

Once Sch	edule E	3 is	signed	and	the	Account	is	established,	TTF	agrees	to	provide	instruct	tions	on	how	to (	comp	lete
Client's er	nrollme	nt.																	

Email address:		

Electronic delivery may also be requested or revoked at any time by contacting TTF in writing.

15. <u>Privacy Policy and Form ADV I, Fee summary and customer relationship summary Client hereby</u> acknowledges receiving a copy of TTF s Privacy Policy ,Form ADV II , Fee Summary and Customer Relationship Summary by initialing the following line(s): \_\_\_\_\_\_

16. <u>Authority of Client</u>. The execution and delivery of this Agreement by Client shall constitute the representation by Client that the terms hereof do not violate any obligation by which Client is bound, whether arising by contract, operation of law or otherwise, and if client is a corporation, that (a) this Agreement has been duly authorized by appropriate corporate action and, (b) when so executed and delivered, will be binding upon Client in accordance with its terms. The client agrees to deliver to TTF such evidence of such authority as TTF may reasonably require.

If this Agreement is entered into by trustee or other fiduciary, such trustee or fiduciary represents that TTF's program is within the scope of investments authorized pursuant to any applicable plan, trust and/or applicable law and that he is duly authorized to negotiate the terms of this Agreement, including fees, and to enter into this Agreement, and agrees to provide such supporting documentation as may be required by TTF. Client warrants that securities delivered to Client's custodian are free of any encumbrances. Client undertakes to inform TTF, as applicable, of any event which might affect the authority or the property of this Agreement.

- 17. <u>Dispute Resolution Procedure.</u> Any controversy or claim arising out of or relating to services to Client under this Agreement, or the construction or breach thereof, shall be settled by arbitration before a panel of independent arbitrators, established in accordance with the arbitration rules of a recognized alternative dispute resolution organization selected by TTF. Judgment on the award rendered by the arbitrators shall be final and may be entered in any court having jurisdiction thereof.
- 18. <u>Termination</u>. This Agreement may be terminated by and upon either party giving thirty (30) days' written notice to the other party. If Client has not received Part II of TTF's Form ADV at least 48 hours prior to the date of this Agreement, Client shall have the right to terminate the Agreement without penalty, within five (5) business days from the date of signing this Agreement.

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lease check here if this is a non-managed	d, client directed account (for record keepin	g purposes only).
Client Signature	Print Name	Date
Additional Client Signature (if applicable)	Print Name	Date
ed and accepted by Tip Top Financial Adviso	Wayne L Phillips, President	
TF Signature	Print Name (and Title)	Date

## INVESTMENT MANAGEMENT FEE SCHEDULE

Investment management fees are determined according to the fair market value of securities under management.

All fees are collected daily, and are subject to change.

#### STANDARD FEE SCHEDULE\*

#### **Individually Managed Accounts**

2.00% annually on \$ 25.00-\$24,999.99 1.00% annually on \$25001.00-\$4,999,999.99 0.75% annually over \$5,000,000 \*Investments minimum of \$25.00

#### **EXAMPLE**

Account Asset Value	Annual Fee
\$25,000.00 \$3,000,000.00	\$500.00 \$30,000.00
\$5,000,000.00	\$37500.00

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### CONSENT TO ELECTRONIC DELIVERY

To provide more efficient delivery of periodic reports and other documents relating to your account, you have indicated to us that you would like to receive account documents electronically. To complete our records, we ask you to read and sign the Consent form set forth below which will allow us to begin delivering documents to you electronically.

#### **Consent to Electronic Delivery**

You consent to our delivery of documents electronically to you for your accounts and all accounts related to you. You understand that by consenting you are agreeing not to receive paper documents by mail. We will provide you with an email notifying you when your account documents are available on our website. If we are unable to notify you electronically, you understand we may, in our sole and absolute discretion, discontinue electronic delivery and send all account documents in paper form. Account documents will be made available in PDF format and may be printed and/or saved.

Upon our receipt of this Consent signed by you, electronic delivery will begin and will remain in effect unless revoked by Tip Top Financial Advisors LLC. or by you. You understand that this form of electronic delivery will expose the documents to the normal risks associated with viewing information via the internet.

There is no charge from us for electronic delivery, but online access and usage charges by your internet service or access provider may apply. Other than being able to access by computer a website via the internet, you understand there is no additional hardware requirement needed for document delivery. Your account statements will be available online in Adobe Acrobat format and will require a computer that has an internet browser and is able to run Adobe Acrobat Reader. A free version of Adobe Acrobat Reader is available at www.adobe.com.

You may revoke your consent to electronic delivery at any time by calling us at 850-776-1157, or in writing. Your revocation is only effective after we receive and process your request. If you revoke your consent to electronic delivery, you will receive future documents in paper form sent to the address indicated for your account.

If your contact information, such as your email address changes you agree to provide the new information to Tip Top Financial Advisor LLC. Related accounts will be householded (sent to the same address or user id) if applicable.

We agree to provide notice to you in the event of any changes regarding hardware and software requirements necessary to receive account documents. The information will be made available in PDF format and may be printed and/or saved.

Consent will be needed by each owner, co-owner, trustee, or authorized agent by signing below.

3. Account Holder Information  Name of Organization or Trust (if applicable)  Organization or Trust Name  Legal Street Address City  Account Holder/ Trustee/ Minor/ Executor (please circle)  Mr. Mrs. OMs. Dr. D Other:  First Name Middle Last  Home Street Address (no P.O. Boxes, please) City  Mailing Address (if different from above; P.O. boxes may be used) City  State of Legal Residence Home Telephone Number Home Email Address		
D Traditional Contributory IRA D Spousal Rollover IRA O Other IRA***  **Please explain:  **Additional information/documentation may be required by Tip Top Financial Advisors LLC and the status  **Top Financial Advisors LLC and the status information information information information information information  **Tax Status		
D Spousal Rollover IRA	<b>D</b> Foundation* D T	rust* D Other"*
*Additional information/documentation may be required by Tip Top Financial Advisors LLC and  2. Additional Account Information  Tax Status Fiscal Estimated Size Referred By  Are you or any add!. account holder related to an employee of TIM? Ifso, please specify.  Restrictions on Purchases (list above) Restrictions on sales (list above) Periodic or Recurring Deposits (list amount and frequency above) Periodic or Recurring  3. Account Holder Information  Name of Organization or Trust (if applicable)  Organization or Trust Name  Legal Street Address City  Account Holder/ Trustee/ Minor/ Executor (please circle)  Mr. Mrs. OMs. Dr. D Other:  First Name Middle Last  Home Street Address (no P.O. Boxes, please) City  State of Legal Residence Home Telephone Number Home Email Address	D Roth Conversion IR	A Inherited IRA
2. Additional Account Information  Tax Status Fiscal Estimated Size Referred By  Are you or any add!. account holder related to an employee of TIM? Ifso, please specify.  Restrictions on Purchases (list above) Restrictions on sales (list above) Periodic or Recurring Deposits (list amount and frequency above) Periodic or Recurring  3. Account Holder Information  Name of Organization or Trust (if applicable)  Organization or Trust Name  Legal Street Address City  Account Holder/ Trustee/ Minor/ Executor (please circle)  Mrs. OMs. Dr. D Other:  First Name Middle Last  Home Street Address (no P.O. Boxes, please) City  State of Legal Residence Home Telephone Number Home Email Address		
Tax Status	or the custodian of the account	ınt.
Are you or any add!. account holder related to an employee of TIM? Ifso, please specify.  Restrictions on Purchases (list above)  Restrictions on sales (list above)  Periodic or Recurring Deposits (list amount and frequency above)  Periodic or Recurring  3. Account Holder Information  Name of Organization or Trust (if applicable)  Organization or Trust Name  Legal Street Address  City  Account Holder/ Trustee/ Minor/ Executor (please circle)  Mr.		
Restrictions on Purchases (list above)  Periodic or Recurring Deposits (list amount and frequency above)  Periodic or Recurring  3. Account Holder Information  Name of Organization or Trust (if applicable)  Organization or Trust Name  Legal Street Address  City  Account Holder/ Trustee/ Minor/ Executor (please circle)  Mr. Mrs. OMs. DO Other:  First Name Middle Last  Home Street Address (no P.O. Boxes, please)  City  Mailing Address (if different from above; P.O. boxes may be used)  City  State of Legal Residence Home Telephone Number Home Email Address		
Restrictions on Purchases (list above)  Periodic or Recurring Deposits (list amount and frequency above)  Periodic or Recurring  3. Account Holder Information  Name of Organization or Trust (if applicable)  Organization or Trust Name  Legal Street Address  City  Account Holder/ Trustee/ Minor/ Executor (please circle)  Mr. Mrs. OMs. DO Other:  First Name Middle Last  Home Street Address (no P.O. Boxes, please)  City  Mailing Address (if different from above; P.O. boxes may be used)  City  State of Legal Residence Home Telephone Number Home Email Address		
Periodic or Recurring Deposits (list amount and frequency above)  3. Account Holder Information Name of Organization or Trust (if applicable)  Organization or Trust Name  Legal Street Address  City  Account Holder/ Trustee/ Minor/ Executor (please circle)  Mr.		
3. Account Holder Information Name of Organization or Trust (if applicable)  Organization or Trust Name  Legal Street Address City  Account Holder/ Trustee/ Minor/ Executor (please circle)  Mr. Mrs. OMs. Dr. D Other:  First Name Middle Last  Home Street Address (no P.O. Boxes, please) City  Mailing Address (if different from above; P.O. boxes may be used) City  State of Legal Residence Home Telephone Number Home Email Address	ist above)	
Name of Organization or Trust (if applicable)  Organization or Trust Name  Legal Street Address City  Account Holder/ Trustee/ Minor/ Executor (please circle)  Mr. Mrs. OMs. Dr. D Other:  First Name Middle Last  Home Street Address (no P.O. Boxes, please)  City  Mailing Address (if different from above; P.O. boxes may be used)  City  State of Legal Residence Home Telephone Number Home Email Address	Withdrawals (list amount and fre	equency above)
Organization or Trust Name  Legal Street Address City  Account Holder/ Trustee/ Minor/ Executor (please circle)  Mr. Mrs. OMs. Dr. D Other:  First Name Middle Last  Home Street Address (no P.O. Boxes, please) City  Mailing Address (if different from above; P.O. boxes may be used) City  State of Legal Residence Home Telephone Number Home Email Address		
Organization or Trust Name  Legal Street Address City  Account Holder/ Trustee/ Minor/ Executor (please circle)  Mr. Mrs. OMs. Dr. D Other:  First Name Middle Last  Home Street Address (no P.O. Boxes, please) City  Mailing Address (if different from above; P.O. boxes may be used) City  State of Legal Residence Home Telephone Number Home Email Address		
Legal Street Address  Account Holder/ Trustee/ Minor/ Executor (please circle)  Mr. Mrs. OMs. Dr. D Other:  First Name Middle Last  Home Street Address (no P.O. Boxes, please)  City  Mailing Address (if different from above; P.O. boxes may be used)  City  State of Legal Residence Home Telephone Number Home Email Address		
Account Holder/ Trustee/ Minor/ Executor (please circle)  Mr. Mrs. OMs. Dr. D Other:  First Name Middle Last  Home Street Address (no P.O. Boxes, please) City  Mailing Address (if different from above; P.O. boxes may be used) City  State of Legal Residence Home Telephone Number Home Email Address	Т	Tax ID Number
□Mr.       □Mrs. OMs.       □Dr.       D Other:         First Name       Middle       Last         Home Street Address (no P.O. Boxes, please)       City         Mailing Address (if different from above; P.O. boxes may be used)       City         State of Legal Residence       Home Telephone Number       Home Email Address	State	Zip Code
First Name Middle Last  Home Street Address (no P.O. Boxes, please) City  Mailing Address (if different from above; P.O. boxes may be used) City  State of Legal Residence Home Telephone Number Home Email Address		
Home Street Address (no P.O. Boxes, please)  City  Mailing Address (if different from above; P.O. boxes may be used)  City  State of Legal Residence Home Telephone Number Home Email Address		
Mailing Address (if different from above; P.O. boxes may be used)  City  State of Legal Residence Home Telephone Number Home Email Address	Known by	another name? (specify)
State of Legal Residence Home Telephone Number Home Email Address	State	Zip Code
	State	Zip Code
	Social Security Number	Date of Birth
D Employed D Self-Employed D Non-Employed D Retired Employment Status Occupation/Position	Employer Name (if applic	able)
Business Street Address City	State	Zip Code
Business Telephone Number Business Fax Number Business Email Address	Mo	bil Phone Number

Additional Account Holder/ Co-Trustee/ Custodian/ Co-Exe	ecutor (please circle)		
□Mr. □Mrs. OMs. □Dr. D Other:	<u> </u>		
First Name Middle Last	t	Known	by another name? (specify)
Horne Street Address (no P.O. Boxes, please)	City	State	Zip Code
Mailing Address (if different from above; P.O. boxes may be used)	City	State	Zip Code
State of Legal Residence Home Telephone Number Home  D Employed D Self-Employed D Non-Employed D Retired	Email Address	Social Security Number	Date of Birth
Employment Status	Occupation/Position	Employer Name (if appl	icable)
Business Street Address	City	State	Zip Code
Business Telephone Number Business Fax Number I	Business Email Address	N	Iobil Phone Number
4. Custodian Information			
Current Custodian (or previous if you are going to transfer you.	r assets to a new custodian)		
Custodian's Full Name Firm Name		Your	Account Number
New Custodian (if you are going to transfer your assets from the	e above custodian)		
Custodian's Full Name Firm Name		Phone	Number (if known)
5. Interested Party Information  □Mr. □Mrs. OMs. □Dr. D Other:			
Full Name Firm Name (if app)	licable)	Relationship to Acc	ount &/or Account Holder
Street Address (no P.O. Boxes, please)	City	State	Zip Code
Mailing Address (if different from above; P.O. boxes may be used)	City	State	Zip Code
Telephone Number Fax Number	Email Address	N	Tobil Phone Number
D Yes D No Statement Copies? D Monthly D Quarterly D Semi-Ann If Yes, Frequency?	nual D Annual (i.e. year end)	D Fiscal End	
6. Client Acknowledgement (By signing below, you con	nfirm that you have reviewed the	above information and tha	nt it is accurate)
<b>&gt;</b>			
Client Signature	Print Name	Dat	e
Additional Client Signature (if applicable)	Print Name	Dat	e

LETTE	R OF AUTHORIZAT	ΓΙΟΝ
<b>:</b>		
om: Tip Top Financial Advisors LLC (On behalf of:)		
ate:		
e: Account(s):		
hereby authorize the above custodian (or		
hereby authorize the above custodian (or apployees, and representatives to provide garding any present or prior account(s) ow the not limited to cost information, copies of the hereby agree to hold harmless the above ficers, agents, employees, and representative damages, including without limitations, lating to the release of such information au	Tip Top Financial Advisors ,LLC aned by me (including those reference my account statements, applications, custodian (or brokerage firm), its eyes from and against all claims, actually and all court costs and reason	C., any and all requested information red above), of whatever nature, including or like documentation."  affiliates, and their respective directors, costs, liabilities, lawsuits, demand.
nployees, and representatives to provide garding any present or prior account(s) ow to not limited to cost information, copies of the hereby agree to hold harmless the above ficers, agents, employees, and representative damages, including without limitations,	Tip Top Financial Advisors ,LLC aned by me (including those reference my account statements, applications, custodian (or brokerage firm), its eyes from and against all claims, actually and all court costs and reason	C., any and all requested information red above), of whatever nature, including or like documentation."  affiliates, and their respective directors, costs, liabilities, lawsuits, demand.

Tip Top Financial Advisors LLC 1261 Greenview Lane Gulf Breeze, Fl 32563 www.genesisfinancialadvisor.com

