

401k PRO

HELPING TO MAKE EVERY INVESTOR A PRO.

Enrollment Packet

Complete the following steps to enroll for 401k Pro

- 1). Complete the yellow highlighted sections of this packet.
- 2). Sign in the areas indicated by red arrows.
- 3). Gather together your investment choices and latest statement.
- 4). Write a check payable to “Trustmont Advisory Group” for your fee.
- 5). Return all three to:

401k Pro
1318 Meetinghouse Road
Boothwyn, PA 19061

- 6). Talk to one of our advisors to review the advice results.

401k Pro is a service of “Your Best Interest” Financial Services Inc.
610-485-1010

If someone referred you to 401k Pro we would like to thank them.

Please write their name here _____



NEW ACCOUNT FORM

2008 MEMBER: FINRA / SIPC

www.trustmontgroup.com

Updated Form

200 Brush Run Road
Greensburg, PA 15601

Trustmont Financial Group Trustmont Advisory Group

Telephone: 724-468-5665

Toll-Free 800-618-3666

Fax: 724-468-5675

| | |
|---------------------|--------------------------------------|
| Client Name: | Joint or Minor Name: (if applicable) |
|---------------------|--------------------------------------|

Type of Registration:

| | | | | |
|--|-----------------------------------|--|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Estate | <input type="checkbox"/> Custodial/UGMA/UTMA <i>(Provide custodian's information as Client and the Minor's information as Co-Tenant).</i> | <input type="checkbox"/> Corporation | <input type="checkbox"/> Other <i>(please specify)</i> |
| <input type="checkbox"/> Joint Tenants | <input type="checkbox"/> Trust | | <input type="checkbox"/> Partnership | |
| <input checked="" type="checkbox"/> Retirement | <input type="checkbox"/> 529 Plan | | <input type="checkbox"/> Investment Club | |

CLIENT INFORMATION: (The following information is required by FINRA. All spaces must be completed.)

| | | | | |
|----------------------------|------------------------------------|---|--|--|
| Home Address: | | City, State & Zip Code: | | |
| Home Telephone: | Social Security or Tax ID#: | Date of Birth | Driver's License No., State & Expiration Date* | |
| Password | Email Address: | Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien, <i>(Please state country)</i> | | |
| Occupation: | Employer Name: | Business Address: | | |
| Business Telephone: | Educational Background: | Primary Bank/Branch | Mail to: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Business | |

CO-TENANT/MINOR/TRUSTEE INFORMATION: (The following information is required by FINRA. All spaces must be completed.)

| | | | | |
|------------------------|------------------------------------|---|---|--|
| Home Address: | | City, State & Zip Code: | | |
| Home Telephone: | Social Security or Tax ID#: | Date of Birth | Driver's License No., State & Expiration Date* | |
| Password | Email Address: | Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien, <i>(Please state country)</i> | | |
| Occupation: | Employer Name: | Business Address: | | |

| | | |
|--|---|--|
| Annual Income: (Approximate annual income from all sources) <i>(For joint account, check your combined income.)</i> | Net Worth Exclusive of Residence | Risk Tolerance <i>(Defined on back)</i> |
| <input type="checkbox"/> Under \$25,000 \$ _____ <input type="checkbox"/> \$25,001 to \$50,000 <i>Please state amount</i> <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> Over \$500,001 | <input type="checkbox"/> Under \$50,000 \$ _____ <input type="checkbox"/> \$50,001 to \$100,000 <i>Please state amount</i> <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> Over \$500,001 | <input type="checkbox"/> No Volatility Risk <input type="checkbox"/> Reduced <input type="checkbox"/> Intermediate <input type="checkbox"/> Increased |

| | | | |
|---|--|--|--|
| Time Horizon: | Investment Objectives: <i>(Number in order of priority.)</i> | Investment Experience: <input type="checkbox"/> None | Type |
| <input type="checkbox"/> less than 3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> over 10 years | <input type="checkbox"/> Speculation <input type="checkbox"/> Income <input type="checkbox"/> Aggressive Grth. <input type="checkbox"/> Growth & Income <input type="checkbox"/> Growth <input type="checkbox"/> Income & Growth | Time: <input type="checkbox"/> 0 - 2 years <input type="checkbox"/> 6 - 10 years <input type="checkbox"/> 3 - 5 years <input type="checkbox"/> 11 + years | <input type="checkbox"/> CDs <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Stocks <input type="checkbox"/> Money Market <input type="checkbox"/> Bonds <input type="checkbox"/> Real Estate <input type="checkbox"/> Annuities |

Affiliations and Acknowledgments: (check all that applies)

| | |
|---|--|
| <input type="checkbox"/> Employee of Trustmont | <input type="checkbox"/> Director, 10% shareholder, or a policy-making officer of a publicly-traded company. |
| <input type="checkbox"/> Associated person of another FINRA member. | <input type="checkbox"/> Accounts open with other Registered Representatives (Type) |

If "NCR" is indicated, the client shall sign the following statement: "I confirm that I have declined to provide the information annotated as "NCR." I understand that my refusal to disclose this information limits Trustmont's ability to provide adequate suitability determinations, and therefore, waive any claim I might otherwise have against Trustmont, its agents or assign, that is or would be materially affected by the information I have declined to provide." Please Sign: _____

REMARKS:

I/We acknowledge that all personal and suitability information provided herein is true and accurate. I/we agree to report promptly, **in writing**, any inaccuracy or discrepancy in our account or change in our personal information contained in the new account form to Trustmont. I/WE HAVE CAREFULLY READ THE CUSTOMER AGREEMENT ON THE REVERSE OF THIS FORM AND AGREE TO ALL THE TERMS AND CONDITIONS CONTAINED THEREIN. Evidenced by the signatures below.

| | | | |
|--|------|--------------------------|------|
| Account Owner's Signature | Date | Joint Tenant's Signature | Date |
| # | | | |
| Signature of Registered Representative | | Signature of Principal | Date |

Sign Here

FINANCIAL ADVISORY AGREEMENT
(Between Depositor and Personal Financial Advisor)

I. INVESTMENT ADVISORY SERVICES

The Personal Financial Advisor will provide investment advisory services as may be reasonably required by Depositor during normal business hours to assist Depositor in his/her responsibilities and involvement with the service, including but not limited to assistance in the following:

1. In choosing appropriate investment objectives and setting the special instructions for the management of the assets in the account.
2. In understanding the investment management process, investment objectives, and the investment strategies undertaken as part of the service.
3. In monitoring reports, statements and performance results.
4. In monitoring Depositor's ongoing needs and financial situation to help in changing investment objectives and special instructions when appropriate.
5. In answering questions about the service.

At the opening of the account, and at least annually thereafter, the Personal Financial Advisor will be available for a meeting with Depositor specifically for the purpose of reviewing investment objectives and special instructions when appropriate.

The Personal Financial Advisor may take discretionary actions or execute any documents on behalf of Depositor but will not take possession of funds or securities of Depositor.

II. TERMINATION

This agreement shall remain in full force and effect until terminated by either of the parties hereto. Termination shall occur upon at least 30 days written notice. In such an event, the Personal Financial Advisor shall be paid through the date of termination. Either party may terminate this agreement with or without cause. This agreement will terminate automatically in the event that the Personal Financial Advisor's state or federal investment advisor registration shall lapse, be revoked, be suspended, or cease to be effective for any reason. The depositor may terminate the contract, without penalty, within five (5) business days from the signing of the contract.

III. CONFIDENTIALITY

All Depositor information shall be treated on a confidential basis and shall not be released to any person or entity without Depositor's authorization or unless otherwise requested by law, regulation, or court order. (For more detailed information, please refer to our Privacy Policy contained herein.) Depositor hereby authorizes release of his/her confidential information to the custodian.

IV. DISCLAIMER

The Personal Financial Advisor will not be responsible for and is hereby released from any loss or damages in any form resulting from the failure of Depositor to fulfill any of his/her responsibilities under this agreement or to provide the Personal Financial Advisor with complete, accurate, current, and truthful data. The disclaimers or limitations of liability of the Personal Financial Advisor in Section V, and elsewhere in this Financial Advisory Agreement do not constitute a waiver of any right of Depositor provided by the Advisors Act, state or other federal securities laws or OFT, and Depositor retains all such rights.

V. DISCLOSURES

Depositor acknowledges and understands that the Personal Financial Advisor may provide the service to other Depositors at fees which differ from the fee schedule set out in this agreement depending upon the expected service demands of and the unique fee arrangement with each Depositor, that other similar forms of investment management may be available at lower cost, that the fees received by the Personal Financial Advisor for his/her services hereunder and may be higher than the remuneration associated with other alternative forms of investment. The Personal Financial Advisor is registered and will at all times maintain his/her registration as an investment advisor under applicable state and federal laws, and has furnished Depositor with disclosures required by law.

VI. PRE-DISPUTE ARBITRATION AGREEMENT

This agreement contains a pre-dispute arbitration clause. By signing an arbitration agreement, the parties agree as follows: (A) All parties to this agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed; (B) Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited; (C) The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings; (D) The arbitrators do not have to explain the reason(s) for their award; (E) The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry; (F) The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court; (G) The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this agreement.

Depositor agrees that all controversies that may arise between Depositor and Personal Financial Advisor concerning any order or transaction, or the continuation, performance or breach of this or any other agreement between Depositor and Personal Financial Advisor, whether entered into before, on, or after the date this account is opened, shall be determined by arbitration before a panel of independent arbitrators set up by the Financial Industry Regulatory Authority (FINRA). If Depositor does not notify Personal Financial Advisor in writing within five (5) days after receiving from Personal Financial Advisor a written demand for arbitration, then Personal Financial Advisor shall make such a designation on behalf of Depositor. Depositor understands that judgment upon any arbitration award may be entered in any court of competent jurisdiction.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any pre-dispute arbitration agreement against any person who has initiated in court a putative class action; who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until: (I) the class certification is denied; (II) the class is decertified; or (III) the customer is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein.

VII. MISCELLANEOUS

No assignment of this agreement shall be made without the written consent of both parties. Any notice or service of process to be given hereunder shall be sufficient if in writing and addressed to the parties at a current residence or place of business. This agreement is binding upon the parties hereto and their respective executors, administrators, heirs, and successors in interest and may not be amended or modified in any way except by a subsequent written agreement executed by the parties.

VIII. OTHER PROVISIONS

Trustmont Advisory Group, Inc. does not vote proxies on behalf of its clients.

IX. ADVISORY FEES

Advisory fees are disclosed as follows. Please select by initialing in the space provided the appropriate schedule that applies to your account.

Depositor acknowledges that the Personal Financial Advisor recommending Trustmont Advisory Group, Inc. services may also be registered as a representative of Trustmont Financial Group, Inc. and as such may receive commissions and/or income from any securities placed through Trustmont Financial Group, Inc. The Personal Financial Advisor may receive a portion of the fees paid on the agreement.

Customer Initials _____

Schedule A: Depositor will pay an advisory fee to the Registered Investment Advisor of ____% per quarter or ____% per year. Advisory fee calculations are based on account values for quarterly billing periods. Fee structure will fall within a range of 0.00% to 2.00% per year, based upon management intensity, account size and/or special investment strategy considerations. Fees will be calculated by multiplying the previous quarter ending account value by the quarterly rate factor. Partial quarters will be calculated pro-rata from commencement through the first quarterly billing period. Thereafter, fees shall be billed on regular quarterly intervals.

(Schedule A) Customer Initials _____

Schedule B: Depositor will pay an advisory fee to the Registered Investment Advisor in accordance with the attached rate schedule. The schedule of fees must fall within the range of 0.00% to 2.00% and be attached to this Financial Advisory Agreement as a signed addendum.

(Schedule B) Customer Initials _____

The Investment Advisor Representative may modify his/her fee schedule or change billing periods at his/her discretion upon 30 days written notice to Depositor and Registered Investment Advisor. Fee structure must fall within the guidelines set forth in Schedules A and B.

Existing accounts with an Investment Advisor Representative that are transferred to Trustmont Advisory Group through that Investment Advisor Representative will be billed for the full quarterly billing period. For those accounts that are billed in advance and withdraw before the end of the current billed cycle, the Registered Investment Advisor may, but is not obligated to refund any portion of the billed fee representing the remaining billing period. Accounts will be billed within 60 days of the billable quarter. Payment of fees shall be made directly to the Registered Investment Advisor out of account assets held by the custodian. Direct billing can be requested.

Trustmont Advisory Group, Inc. reserves the right to aggregate billing fees and withdraw such fees from related accounts where liquidity exists. Occasionally, the Registered Investment Advisor will be instructed to perform administrative services not included in the Advisory Fee. Payment of these additional fees will be processed in accordance with the advisory fee.

INVESTMENT POLICY STATEMENT

It is very important that Trustmont Advisory Group, Inc., as your investment manager, fully understands your financial situation, tolerance for taking risk, and financial needs and goals. This brief summary is designed to assist with this task. Please review each of the following paragraphs and **select by initialing** the investment strategy to be utilized in the management of your assets.

VOLATILITY RISK PREFERENCE: In general, there is a trade off between protection against volatility and earnings potential. You will need to specify the level of volatility you are willing to assume with your investments in order to seek out greater earnings potential. The more aggressively your portfolio is managed, the greater is the potential for gain and the greater is the potential for loss. While no active manager can guarantee levels of risk and return, the statements below are intended to reflect your general attitudes toward volatility in your portfolio. Please indicate which of the following four (4) statements accurately reflects your feelings about volatility risk.

_____ **NO VOLATILITY RISK:** I am unwilling to risk losing any of my capital due to fluctuations or volatility in the value of my securities or otherwise. Absolute preservation of my capital is more important to me than is the possibility that my capital may grow or that my income will exceed that provided by securities offering no volatility risk (i.e. money market funds or short-term Treasury Bills). I understand that this means that over the long-term the total return on my investment will probably be significantly less than if I had chosen a more aggressive investment strategy.

_____ **REDUCED VOLATILITY RISK:** I am willing to risk a degree of year-to-year volatility which could reduce the value of my portfolio in order to seek slightly greater long-term returns than those provided by securities offering no volatility risk (i.e. money market funds, or short-term Treasury Bills). I still wish to be conservative in my investment choices but feel that with proper management of risk, I will be able to obtain a slightly higher return on my investment over the long term. While I would like to reduce the possibility of negative annual returns, I understand that there will be fluctuations in the value of my portfolio. Protection against capital risk is one of my goals while my other goal is to generate a degree of long-term capital growth.

_____ **INTERMEDIATE VOLATILITY RISK:** I am willing to risk a greater amount of volatility which could reduce the value of my portfolio in exchange for the possibility of greater long-term returns. I understand that this may mean significant fluctuations in the year-to-year value of my portfolio and I am willing to accept a higher volatility risk for potentially higher long-term rewards. Along with my primary desire for growth, I do have a secondary need to preserve capital; so while a greater amount of volatility is acceptable, I would like an approach that protects against extreme volatility. I don't want to undertake the most aggressive investment style, but I do wish my advisor to be aggressive nevertheless while still recognizing a secondary need to preserve capital. In general, I would like my portfolio to suffer less volatility than that typically associated with the stock market, even though this may limit my returns compared to that of a more aggressive style.

_____ **INCREASED VOLATILITY RISK:** I am able to take high levels of capital risk; and in volatility typically associated with the stock market. I want my advisor to use its most aggressive management style on my behalf to achieve the high level of long-term growth typically associated with the stock market. My goal is growth over a long period of time, and thus I do not need to protect against the risk of extreme fluctuations in the value of my portfolio.

Specify any other Special Instructions or Restrictions (if any)

I also wish that the following Special Instructions or Restrictions, if any, be used in managing my portfolio. I understand that these restrictions or instructions may lessen the Investment Manager's ability to meet my chosen Investment Objective.

I have chosen a fee-based platform over other methods of compensation for my account.

Receipt of Form ADV, Financial Advisory Agreement and Investment Policy Statement Acknowledgement and Acceptance:

AGREED AND ACCEPTED this _____ day of _____, 20____.

By (signature) _____ **(please print name)** _____

By (signature) _____ **(please print name)** _____

By _____
Trustmont Advisory Group, Inc., Registered Investment Advisors

Sign Here
Sign Here

Sign Here

401kPro Schedule B

401kPro subscription (Price: ~~\$249~~ Promotional Price: \$199)

401kPro subscription provides an updated report each quarter with investment advice for your qualified plan for one year.

401kPro Basic subscription (Price: ~~\$149~~ Promotional Price: \$99)

401kPro basic subscription provides a one time report with investment advice for your qualified plan.

I understand that this is a **point in time** analysis, and does **not** provide a **continuous** analysis of my account, nor its performance. I understand that my advisor does not have access to my account(s), and therefore, once this analysis is completed, **my advisor will not continue monitoring my account(s)**. Analysis will be based on Nobel Prize Winner Harry Markowitz's modern portfolio theory and the use of his efficient frontier. I understand that once the analysis is complete, **I am responsible for making any and all of the desired reallocations/changes to my account(s)**.

I also acknowledge that I received a copy of the CFP® Disclosure.

Sign Here
↓

Signature: _____

Date: _____

Risk Tolerance Questionnaire

The Risk Tolerance Questionnaire helps to determine the best asset mix for an investment, based on the answers given to the questions below.

Time Horizon

Your current situation and future income needs.

- 1 **What is your current age?**
 - Less than 45
 - 45 to 55
 - 56 to 65
 - 66 to 75
 - Older than 75
- 2 **When do you expect to start drawing income?**
 - Not for at least 20 years
 - In 10 to 20 years
 - In 5 to 10 years
 - Not now, but within 5 years
 - Immediately

Long-Term Goals and Expectations

Your views of how an investment should perform over the long term.

- 3 **What is your goal for this investment?**
 - To grow aggressively
 - To grow significantly
 - To grow moderately
 - To grow with caution
 - To avoid losing money
- 4 **Assuming normal market conditions, what would you expect from this investment over time?**
 - To generally keep pace with the stock market
 - To slightly trail the stock market, but make a good profit
 - To trail the stock market, but make a moderate profit
 - To have some stability, but make modest profits
 - To have a high degree of stability, but make small profits
- 5 **Suppose the stock market performs unusually poorly over the next decade, What would you expect from this investment?**
 - To lose money
 - To make very little or nothing
 - To eke out a little gain
 - To make a modest gain
 - To be little affected by what happens in the stock market

Short-Term Risk Attitudes

Your attitude toward short-term volatility.

- 6 **Which of these statements would best describe your attitudes about the next three years' performance of this investment?**
 - I don't mind if I lose money
 - I can tolerate a loss
 - I can tolerate a small loss
 - I'd have a hard time tolerating any losses
 - I need to see at least a little return
- 7 **Which of these statements would best describe your attitudes about the next three months' performance of this investment?**
 - Who cares? One calendar quarter means nothing
 - I wouldn't worry about losses in that time frame
 - If I suffered a loss of greater than 10%, I'd get concerned
 - I can only tolerate small short-term losses
 - I'd have a hard time stomaching any losses

4 1k PRO

HELPING TO MAKE EVERY INVESTOR A **PRO.**

Disclosure documents for your files.
Please do not return.

New Account Form**Page 2.**

The information requested on page 1 is essential to comply with FINRA requirements and must be completed in its entirety. If client does not wish to divulge certain information, please place "NCR" (no client response) in the appropriate section indicating client's refusal to answer. If "NCR" is indicated, client(s) signature must appear in the space provided on page 1.

***Other acceptable forms of identification are:**

- Passport Naturalization Record Birth Certificate Baptismal Record

If a driver's license has not been issued, the identifying numbers on the above documents may be substituted.

INVESTMENT POLICY STATEMENT

It is very important that your investment manager fully understands your financial situation, tolerance for taking risk, and financial needs and goals. This brief summary is designed to assist with this task. Please review each of the following paragraphs carefully and select the investment strategy to be utilized in the management of your assets.

VOLATILITY RISK PREFERENCE:

In general, there is a trade off between protection against volatility and earnings potential. You will need to specify the level of volatility you are willing to assume with your investments in order to seek out greater earnings potential. The more aggressively your portfolio is managed, the greater is the potential for gain and the greater is the potential for loss. While no active manager can guarantee levels of risk and return, the statements below are intended to reflect your general attitudes toward volatility in your portfolio.

Please indicate which of the following four (4) statements accurately reflects your feelings about volatility risk.

NO VOLATILITY RISK: I am unwilling to risk losing any of my capital due to fluctuations or volatility in the value of my securities or otherwise. Absolute preservation of my capital is more important to me than is the possibility that my capital may grow or that my income will exceed that provided by securities offering no volatility risk (i.e. money market funds or short-term Treasury Bills). I understand that this means that over the long-term the total return on my investment will probably be significantly less than if I had chosen a more aggressive investment strategy.

REDUCED VOLATILITY RISK: I am willing to risk a degree of year-to-year volatility which could reduce the value of my portfolio in order to seek slightly greater long-term returns than those provided by securities offering no volatility risk (i.e. money market funds, or short-term Treasury Bills). I still wish to be conservative in my investment choices but feel that with proper management of risk, I will be able to obtain a slightly higher return on my investment over the long term. While I would like to reduce the possibility of negative annual return, I understand that there will be fluctuations in the value of my portfolio. Protection against capital risk is one of my goals while my other goal is to generate a degree of long-term capital growth.

INTERMEDIATE VOLATILITY RISK: I am willing to risk a greater amount of volatility which could reduce the value of my portfolio in exchange for the possibility of greater long-term returns. I understand that this may mean significant fluctuations in the year-to-year value of my portfolio and I am willing to accept a higher volatility risk for potentially higher long-term rewards. Along with my primary desire for growth, I do have a secondary need to preserve capital; so while a greater amount of volatility is acceptable, I would like an approach that protects against extreme volatility. I don't want to undertake the most aggressive investment style, but I do wish my advisor to be aggressive nevertheless while still recognizing a secondary need to preserve capital. In general, I would like my portfolio to suffer less volatility than that typically associated with the stock market, even though this may limit my returns compared to that of a more aggressive style.

INCREASED VOLATILITY RISK: I am able to take high levels of capital risk and in volatility typically associated with the stock markets. I want my advisor to use his/her most aggressive management style on my behalf to achieve the high level of long-term growth typically associated with the stock market. My goal is growth over a long period of time, and thus I do not need to protect against the risk of extreme fluctuations in the value of my portfolio.

PLEASE READ THE CUSTOMER AGREEMENT BEFORE SIGNING YOUR NAME.**PRE-DISPUTE ARBITRATION AGREEMENT:**

This agreement contains a pre-dispute arbitration clause. By signing an arbitration agreement, the parties agree as follows:

- (A) All parties to this agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.
(B) Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.
(C) The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.
(D) The arbitrators do not have to explain the reason(s) for their award.
(E) The Panel of Arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.
(F) The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.
(G) The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this agreement.

I agree that all controversies that may arise between us concerning any order or transaction, or the continuation, performance or breach of this or any other agreement between us, whether entered into before, on, or after the date this account is opened, shall be determined by arbitration before a panel of independent arbitrators set up by the Financial Industry Regulatory Authority (FINRA). If I do not notify you in writing within five (5) days after I receive from you a written demand for arbitration, then I authorize you to make such a designation on my behalf. I understand that judgment upon any arbitration award may be entered in any court of competent jurisdiction.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any pre-dispute arbitration agreement against any person who has initiated in court a putative class action; who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until:

- (i) The class certification is denied;
(ii) The class is decertified; or
(iii) The customer is excluded from the class by the court.

Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein.

8/23/2007



200 Brush Run Road
Greensburg, PA 15601

Privacy Disclosure Document

Protecting your privacy is very important to the Trustmont companies. We want you to understand what information we collect and how it is used. We collect and use "nonpublic personal information" in order to provide our customers with a broad range of financial products and services as effectively and conveniently as possible. We treat nonpublic personal information in accordance with our Privacy Policy.

Information We Collect and From Whom We Collect It

We may collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates, or others;
- Information we receive from you voluntarily, such as your email address and any information contained in your email messages. "Nonpublic personal information" is nonpublic information about you that we obtain in connection with providing a financial product or service to you. This information may be collected in person, by mail, fax, or by other electronic means as permitted by law or in accordance with express authorization from you.

What Information We Disclose and to Whom We Disclose It

We do not disclose any nonpublic personal information about you to anyone without your express consent, except as permitted or required by law. We may disclose the nonpublic personal information we collect, as described above, to persons or companies that perform services on our behalf.

Your Right to Verify Accuracy of Information We Collect

Keeping your information accurate and up to date is very important to us. You may access and correct nonpublic personal information about you that we collect except for information relating to or in anticipation of a claim or a criminal or civil proceeding.

Our Security Procedures

We restrict access to the nonpublic personal information about you and allow disclosure only to those employees or persons and companies as permitted by law to assist in providing products or services to you. We maintain physical, electronic, and procedural safeguards to protect the nonpublic personal information about you. Should your relationship with us end, we will maintain and only disclose nonpublic personal information that we have about you in accordance with this Privacy Policy.

Customer Identification Program Notice

Important Information You Need to Know About Opening a New Account To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. This Notice answers some questions about Trustmont Group's Customer Identification Program.

What types of information will I need to provide?

When you open an account, Trustmont Group is required to collect information such as the following from you:

- Your name
- Date of birth
- Address
- Identification number:
- U.S. Citizen: taxpayer identification number (social security number or employer identification number)
- Non-U.S. Citizen: taxpayer identification number, passport number, and country of issuance, alien identification card number, or government-issued identification showing nationality, residence, and a photograph of you.

You will also need to show your driver's license or other identifying documents. A corporation, partnership, trust or other legal entity may need to provide other information, such as its principal place of business, local office, employer identification number, certified articles of incorporation, government-issued business license, a partnership agreement, or a trust agreement. U.S. Department of the Treasury, Securities and Exchange Commission, and FINRA rules already require you to provide most of this information. These rules also may require you to provide additional information, such as your net worth, annual income, occupation, employment information, investment experience and objectives, and risk tolerance.

What happens if I don't provide the information requested or my identity can't be verified?

Trustmont Group may not be able to open an account or carry out transactions for you. If you already have opened an account, they may have to close it.

We thank you for your patience and hope that you will support the financial industry's efforts to deny terrorists and money launderers access to America's financial system.

Securities Investor Protection Corporation (SIPC)

You may obtain information about SIPC, including the SIPC brochure, by contacting SIPC at (202) 371-8300 or by visiting the SIPC web site at www.sipc.org.

CFP® CERTIFICANT DISCLOSURE FORM

For Use In Financial Planning Engagements

PART I. GENERAL INFORMATION

- A. **Business affiliation:** I am an independent financial advisor. I represent the agency and office I work through "Your Best Interest" Financial Services Inc., my broker dealer Trustmont Financial Group Inc. and registered investment advisor Trustmont Advisory Group Inc.
- B. **Address:** The business office is located at 1318 Meetinghouse Road, in Boothwyn, PA 19061
- C. **Telephone number:** The telephone number of that office is 610-485-1010.
- D. **Form ADV Part II as provided.**

PART II. MATERIAL INFORMATION RELEVANT TO THE PROFESSIONAL RELATIONSHIP

- A. **Basic philosophy of the CFP® certificant (or firm) in working with clients:**
To help individuals and entities in developing and reaching their financial goals through prudent and beneficial tax planning, investment planning, income planning, and estate planning.
- B. **Philosophy, theory and/or principles of financial planning which will be utilized:**
Gather significant information about a client to successfully gage attitudes, desires, goals, and needs, analyze the data to develop a plan which meets or attempts to meet the same, discuss and educate a client on the plan and alternatives, implement the plan, and monitor progress toward the desired goal.
- C. **Summarized in the space below, is a résumé of Gregory S. Teal:**
 - 1. **Educational background:**
 - i. Bachelor of Engineering degree from McMaster University 1998
 - ii. Work towards Masters of Science in Financial Services from The American College expected completion July 2009
 - 2. **Professional/employment history:**
 - i. "Your Best Interest" Financial Services Representative 2-04 to present
 - ii. InterDigital Communications Sr. ASIC Designer 10-99 to 4-04
 - iii. Research in Motion ASIC Engineer 6-98 to 10-99
 - 3. **Professional certifications and licenses held:**
 - Life and Health Insurance since 11-03
 - Series 66,7 since 3-04
 - CFP® since 5-07
- D. **Description of the financial planning services to be provided by the CFP® certificant:**

Advisory Services In a managed account.

401(k) advice program (asset allocate qualified retirement assets)

Other _____

E. Conflict(s) of interest and source(s) of compensation:

- 1. Conflict(s) of interest:
My Broker Dealer allows me to sell only products that it has approved.
- Other _____

- 2. Source(s) of compensation:
 - i. Fees from clients
 - ii. Commissions from third parties
- 3. Contingencies or other aspects material to the certificant's compensation:
I will not receive a commission unless you purchase the products that I recommend you purchase.

F. Agency or employment relationships:

- 1. Material agency or employment relationships with third parties:
 - a. "Your Best Interest" Financial Services Inc.
 - b. Trustmont Financial Group Inc.
 - c. Trustmont Advisory Group Inc.
- 2. Compensation resulting from such agency or employment relationships:
 - a. Based on commission percentages.
 - b. Based on fees clients pay.

G. Other material information relevant to the professional relationship:

None at this time

PART III. ADDITIONAL NOTIFICATION

- A. As a client or prospective client, you have the right to ask me, as a CFP® certificant, at any time for information about my compensation related to the services I provide you. I will communicate the requested information in reasonable detail as it relates to our financial planning engagement, including compensation derived from implementation. This disclosure of compensation:
 - 1. May be expressed as an approximate dollar amount or percentage or as a range of dollar amounts or percentages.
 - 2. Shall be made at a time and to the extent that the requested information can be reasonably ascertained;
 - 3. Will be based on reasonable assumptions, with estimates clearly identified, and;
 - 4. Will be updated in a timely manner if actual compensation significantly differs from any estimates.
- B. As a CFP® certificant's personal financial planning client, you have the right to receive annually my current SEC Form ADV Part II or the current revision of the disclosure you received when our relationship began.

FORM ADV

Uniform Application for Investment Adviser Registration

Part II - Page 1
10-12-07

Name of Investment Adviser:

Trustmont Financial Group, Inc..

Address: (Number and Street) (City) (State) (Zip Code) Area Code Telephone number
200 Brush Run Road, Suite A Greensburg PA 15601 724-468-5665

| OMB APPROVAL | |
|---|---------------|
| OMB Number: | 3235-0049 |
| Expires: | |
| Estimated average burden hours per response |9.01 |

This part of Form ADV gives information about the investment adviser and its business for the use of clients. The information has not been approved or verified by any governmental authority.

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(Schedules A, B, C, D, and E are included with Part I of this Form, for the use of regulatory bodies, and are not distributed to clients.)

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Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

FORM ADV

Part II - Page 2

| | | |
|--------------------------------|-----------------|------------|
| Applicant | SEC File Number | Date |
| Trustmont Advisory Group, Inc. | 801 - 30694 | 10/12/2007 |

Definitions for Part II

Related person - Any officer, director or partner of applicant or any person directly or indirectly controlling, controlled by, or under common control with the applicant, including any non-clerical, non-ministerial employee.

Investment Supervisory Services - Giving continuous investment advice to a client (or making investments for the client) based on the individual needs of the client. Individual needs include, for example, the nature of other client assets and the client's personal and family obligations.

1. A. **Advisory Services and Fees.** (check the applicable boxes) For each type of service provided, state the approximate % of total advisory billings from that service. (See instructions below.)

Applicant:

| | |
|--|------|
| <input checked="" type="checkbox"/> (1) Provides investment supervisory services | 79 % |
| <input checked="" type="checkbox"/> (2) Manages investment advisory accounts not involving investment supervisory services | 15 % |
| <input checked="" type="checkbox"/> (3) Furnishes investment advice through consultations not included in either service described above | 5 % |
| <input type="checkbox"/> (4) Issues periodicals about securities by subscription | % |
| <input type="checkbox"/> (5) Issues special reports about securities not included in any service described above | % |
| <input type="checkbox"/> (6) Issues, not as part of any service described above, any charts, graphs, formulas, or other devices which clients may use to evaluate securities | % |
| <input checked="" type="checkbox"/> (7) On more than an occasional basis, furnishes advice to clients on matters not involving securities | % |
| <input checked="" type="checkbox"/> (8) Provides a timing service | 1 % |
| <input type="checkbox"/> (9) Furnishes advice about securities in any manner not described above | % |

(Percentages should be based on applicant's last fiscal year. If applicant has not completed its first fiscal year, provide estimates of advisory billings for that year and state that the percentages are estimates.)

B. Does applicant call any of the services it checked above financial planning or some similar term? Yes No

C. Applicant offers investment advisory services for: (check all that apply)

| | |
|--|--|
| <input checked="" type="checkbox"/> (1) A percentage of assets under management | <input type="checkbox"/> (4) Subscription fees |
| <input checked="" type="checkbox"/> (2) Hourly charges | <input type="checkbox"/> (5) Commissions |
| <input checked="" type="checkbox"/> (3) Fixed Fees (not including subscription fees) | <input type="checkbox"/> (6) Other |

D. For each checked box in A above, describe on Schedule F:

- the services provided, including the name of any publication or report issued by the adviser on a subscription basis or for a fee
- applicant's basic fee schedule, how fees are charged and whether its fees are negotiable
- when compensation is payable, and if compensation is payable before service is provided, how a client may get a refund or may terminate an investment advisory contract before its expiration date

2. **Types of Clients** - Applicant generally provides investment advice to: (check those that apply)

| | |
|---|--|
| <input checked="" type="checkbox"/> A. Individuals | <input checked="" type="checkbox"/> E. Trusts, estates, or charitable organizations |
| <input type="checkbox"/> B. Banks or thrift institutions | <input checked="" type="checkbox"/> F. Corporations or business entities other than those listed above |
| <input type="checkbox"/> C. Investment Companies | <input type="checkbox"/> G. Other (describe on Schedule F) |
| <input checked="" type="checkbox"/> D. Pension and profit sharing plans | |

Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).

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3. **Types of Investments.** Applicant offers advice on the following: (check those that apply)
- | | |
|--|--|
| <input checked="" type="checkbox"/> A. Equity Securities (1) exchange-listed securities <input checked="" type="checkbox"/> (2) securities traded over-the-counter <input type="checkbox"/> (3) foreign issuers | <input type="checkbox"/> H. United States government securities |
| <input type="checkbox"/> B. Warrants | <input checked="" type="checkbox"/> I. Options contracts on: (1) securities <input type="checkbox"/> (2) commodities |
| <input type="checkbox"/> C. Corporate debt securities (other than commercial paper) | <input type="checkbox"/> J. Futures contracts on: (1) tangibles <input type="checkbox"/> (2) intangibles |
| <input type="checkbox"/> D. Commercial paper | <input type="checkbox"/> K. Interests in partnerships investing in: (1) real estate <input checked="" type="checkbox"/> (2) oil and gas interests <input checked="" type="checkbox"/> (3) other (explain on Schedule F) |
| <input checked="" type="checkbox"/> E. Certificates of deposit | <input checked="" type="checkbox"/> L. Other (explain on Schedule F) |
| <input checked="" type="checkbox"/> F. Municipal securities | |
| <input checked="" type="checkbox"/> G. Investment company securities: (1) variable life insurance <input checked="" type="checkbox"/> (2) variable annuities <input checked="" type="checkbox"/> (3) mutual fund shares | |

4. **Methods of Analysis, Sources of Information, and Investment Strategies.**
- A. Applicant's security analysis methods include: (check those that apply)
- | | |
|---|---|
| (1) <input type="checkbox"/> Charting | (4) <input type="checkbox"/> Cyclical |
| (2) <input checked="" type="checkbox"/> Fundamental | (5) <input checked="" type="checkbox"/> Other (explain on Schedule F) |
| (3) <input checked="" type="checkbox"/> Technical | |

- B. The main sources of information applicant uses include: (check those that apply)
- | | |
|---|---|
| (1) <input checked="" type="checkbox"/> Financial newspapers and magazines | (5) <input checked="" type="checkbox"/> Timing services |
| (2) <input type="checkbox"/> Inspections of corporate activities | (6) <input checked="" type="checkbox"/> Annual reports, prospectuses, filings with the Securities and Exchange Commission |
| (3) <input checked="" type="checkbox"/> Research materials prepared by others | (7) <input checked="" type="checkbox"/> Company press releases |
| (4) <input checked="" type="checkbox"/> Corporate rating services | (8) <input checked="" type="checkbox"/> Other (explain on Schedule F) |

- C. The investment strategies used to implement any investment advice given to clients include: (check those that apply)
- | | |
|--|---|
| (1) <input checked="" type="checkbox"/> Long term purchases (securities held at least a year) | (5) <input checked="" type="checkbox"/> Margin transactions |
| (2) <input checked="" type="checkbox"/> Short term purchases (securities sold within a year) | (6) <input checked="" type="checkbox"/> Option writing, including covered options, uncovered options or spreading strategies |
| (3) <input checked="" type="checkbox"/> Trading (securities sold within 30 days) | (7) <input checked="" type="checkbox"/> Other (explain on Schedule F) |
| (4) <input type="checkbox"/> Short sales | |

Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).

5. **Education and Business Standards.**
- Are there any general standards of education or business experience that applicant requires of those involved in determining or giving investment advice to clients? Yes No
- (If yes, describe these standards on Schedule F.)

6. **Education and Business Background**
- For:
- each member of the investment committee or group that determines general investment advice to be given to clients, or
 - if the applicant has no investment committee or group, each individual who determines general investment advice given to clients (if more than five, respond only for their supervisors)
 - each principal executive officer of applicant or each person with similar status or performing similar functions.
- On Schedule F, give the
- | | |
|-----------------|--|
| • name | • formal education after high school |
| • year of birth | • business background for the preceding five years |

7. **Other Business Activities.** (check those that apply)
- | |
|--|
| <input type="checkbox"/> A. Applicant is actively engaged in a business other than giving investment advice |
| <input type="checkbox"/> B. Applicant sells products or services other than investment advice to clients |
| <input type="checkbox"/> C. The principal business of applicant or its principal executive officers involves something other than providing investment advice. |
- (For each checked box describe the other activities, including the time spent on them, on Schedule F.)

8. **Other Financial Industry Activities or Affiliations.** (check those that apply)
- | | |
|---|--|
| <input type="checkbox"/> A. Applicant is registered (or has an application pending) as a securities broker-dealer. | |
| <input type="checkbox"/> B. Applicant is registered (or has an application pending) as a futures commission merchant, commodity pool operator or commodity trading adviser. | |
| C. Applicant has arrangements that are material to its advisory business or its clients with a related person who is a: | |
| <input checked="" type="checkbox"/> (1) broker-dealer | <input checked="" type="checkbox"/> (7) accounting firm |
| <input type="checkbox"/> (2) investment company | <input checked="" type="checkbox"/> (8) law firm |
| <input checked="" type="checkbox"/> (3) other investment adviser | <input checked="" type="checkbox"/> (9) insurance company or agency |
| <input type="checkbox"/> (4) financial planning firm | <input type="checkbox"/> (10) pension consultant |
| <input type="checkbox"/> (5) commodity pool operator, commodity trading advisor or futures commission merchant | <input type="checkbox"/> (11) real estate broker or dealer |
| <input type="checkbox"/> (6) banking or thrift institution | <input type="checkbox"/> (12) entity that creates or packages limited partnerships |
- (For each checked in box in C, on Schedule F identify the related person and describe the relationship and the arrangements.)
- D. Is applicant or a related person a general partner in any partnership in which clients are solicited to invest? Yes No
- (If yes describe on Schedule F the partnerships and what they invest in.)

Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).

9. **Participation or Interest in Client Transactions.**
 Applicant or a related person: (check those that apply)

A. As principal, buys securities for itself from or sells securities it owns to any client.

B. As broker or agent effects securities transactions for compensation for any client.

C. As broker or agent for any person other than a client effects transactions in which client securities are sold to or bought from a brokerage customer.

D. Recommends to clients that they buy or sell securities or investment products in which the applicant or a related person has some financial interest.

E. Buys or sells for itself securities that it also recommends to clients.

(For each box checked, describe on Schedule F when the applicant or a related person engages in these transactions and what restrictions, internal procedures, or disclosures are used for conflicts of interest in those transactions.)

10. **Conditions for Managing Accounts.** Does the applicant provide investment supervisory services, manage investment advisory accounts or hold itself out as providing financial planning or some similarly termed services *and* impose a minimum dollar value of assets or other conditions for starting or maintaining an account? Yes No

(If yes, describe on Schedule F)

11. **Review of Accounts.** If applicant provides investment supervisory services, manages investment advisory accounts, or holds itself out as providing financial planning or some similarly termed services:

A. Describe below the reviews and reviewers of the accounts. **For reviews**, include their frequency, different levels, and triggering factors. **For reviewers**, include the number of reviewers, their titles and functions, instructions they receive from applicant on performing reviews, and number of accounts assigned each

See Schedule F

B. Describe below the nature and frequency of regular reports to clients on their accounts

See Schedule F

Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).

12. **Investment or Brokerage Discretion.**

A. Does applicant or any related person have authority to determine, without obtaining specific client consent, the:

(1) securities to be bought or sold? Yes No

(2) amount of the securities to be bought or sold? Yes No

(3) broker or dealer to be used? Yes No

(4) commission rates paid? Yes No

B. Does applicant or a related person suggest brokers to clients? Yes No

For each yes answer to A describe on Schedule F any limitations on the authority. For each yes to A(3), A(4) or B, describe on Schedule F the factors considered in selecting brokers and determining the reasonableness of their commissions. If the value of product, research and services given to the applicant or a related person is a factor, describe:

- the products, research and services
- whether clients may pay commissions higher than those obtainable from other brokers in return for those products and services
- whether research is used to service all of applicant's accounts or just those accounts paying for it; and
- any procedures the applicant used during the last fiscal year to direct client transactions to a particular broker in return for product and research services received.

13. **Additional Compensation**
 Does the applicant or a related person have any arrangements, oral or in writing, where it:

A. is paid cash by or receives some economic benefit (including commissions, equipment or non-research services) from a non-client in connection with giving advice to clients? Yes No

B. directly or indirectly compensates any person for client referrals? Yes No

(For each yes, describe the arrangements on Schedule F.)

14. **Balance Sheet.** Applicant must provide a balance sheet for the most recent fiscal year on Schedule G if applicant:

- has custody of client funds or securities; or
- requires prepayment of more than \$500 in fees per client and 6 or more months in advance

Has applicant provided a Schedule G balance sheet? Yes No

Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).