

**MULTIPLE MANAGERS
INVESTMENT MANAGEMENT SERVICES AGREEMENT**

Please indicate which service providers you choose to provide the services referenced below to the Plan (as herein defined) by checking the boxes next to the name of the service provider.

Section #1 – Plan Co-Fiduciary Services Agreement

Appointment of an investment adviser as a co-fiduciary to assist Client with its investment oversight responsibilities for the Plan under the Employee Retirement Income Security Act of 1974 (“ERISA”). Please check off the box next to the selected co-fiduciary manager – only select if offering a core investment line up. Only one investment manager may be selected.

- Foxhall Capital Management, Inc. (See Attachment A)
- Hanlon Investment Management, Inc. (See Attachment D)

Section #2 – Investment Management Agreement

Appointment of the investment adviser(s) to manage the assets allocated to the strategies managed by the respective investment adviser.

- Foxhall Capital Management, Inc. (See Attachment B)
- Hanlon Investment Management, Inc. (See Attachment E)

Please note that the Plan may choose up to ten (10) portfolios which may be allocated to one investment adviser or among both investment advisers.

Section #3 – Qualified Default Investment Alternatives (QDIA)

Please check off the box next to the investment adviser selected to provide Qualified Default Investment Alternative Management Services. Only one investment manager may be selected.

- Foxhall Capital Management, Inc. (See Attachment C)
- Hanlon Investment Management, Inc. (See Attachment F)

SIGNATURES TO FOLLOW ON THE NEXT PAGE

CLIENT AGREES TO AND ACCEPTS THE TERMS & CONDITIONS OF THE ATTACHED AGREEMENTS AS INDICATED BY ITS SELECTION OF INVESTMENT MANAGER(S) SET FORTH ABOVE.

Plan Name

Signature of Named Fiduciary, Trustee or Corp. Officer

Date

Printed Name and Title of the above

Signature of Named Fiduciary, Trustee or Corp. Officer

Date

Printed Name and Title of the above

Signature of Named Fiduciary, Trustee or Corp. Officer

Date

Printed Name and Title of the above

FINANCIAL CONSULTANT(S)

Broker Dealer / RIA Name

Financial Consultant Name Rep Code #

Financial Consultant Name Rep Code #

Financial Consultant Signature Date

Financial Consultant Signature Date

Investment Management Firms (Only those selected for the Plan need to sign):

FOXHALL CAPITAL MANAGEMENT, INC.

Signature of Authorized Signor

Date

Name and Title of Authorized Signor

Date

HANLON INVESTMENT MANAGEMENT INC.

Signature of Authorized Signor

Date

Name and Title of Authorized Signor

Date