Form ADV PART II Receipt

BY SIGNING BELOW, CLIENT ACKNOWLEDGES RECEIPT OF A COPY OF FORM ADV PART II, FOR SMITH GROUP FINANCIAL CORPORATION, on this _____day of _____, 20___.

SMITH GROUP FINANCIAL CORPORATION	CLIENT
_____	_____
Authorized Signature	Authorized Signature
_____	_____
Name (Print)	Name (Print)
_____	_____
Title or Capacity	Title or Capacity
_____	_____
Officer, Smith Group Financial Corporation	Tax ID or Social Security Number
_____/_____/_____	____/_____/_____
Date	Date