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### ADVISORY FEE CORRECTION / ADJUSTMENT FORM

ACCOUNT NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

CUSTODIAN:  TD Ameritrade  Schwab  NFS  Other \_\_\_\_\_

**REQUEST TYPE:**

Correction (to correct previous billing)  Adjustment (to adjust upcoming billing)

**FOR CORRECTIONS:**

Period Error Occurred:  Q1  Q2  Q3  Q4 Year: 20\_\_\_\_\_

Other (specify) \_\_\_\_\_

Amount: \$\_\_\_\_\_  Debit Client Account  Credit Client Account

**FOR ADJUSTMENTS:**

Period to be Adjusted:  Q1  Q2  Q3  Q4 Year: 20\_\_\_\_\_

Other (specify) \_\_\_\_\_

Amount: \$\_\_\_\_\_  Debit Client Account  Credit Client Account

**REASON FOR CORRECTION / ADJUSTMENT (attach any applicable documentation):**

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INSTRUCTIONS (optional):**

\_\_\_\_\_  
\_\_\_\_\_

Rep Name:	Rep #	Rep Signature:	Date
Principal Approval:	Date	For Internal Use Only	