

ADVISORY FEE WAIVER REQUEST FORM

ACCOUNT NAME: _____

ACCOUNT NUMBER(S): _____

CUSTODIAN: TD Ameritrade Schwab NFS Other _____

REQUEST TYPE:

One-Time Request: Q1 Q2 Q3 Q4 Year: 20_____

Specified Time Period: From _____ To _____

Ongoing / Permanent: Start Date _____

ASSETS TO BE EXCLUDED FROM BILLING:

Entire Account Balance

Other (*specify assets*) _____

REASON FOR WAIVER REQUEST:

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