

HOURLY/PLANNING ADVISORY FEE BILLING REQUEST

CLIENT NAME: _____

REP NAME: _____

SERVICES PROVIDED (attach any applicable documentation)

REQUEST TYPE:

HOURLY FEE

_____ **Number of Hours** (in quarter hour increments)
 _____ **Hourly Rate** (must match or be discounted from rate on Investment Advisory Agreement)

PLANNING/CONSULTING FEE (FLAT RATE)

_____ **Amount** (must match or be discounted from rate on Investment Advisory Agreement)

INVOICE/PAYMENT METHOD:

(Account Information & Investment Advisory Agreement must be attached or on file)

1. **Create Fee Statement Immediately**
 - **Send Fee Statement Directly to Client** (copy to rep)
 - **Send Fee Statement to Rep**
 Method of Delivery:
 Fax
 Email

-OR-

2. **Add Hourly Fee Amount to Next Quarterly Billing**
 - Deduct from Account** (authorization must be attached or on file)
 Account No: _____
 Custodian: TD Ameritrade Schwab NFS Other _____
 - Client Pays Quarterly Fees by Check**

ADDITIONAL INSTRUCTIONS (optional):

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