Hourly Consulting Profile

Schedule A

					Г	7C I
LPL Account Number (for journals only)						
		IA	AR ID			

1.	Client Information											
	Client Name	Age or Date of Birth Social Secur	rity / Tax ID Number									
	Street Address, City, State and Zip Code											
	Liquid Net Worth \$ Annual Income Is this client subject to ERISA? Yes No Is this client	\$ Yes No										
_	<u> </u>	d government entity.										
2.	Investment Advisor Representative Information Investment Advisor Representative(s) Name(s)	Email										
3.	Type of Consulting Services (select all that apply)	5. Hourly Consulting Fee (total fee may not exceed this es	timate)									
	Tax Planning Personal Financial Planning	Hourly Rate \$										
	Cash Flow/Budget Planning Business Planning	Total Estimated Time X										
	Retirement Planning Education Planning	Total Estimated Fee (May Not Exceed) = \$										
	Estate Planning Insurance Need(s) Planning	·										
	Investment Planning / Asset Allocation	6. Investment Objective Please choose the investment objective that most accurately reflects your ri										
	Other (please specify)	tolerance for this agreement.	itely reflects your risk									
_	Daywood Information	Income with Capital Preservation Emphasis is placed on generation or current income and prevention of capital loss. Income with Moderate Growth Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.										
4.	Payment Information											
	Check Payable to LPL Financial											
	Check # Amount \$											
	I/We hereby authorize LPL to journal funds from my/our non- qualified, non-retirement LPL account listed below:	Growth with Income Emphasis is placed on modest capital growth with some focus on generation of current income. Growth Emphasis is placed on achieving high long- term growth and capital										
	LPL Account #											
	Amount \$	appreciation. There is little focus on generation of current income. Aggressive Growth Emphasis is placed on aggressive growth and maximum capital appreciation. There is no focus on generation of current income.										
	Deferred or No Fee											
7.	Client Report	11										
	Will the client receive a written financial plan or analysis as part of the co If yes, your advisor will submit a copy to financial.planning@lpl.com prior	nsulting services? Yes No to delivery.										
8.	Acknowledgment and Execution											
	I acknowledge by signing below that I have received, read, understand, and agree to the terms of the Consulting Services Agreement. I also understand and acknowledge receipt of this Hourly Consulting Profile (Schedule A), the Consulting Services Agreement, the LPL Financial Form ADV Part 2A, and brochure supplement (ADV Part 2B) for the IAR(s) providing the services under the Consulting Services Agreement. The Consulting Services Agreement is governed by and I acknowledge receipt of the predispute arbitration clause located in Section 8.											
	Client Signature Clie	ent Name (print)	 Date									
	Client Signature Clie	ent Name (print)	Date									
	Investment Advisor Representative Signature Inv	estment Advisor Representative Name (print)	Date									
	Investment Advisor Representative Signature Inv	estment Advisor Representative Name (print)	 Date									



