

# Financial Planning Engagement - Schedule A

Please print, preferably in capital letters and black ink.

Primary investor (first, MI, last/authorized signer/trust/entity/minor) (print name) \_\_\_\_\_

Joint investor/secondary party (first, MI, last/authorized signer, custodian) (print name) \_\_\_\_\_

Social Security or Tax ID: [ ]

New plan

Update to existing plan      Date original FPE was signed: \_\_\_\_\_

## 1 – SERVICE(S) TO BE PROVIDED

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Portfolio review and evaluation | <input type="checkbox"/> Retirement planning                                      | <input type="checkbox"/> Access to financial planning tools                              |
| <input type="checkbox"/> Cash flow analysis              | <input type="checkbox"/> Planning for special needs family member                 | <input type="checkbox"/> Retirement account investment analysis and allocation           |
| <input type="checkbox"/> Budgeting                       | <input type="checkbox"/> Education funding planning                               | <input type="checkbox"/> Estate analysis and planning                                    |
| <input type="checkbox"/> Divorce planning                | <input type="checkbox"/> Risk management analysis (i.e., insurance policy review) | <input type="checkbox"/> Behavioral coaching and wealth mentoring                        |
| <input type="checkbox"/> Tax projections                 | <input type="checkbox"/> Client meetings  | <input type="checkbox"/> Other (Please describe services in as much detail as possible.) |
| <input type="checkbox"/> Tax planning                    | <input type="checkbox"/> Organization of client documents                         | _____  |
| <input type="checkbox"/> Philanthropic planning          | <input type="checkbox"/> Investment policy design                                 | _____  |

### FREQUENCY OF SERVICES - Choose one.

One-time service     Ongoing services     Services as needed, please explain: \_\_\_\_\_

## 2 – FEES TO BE PAID

Choose one:     Advance     Arrears     No charge

### A. Flat Fee Agreement

- One-time payment \$ \_\_\_\_\_ (Processed upon receipt.)
- Split payment \$ \_\_\_\_\_ Now \$ \_\_\_\_\_ Final (Billing instructions or invoice required to initiate final payment.)
- Installment payments \$ \_\_\_\_\_ x \_\_\_\_\_ billing periods    Frequency:     Monthly     Quarterly     Semi-annually

### B. Subscription Fee Payment

\$ \_\_\_\_\_    Frequency:     Monthly     Quarterly     Semi-annually     Annually

Annual Fee Escalation (if applicable) will be outlined on digital invoice.

**C. Hourly Fee Agreement**      \$ \_\_\_\_\_ /hr (Billing instructions or invoice required to process fees.)

### D. Asset-based Fee Agreement \_\_\_\_\_ % per year

Fees based on a percentage of the value of your assets must be paid quarterly as determined from your financial statement.

Tiered fee schedule

\_\_\_\_\_ % on first \$ \_\_\_\_\_; \_\_\_\_\_ % on next \$ \_\_\_\_\_; \_\_\_\_\_ % on next \$ \_\_\_\_\_

\_\_\_\_\_ % on next \$ \_\_\_\_\_; \_\_\_\_\_ % over \$ \_\_\_\_\_

Please list accounts in investment portfolio below:

\_\_\_\_\_

\$ \_\_\_\_\_ with CIRA

\$ \_\_\_\_\_ outside assets\*

Choose one:     Net Worth     Investment Portfolio

**Please provide copy of a statement for outside assets.**

**E. Other important instructions:** \_\_\_\_\_

### 3 – PAYMENT OPTIONS AND FEE DEBIT AUTHORIZATION

The following payment options for financial planning fees are available to clients.

Client initiated payment options:

**AdvicePay** - Financial professional will send electronic invoice for Client - manage payment options. (Requires financial professional to be AdvicePay user.)

**Check** - personal check made payable to **Cambridge Investment Research, Inc.** We cannot accept cash and generally do not accept cash equivalents, such as cashier's checks and money orders, because of federal statutes intended to combat money laundering.

Cambridge initiated payment options: (Allow up to 5 business days to establish an initial billing.)

**Debit from approved investment account** – Processed during first compensation run. Account must be a non-qualified account on a platform approved for fee-debiting. By signing the bottom of the page, Client authorizes Cambridge to automatically deduct the fees for the financial planning services from the account as indicated below. Client represents that all persons who are joint owners of this account have executed this Agreement. Client may terminate this automatic fee deduction at any time by providing written notice to CIRA at our address indicated under Section 9 in the Financial Planning Engagement. This will not terminate Client's obligation to pay any unpaid fees. Fee debit account number \_\_\_\_\_

**Debit from a checking or savings account** (Processed on or around the 15th of the month.)

**Submit ACH Authorization - Fee Billing (FPACHA) form.**

If this Agreement is owned or controlled by more than one individual or entity, "I" refers to all account owners.

By signing below, I represent and warrant that the information provided on the referenced Agreement and the identification presented to verify my identity is true and accurate. I represent that I will notify Cambridge in writing immediately if there is any material change in the information I have provided, and I acknowledge that I have received, read, understand, and agree to be bound by and to abide by all of the terms and conditions set forth in the Agreement. Cambridge may use third-parties to perform administrative tasks on its behalf, such as preparation of other information in conjunction with this agreement.

The Financial Planning Engagement previously submitted and referenced above contains a pre-dispute binding arbitration and disclosure agreement clause, and certain other provisions, which may substantially affect my rights. By signing below, I acknowledge receipt of this pre-dispute binding arbitration disclosure agreement.

I/we hereby authorize Cambridge to initiate periodic debit entries to the bank account indicated above. This authority is to remain in full force and effect until Cambridge or my financial professional has received written notification from me (or either of us) of its termination, and in such manner as to allow Cambridge or my financial professional and my (our) bank a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature of primary client (or authorized signer/custodian/trustee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of joint client (or authorized signer/custodian/trustee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial professional (print name)

\_\_\_\_\_  
FP code

\_\_\_\_\_  
Signature of financial professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor approval

\_\_\_\_\_  
Date

My signature indicates that I have received the identification(s) presented by the above client(s), and certify that, to the best of my knowledge, the identification is genuine and unaltered and truly represents the identity of my client(s), or I have relied upon the non-documentary procedures. Additionally, I attest that I have provided the Form CRS to my client prior to or at the time of this engagement or change in services.

**Joint investment account owner** - If the joint investment account owner is not a joint client of the agreement, please sign below:

\_\_\_\_\_  
Joint account owner

\_\_\_\_\_  
Joint account owner signature

\_\_\_\_\_  
Date

