LPL Financial

HCT

Hourly Consulting Profile Schedule A

Instructions: Complete all sections of this profile in full with the assistance of your investment advisor representative (IAR).

1.

Client Name ____________

Social Security/Tax ID Number ____________

Address ____________

Phone Number ____________

2.

Investment Advisor Representative Name ____________

IAR ID Number ____________

Address ____________

Phone Number ____________

3. Type of Consulting Services (select all that apply)

- ◯ Tax Planning
- ◯ Investment Planning
- ◯ Retirement Planning
- ◯ Estate Planning
- ◯ Cash Flow/Budget Planning
- ◯ Personal Financial Planning
- ◯ Business Planning
- ◯ Education Planning
- ◯ Asset Allocation
- ◯ Other (please specify below)

____

____

4. Hourly Consulting Fee (select one)

Hourly Rate $ ____________

Estimated Hours X ____________

Estimated Total Fee $ = ____________

5. Type of Payment

◯ Initial ◯ Final

Payment Method (select all that apply)

◯ Check Attached

◯ I/We hereby authorize LPL to journal funds from my/our account listed below:

LPL Account # ____________

Amount $ ____________

◯ Defer full payment until receipt of services

◯ Defer portion of payment until receipt of services

6. Investment Objective

Please choose the investment objective that most accurately reflects your current overall goals.

◯ **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.

◯ **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 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.

7. Client Report

Has or will the client receive any type of written analysis or report as part of the consulting services? ◯ Yes ◯ No

(If yes, please attach a copy to this Hourly Consulting Profile)

8. Client Acknowledgement and Execution:

This Consulting Services Agreement contains a pre-dispute arbitration clause in Section 8, which begins on page 2.

Client acknowledges receiving a copy of this Agreement and Hourly Consulting Profile/Schedule A and of LPL's Form ADV Part II.

Agreement and Hourly Consulting Profile agreed to on: ____________ MM / DD / YYYY

Client Signature	Client Name *(print)*	Date
Client Signature	Client Name *(print)*	Date
Investment Advisor Representative Signature	Investment Advisor Representative Name *(print)*	Date

Accepted by LPL Financial Corporation

Signature ____________ Date ____________

LPL Financial

Hourly Consulting
IAR Registration Notification and Checklist

Instructions: This form must be completed in full each time you enter into a Consulting Services Agreement. **Please fax completed forms to the Estate and Financial Planning Group at (858) 554-1277.**

1.

Investment Advisor Representative Name

IAR ID

Client Name

Social Security/Tax ID Number

2.

This Client resides in:

◯ A state where the Investment Advisor Representative (IAR) has a physical office location and is registered as an IAR under LPL's RIA (skip to section 3)

◯ Another state

Does the IAR have a "place of business" in the state where this client resides?

◯ Yes (please note that the IAR must be registered in this state)

◯ No

"Place of Business" is defined as 1) any office at which the advisor **regularly** provides advisory services, solicits, meets with or otherwise communicates with clients (for example, your branch office), and 2) any other location that is held out to the general public as a location at which the advisor provides advisory services, solicits, meets with or otherwise communicates with clients (for example, publishing information in a professional directory or telephone listing, or distributing advertisements, business cards, stationery or similar communications that identify the location as one at which the advisor is or will be available to meet or communicate with clients). This definition covers permanent and temporary offices as well as other locations such as a hotel or auditorium. Merely arranging meetings with existing clients at a hotel or a temporary location would not constitute a "place of business," but holding an advertised seminar for new prospects would. Contact the Compliance department with questions.

3.

Consulting Services Checklist

This checklist was created to assist you in completing your Consulting Services paperwork. Submission of incomplete paperwork causes delays in processing, and may result in the paperwork being returned.

◯ **Confirm that the Consulting Services Agreement and LPL's Form ADV Part II were given to the client.**

◯ **Approved for Hourly Consulting.**

◯ **Complete the Hourly Consulting Profile/Schedule A.** (All sections must be completed in full.)

  ◯ Section 5 - indicate how the consulting services fee will be paid*

  ◯ Section 8 - confirm that the client(s) and the IAR have signed the profile

◯ **Confirm that the written analysis, report or document has been e-mailed to financial.planning@lpl.com (Required if Section 7 of the Hourly Consulting Profile/Schedule A is marked yes).**

What e-mail address would you like to receive the approval notification?

◯ **Mail paperwork to:** LPL Financial Corporation
Department 33
P.O. Box 509025
San Diego, CA 92150-9025

or Fedex paperwork to: LPL Financial Corporation
Department 33
9785 Towne Centre Drive
San Diego, CA 92121

or fax to: (858) 554-1277

Please write Rep ID Number, last 4 digits of clients SSN Number and Consulting Services on the bottom of the check.

***Checks should be made payable to LPL Financial Corporation. If the fee will be debited from a non-qualified, non-IRA account, please ensure that all account owners of the account have provided authorization on the Hourly Consulting Profile/Schedule A.**

4.

Please allow three days from the date LPL receives completed paperwork to process and approve. I hereby certify that the information above is true and correct. In addition, I have obtained the information and assumptions used in the preparation of the consulting service from my client(s) or other relevant source documents. I further certify that the value of securities assets as utilized within the consulting service have been obtained from either (1) source documents (i.e. sponsor statements), or (2) the client, as evidenced on the fact finder questionnaire, copies of which are maintained in my branch office files.

Investment Advisor Representative Signature

Investment Advisor Representative Name (print)

Date