

Financial Planning Agreement



AGREEMENT, made between the undersigns party, (hereinafter referred to as the “You”), and TownSquare Capital, LLC, a registered investment adviser, (hereinafter referred to as “Us/We”).

Date (mm/dd/yyyy)	Name (first and last)	Date of Birth (mm/dd/yyyy)	Telephone Number
Home Street Address	City	State Zip	Email

1. Our Services - We will provide the following service to you:

Financial Planning. We will collect the needed data, conduct personal interviews with you, and present you with a written financial plan. This financial plan is dependent upon the information given by you and is intended to be comprehensive in nature. Below are the items that may be included in the report as they apply to your needs.

- | | |
|--|---|
| <input type="checkbox"/> Survivors Needs Report | <input type="checkbox"/> Long Term Care Planning |
| <input type="checkbox"/> Retirement Accumulation Planning | <input type="checkbox"/> Disability Income Needs Analysis |
| <input type="checkbox"/> Retirement Income Planning | <input type="checkbox"/> College Funding |
| <input type="checkbox"/> Social Security Optimization | <input type="checkbox"/> Investment Portfolio Audit |
| <input type="checkbox"/> Will & Trust Package* (additional fees apply) | <input type="checkbox"/> Life Insurance/Annuity Audit |
| <input type="checkbox"/> Special-Needs Planning | <input type="checkbox"/> Beneficiary Review |

* We do not provide any legal advice, nor do we assist in the preparation of legal documents. We connect you with an attorney who prepares these documents for you.

2. Fees - The fees for this service are discussed below:

The fee may be based on an hourly rate or flat rate. We will collect half of the fee up front. The other half will be due once you are completely satisfied that we have delivered what we've promised.

- Hourly Rate: The hourly rate for this financial plan is _____.
- Flat Rate: The adjusted flat rate for this financial plan is_____.

The fees that we charge are solely for the preparation of the comprehensive financial plan, and do not include any commissions or fees that might be generated upon implementation of any securities or insurance recommendations.

3. Your Responsibilities - You agree to provide, information regarding income and expenses, investments, income tax situations, estate plans, and other pertinent matters that we request. You also agree to discuss needs and goals and projected future needs candidly with us and to keep us informed of changes to your situation, needs, and goals. You agree to permit us to consult with and obtain information about you from your accountant, attorney, and other advisers. You are free at all times to accept or reject any recommendation from us.

4. Confidentiality - All information and advice furnished by either party to the other, shall be treated as confidential and shall not be disclosed to third parties, except as required by law or necessary to carry out designated powers or as granted by you. We restrict access to your nonpublic personal information to those employees who need to know that information to service your account. We maintain physical, electronic and procedural safeguards that comply with applicable federal or state standards to protect your nonpublic personal information.

Financial Planning Agreement Appendix

I authorize TownSquare Capital, LLC, to charge \$_____ (half of which will be charged up front, and half charged on delivery) to my credit card indicated below for a one-time payment of the fee for the attached Financial Planning Agreement. I acknowledge that no portion of this fee is being used to purchase securities or any other investment product or financial instrument.

Card Type			
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Card Number		Exp Date (mm/yy)	Security Code
Billing Street Address	City	State	Zip
			Phone Number

Cardholder Signature

Cardholder Name (print)

Date (mm/dd/yyyy)