Financial Planning Engagement - Schedule A Please print, preferably in capital letters and black ink.

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Primary investor (first, MI, last/authorized signer	/trust/entity/minor) (print name) J	loint investor/secondary part	y (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 PROVIDE	D		
Portfolio review and evaluation	Retirement planning		Access to financial planning tools
Cash flow analysis	☐ Planning for special needs family member		Retirement account investment analysis and allocation
Budgeting	Education funding planning		Estate analysis and planning
Divorce planning	Risk management analysis (i.e., insurance policy review)		Behavioral coaching and wealth mentoring
Tax projections	Client meetings		Other (Please describe services in as much detail as
☐ Tax planning	Organization of client documents		possible.)
Philanthropic planning	☐ 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		a instructions or invoice requ	uired to initiate final navment)
Installment payments \$x			
XX	billing periods i requeri	cy. Monthly Quarte	iny cerni-armuany
B. Subscription Fee Payment			
\$ Frequency:	Monthly Quarterly Semi-a	innually Annually	
Annual Fee Escalation (if applicable) will be		, — ,	
, , ,	,		
C. Hourly Fee Agreement \$			
D. Asset-based Fee Agreement% per	r year		
Fees based on a percentage of the value of you	r assets must be paid quarterly as dete	ermined from your financial s	statement.
Tiered fee schedule			
% on first \$;% on next \$;% on n	ext \$
% on next \$;% over \$		
Please list accounts in investment portfolio belov	N:		
	\$	with CIRA	
	\$	outside assets*	
Choose one: Net Worth Investment Port	tfolio Please provide	copy of a statement for ou	itside 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 to 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 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 FP code Signature of financial professional Financial professional (print name) 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 signature

Joint account owner

Date