

Chamberlain Financial Planning LLC

Services Request Form

Please review this CLIENT SERVICES FORM ("Services Form") carefully as it sets forth the understanding between You ("CLIENT") _____, and Chamberlain Financial Planning LLC ("CP") regarding the services CP will provide for the CLIENT. This Services Form is pursuant to the terms and conditions set forth in the CLIENT SERVICES AGREEMENT dated _____. CLIENT should discuss with CP any questions regarding Services Form before signing.

The boxes checked below indicate the services that are agreed upon and the fees associated with those services. The hourly rates are \$50 to \$240 an hour depending upon the staff providing the service and billed in 5-minute increments. Fee Range is an estimated range of expected costs but the end cost cannot exceed the upper limit of the range.

1. HOURLY, AS-NEEDED FINANCIAL PLANNING & ADVICE
Payment: Due as services rendered. \$240 is the minimum fee.

2. FINANCIAL PLANNING PROJECT

- | | |
|---|--|
| <input type="checkbox"/> Current Financial Status
<input type="checkbox"/> Debt management
<input type="checkbox"/> Taxes _____
<input type="checkbox"/> Estate Planning
<input type="checkbox"/> Investment Risk Tolerance Determination
<input type="checkbox"/> Investment Analysis
<input type="checkbox"/> Investment specific recommendations
<input type="checkbox"/> Investment Policy Statement
<input type="checkbox"/> Risk Mitigation- Life ___Health___Property Casualty___Disability___Long Term Care___Medicare___Other_____ | <input type="checkbox"/> Annuity Review
<input type="checkbox"/> Retirement Planning
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____
<input type="checkbox"/> Comprehensive Financial Planning |
|---|--|

- Fixed Fee \$ _____ or
 Range of fees: \$ _____ to \$ _____
 \$ _____ deposit due now and balance at Presentation meeting

3. INVESTMENT PLAN IMPLEMENTATION SERVICES
Services Requested

- Fixed Fee \$ _____ or
 Range of fees: \$ _____ to \$ _____
 \$ _____ deposit due now and balance at Presentation meeting

4. ADVISORY SERVICES AGREEMENT

See attached ASA for details of program
 Paid in advance by the month quarter and renews automatically at annual review.
First Payment: _____ **Due:** _____
Subsequent Payments: _____ **Due:** _____

5. OTHER SERVICES: _____

Fixed Fee _____ or Range: _____ Payment: \$ _____ deposit due now and balance at Presentation meeting.

	Date
	Date
Chamberlain Financial Planning Signature	Date