Total Expense Confirmation

I,_____, verify that the **total and complete** fee that the
(Print Advisor's Name Here)

following client: _____, will be incurring each year at my
(Print Client's Name Here)

firm: _____, is itemized as follows:
(Print Firm Name Here)

(Choose One) I am a: ☐ **Commission-based Advisor**

☐ **Fee Only Advisor**

Total Investment Expenses:

Wrap-fee/Management Fee charged by Advisor/year:	_____%
Avg. Internal Expense of Mutual Funds/ETFs per year:	_____%
Bond Mark-ups/Hidden Commissions:	_____%
Up-front Load on Mutual Funds:	_____%
Contingent Deferred Sales Charges on Mutual Funds:	_____%
Minimum Length of time Investments must be held:	_____years

For Annuity Investments:

M&E Expense of Annuity/year:	_____%
Sub-Account Expense of Annuity/year:	_____%
Miscellaneous Insurance Rider Expense(s)/year:	_____%
Participation Rate (fixed or changeable):	_____%
Minimum Length of time Investments must be held:	_____years

Miscellaneous Firm Expenses:

Custodial Fees/year:	$_____
Hourly Fees (if applicable):	$_____
Inactivity Fees/year:	$_____
Estimated Commissions/year:	$_____

TOTAL ANNUAL EXPENSES: **$**_____ or _____% of Acct Value

I receive **additional** monies/compensation (including, but not limited to: lunches, golf balls, vacations, and seminar financing) from my brokerage firm, mutual fund companies, Insurance companies, or money managers and/or or their representatives **when I invest your assets in their investment products?**

Check One: ☐ Yes ☐ NO

My firm sponsors or has sponsored inter-office sales contests to push a particular investment product?

Check One: ☐ Yes ☐ NO

By my signature, I am indicating the above information to be true and accurate.

Advisor:

_____ _____ _____

Print Signature Date