

## **GUIDANCE SERVICES**

| Client Signature             |                       | A         | dvisor Signature    | Date |
|------------------------------|-----------------------|-----------|---------------------|------|
| _ List of all investment opt | ions within account w | here Guio | dance will be given |      |
| Statements of accounts w     |                       | •         | 1 1117 1            |      |
| ttach the following:         |                       |           |                     |      |
|                              |                       |           |                     |      |
|                              |                       |           |                     |      |
| Comments:                    |                       |           |                     |      |
| Retirement Target Date       | ):                    |           |                     |      |
| Client Risk Tolerance:       | Low Risk              | %         | Moderate Risk       | %    |
| Client Birth Date:           |                       | Age:      |                     |      |
|                              |                       | •         |                     |      |

"Client understands that they are responsible for the execution of all recommendations. FTA does not have discretion to make any changes to the client's account."

Investment advice offered through Financial & Tax Architects, LLC. (FTA). FTA is a registered investment adviser.



## FINANCIAL CONSULTING SERVICES AGREEMENT

12412 Powerscourt Drive; Suite 25 Saint Louis, MO 63131 Telephone: 314-858-1122

| Client Name(s):        |  |
|------------------------|--|
| <b>Client Address:</b> |  |
| Client Phone:          |  |

The undersigned client and Financial & Tax Architects, LLC. ("FTA") agree the terms to and conditions described Financial in this Consulting Services Agreement (the "Agreement") Pursuant the Agreement, FTA will provide certain financial to and consulting services to the client. FTA acknowledges its fiduciary duty to act solely in the planning best interests of the client and agrees to comply with the following impartial standards of care:

- Charging no more than reasonable compensation for the services provided; and
- Making no misleading statements regarding investments, compensation and conflicts of interest.

Financial consulting services are offered for a fixed fee of \$499 payable at the execution of the Agreement. The term of this Agreement is one (1) year from the execution date. The the Agreement may be renewed annually with the written consent of the parties. This Agreement may not be assigned by FTA without the prior written consent of the client.

Annual Fee:\_\_\_\_\_

Client Initials Date

Client Initials

Date

FTA Conflict of Interest Disclosure

Client acknowledges that FTA representatives who are also properly licensed insurance agents may recommend insurance products based upon their individual circumstances. The insurance company pays a commission for the sales of it products. The payment of a commission is separate and apart from the advisory fees charged by FTA. This relationship creates a conflict exists between you and FTA because there is a financial benefit paid to FTA or one of its affiliate companies. FTA attempts to mitigate this conflict of interest by adhering to its policies and procedures, including to its Code of Ethics which includes the requirement to act as a fiduciary. You are under no obligation to act upon any recommendation for an insurance product. Should you elect to act upon any recommendation you are provided with, you are not obligated to carry out the recommendation through any FTA representative.

Client acknowledges the receipt of FTA's ADV Part 2 and Form CRS. If these documents are not provided to you at least forty-eight (48) hours prior to entering into any written advisory or consulting agreement, you have the right to terminate any written agreement with FTA.

Client also acknowledges the delivery of FTA's Privacy Policy.

Client InitialsDateClient InitialsDateClient consents to have the following delivered via electronic communication via the following

email address:

Annual Delivery of Privacy Policy
Annual Delivery of Form ADV Part 2
Other \_\_\_\_\_\_

**Email Address Certification.** You certify the email address provided above is a functioning email address; owned and maintained by you or your agent on your behalf, and that all electronic communications of reports sent to you shall be accessible by you. You agree to notify us, in writing, of any change to your email address.

The validity of this Agreement and the rights and liabilities of the parties hereunder shall be determined in accordance with the laws of the state in which the Client resides.

This Agreement does not constitute a waiver of the right to seek a judicial forum where such waiver would be void under federal or state securities laws.

Nothing contained in this Agreement grants FTA with the ability to act on behalf of the Client.

Scope of Services

| Client Signature                  | Date |  |
|-----------------------------------|------|--|
| Client Signature                  | Date |  |
| Investment Advisor Representative | Date |  |