

INVOICE

Invoice No: _____
Date: _____
Billing Period: _____

CLIENT INFORMATION

Client Name:
Account Number:
Address:
Email / Phone:

CUSTODIAN INFORMATION

Custodian Name:
Reference Account:
Payment Due:

FEE CALCULATION DETAILS

ACCOUNT / ASSET DESCRIPTION	ASSETS UNDER MANAGEMENT (AUM)	ANNUAL FEE RATE	BILLING PERIOD RATIO	TOTAL FEE

Subtotal: _____
Adjustments: _____

Total Advisory Fee Due: _____

FEE CALCULATION METHODOLOGY

PAYMENT METHOD & AUTHORIZATIONS
