ADVISORY FEE INVOICE

Invoice No: ....

Date: ....

CLIENT PROFILE

Client Name:

Address:

City, State, Zip:

Account / Group ID:

BILLING INFORMATION

Billing Cycle:

Period Start:

Period End:

Due Date:

ASSETS UNDER MANAGEMENT (AUM)

WEIGHTED ADVISORY FEE RATE

BILLING DAYS IN PERIOD

Subtotal:

Adjustments/Credits:

Total Fee Due:

PAYMENT AND SETTLEMENT INSTRUCTIONS

Method:	
Custodian:	
Bank Name:	
Routing / ABA:	
Account Number:	
Reference ID:	

This advisory fee invoice is provided for informational and record-keeping purposes in alignment with regulatory requirements. If you have instructed your qualified custodian to pay these fees directly from your account(s), please verify this invoice against the periodic statements received directly from your custodian. Advisory fees are calculated in accordance with the terms of your Investment Advisory Agreement. Please review custodian statements carefully to ensure fee accuracy. Contact us immediately if you identify any discrepancies.