

ADVISORY FEE INVOICE

Invoice No: _____
Date: _____
Billing Period: _____

CLIENT INFORMATION

Client Name: _____

Address: _____

Email / Phone: _____

PORTFOLIO SUMMARY

Account / Portfolio ID: _____

Valuation Date: _____

Assets Under Mgmt
(AUM): _____

Custody Account: _____

FEE DESCRIPTION	BASIS / AUM VALUE	ANNUAL RATE (%)	TOTAL FEE DUE

Subtotal Fees: _____

Adjustments / Credits: _____

**Total Advisory Fee
Due:** _____

PAYMENT INSTRUCTIONS

Fees may be directly debited from your custodian account or paid via bank transfer according to your Investment Advisory Agreement.

Direct Debit Custodian: _____
Routing Number (ABA): _____
SWIFT / BIC Code: _____

Bank Name: _____
Account Number: _____
Payment Reference: _____

Advisor Authorized Signature

Client Acknowledgement (If applicable)