

QUARTERLY INVOICE

Invoice No: _____
Date: _____
Billing Period: _____
Due Date: _____

CLIENT INFORMATION

Client Name: _____

Address: _____

City/ST/Zip: _____

ACCOUNT DETAILS

Account No: _____

Custodian: _____

Billing Method: _____

ASSET SEGMENT / DESCRIPTION	VALUATION DATE	ASSETS UNDER MANAGEMENT	ANNUAL RATE (%)	QUARTERLY FEE

Total Portfolio Value: _____

Gross Calculated Fee: _____

Adjustments /
Rebates: _____

Total Fee Due: _____

PAYMENT & BILLING INSTRUCTIONS

• If "Direct Debit" is selected as the Billing Method, this invoice is for informational purposes only. The fee will be directly debited from your designated custodian account.

• For physical payments, please remit checks payable to the advisory firm listed above, or utilize the following wire transfer details:

Bank Name: _____ Routing Number: _____ Account Number: _____

PREPARED BY (ADVISOR SIGNATURE)

CLIENT APPROVAL (IF APPLICABLE)