



**PART I – CONTACT INFORMATION**

See separate contact information sheet

**NO CONFLICTS OF INTEREST**

I do not sell insurance or investments and I receive no commissions or referral fees on any products or companies that I may recommend for implementation of your personal financial plan.

**Part II – EXPERIENCE AND EDUCATIONAL CREDENTIALS:**

See separate contact information sheet

**PART III – ADDITIONAL NOTIFICATION**

A. As a client or prospective client, you have the right to ask me, as a CFP<sup>®</sup> professional, at any time for information about my compensation related to the services I provide you. I will communicate the requested information in reasonable detail as it relates to implementation. This disclosure of compensation is as follows:

1. 1% of the Adjusted Gross Income (AGI) reported on your last or next filing 1040 (1040 EZ) Form for a complete, comprehensive financial plan.
2. Optional (but recommended): \$150 per hour for two follow-up meetings of one hour each around the 6-month and 12-month anniversaries of the completion of the initial comprehensive financial plan to monitor the completion of the plan and make any needed modifications
3. **Six months** of free access to BourGroup for advice on any issues related to the successful completion of goals determined as a result of the comprehensive financial plan
4. \$150 per hour for additional scopes of work to be defined separately or for specific elements of a financial plan rather than an entire, comprehensive plan
  - a) Estimates and work desired will be clearly identified
  - b) Updates in a timely manner if actual compensation differs from any estimates
  - c) Mutual agreement on time required and any changes in scope or time should the need arise

B. As a CFP<sup>®</sup> professional, you as the personal financial planning client, have the right to receive annually my current SEC/NASD/SCC/IARD Form ADV Part II and/or the current revision of this disclosure that you received when our relationship began.



**Check this box as evidence that you did receive my current Form ADV Part II on your first visit**

C. This contract may not be assigned by me to another advisor without the prior consent of you, the client.



D. In addition, as a NAPFA-Registered Financial Advisor® and CFP® professional, you have the right to expect from me adherence to the NAPFA fiduciary oath (i.e. disclose any conflicts of interest, act in good faith and always in the best interests of you, my client):

- |           |                 |                 |
|-----------|-----------------|-----------------|
| Integrity | Objectivity     | Competence      |
| Fairness  | Confidentiality | Professionalism |
|           | Diligence       |                 |

E. Termination of this agreement may be made within 5 days of signing this agreement at which time no fees will be due. Payment will always be in arrears (that is, after presentation of the recommendations is made) and if follow-up sessions or other hourly work is contracted, then termination of this agreement can be initiated by either party in writing and no payments will be due.

**PART IV – SPECIFIC SERVICE AGREEMENT AND CONTRACT**

As a part of this agreement, BourGroup will:

Prepare a Comprehensive Financial Plan for \_\_\_\_\_ at the agreed upon price of \$\_\_\_\_\_.00. Payment in full is due upon presentation of the completed plan.

In addition, two follow-up appointments to monitor implementation and results will be made at approximately 6 months and 12 months from the date of the final presentation at the rate of \$150/per hour. Each session will be one-hour long unless rates and times are changed and agreed upon prior to meeting. It is understood that these are optional at the client’s discretion but greatly encouraged. Check box, if desired:

Also, BourGroup is available for **six (6) months** from the date of presentation of the plan to help with any questions directly related to the comprehensive financial plan and its implementation.

**PART V - RECEIPT AND ACKNOWLEDGEMENT**

I hereby acknowledge receipt of this required disclosure, ADV Part II form and the Privacy Statement:

\_\_\_\_\_/\_\_\_\_\_  
Client’s Signature / Date

\_\_\_\_\_/\_\_\_\_\_  
Client’s Signature / Date