

Wealth and Business Planning Group, LLC

ADDENDUM (D) TO FINANCIAL ADVISORY AGREEMENT
Specific Financial Advice

This Addendum becomes an integral part of the Wealth and Business Planning Group, LLC. Financial Advisory Agreement when signed by the Client.

Whereas Client is NOT desirous of obtaining a comprehensive written Report of Recommendations addressing all financial areas and specifically releases Advisor from responsibility to provide such comprehensive analysis and recommendations; and whereas Client is desirous of having Advisor analyze and make recommendations ONLY with respect to:

(1) COVERAGE:

FEE AMOUNT SERVICES PROVIDED

- \$ ____ A. An analysis of Client's current situation, recommendations for achieving Client's specific goals, and a plan for implementation or recommendations, all within the specific financial planning area(s).
- \$ ____ B. Goals and objectives.
- \$ ____ C. Analysis of Client's current financial situation, including cash flow, debt management, and investments.
- \$ ____ D. Projection of cash flow and income tax liability based on Client's current financial situation and current tax law and regulations.
- \$ ____ E. Alternative ways to provide the funding required to achieve Client's specified goals.
- \$ ____ F. Projection of Client's cash flow and income taxes based on implementation of the recommendations and current tax law and regulations.
- \$ ____ G. Analysis of Client's current risk management program and specific recommendations regarding appropriate types, levels and approximate costs of coverage.
- \$ ____ H. Analysis of Client's estate situation and recommended actions to achieve estate objectives. (You will need to consult a qualified attorney for legal advice and necessary documents.)
- \$ ____ I. Identification of actions explaining how the Client might best implement the recommendations.
- \$ ____ J. Retirement Lump Sum Distribution.
- \$ ____ K. Portfolio Analysis and Risk Analysis.
- \$ ____ L. Capital Gains Planning
- \$ ____ M. Other _____
- \$ ____ N. SEE ATTACHED SCHEDULE OF SERVICES PROVIDED.

By _____ By _____
Client Signature Client SS # Joint Client (if any) Jt Client SS#

Printed Name of Client Printed Name of Joint Client

Address: _____
Street City State ZipCode

By _____ By _____
Signature of Authorized Signer for WBPB, LLC Signature of Advisor Associated Person