CAPITA
FINANCIAL NETWORK

Client Segment:
SHD SRC: _____
SRC:_____
CLS: _____
SRV:_____

Client:_____ Client: _____

Fee for service - Fee retains service for scope of work as indicated below for a term no greater than 6 months from the *Start Date. After 6 months, ongoing retention of service requires a new Fee for Service exhibit. All fees to be paid in advance before work begins. You agree to provide documentation and accurate data for work to be performed in a timely manner.

*Start Date:_____

Scope of Work

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Fee:_____

Payment Type: ☐ Check

☐ Advice Pay Billing Email:_____

Client Signature:_____ Date:_____ Advisor Signature:_____ Date:_____

Client Signature:_____ Date:_____ Officer Signature:_____ Date:_____