

Advisory Fee Change Instruction



Using **DocuSign** is the preferred way to complete your request.

[Sign via DocuSign](#)

Or email this form to service@freedomadvisors.com

1. Account Information

Account Holder/Trustee/Custodian/Executor

Co-Account Holder/Co-Trustee/Co-Custodian/Co-Executor

2. Advisory Fee

Annual Advisory Fee % ($\leq 1.50\%$)

This fee will be applied to all accounts listed in Section 4.

*Client signature(s) is required when an account's fee is increasing. **Change instructions must be received 5 business days prior to month end to apply to that month's billing cycle.***

If you entered a 0.00% Advisory Fee, please provide a reason:

Advisor's Own Account	Charity
Advisor Relative's Account	Client Complaint
Advisor Employee's Account	Other

This fee change is:

Permanent

Temporary, ending on

Date (MM/DD/YYYY)

3. Owner(s) Signature *Not required if lowering fee.*

The undersigned authorizes Freedom to make the requested changes noted herein with the full understanding that the change requested relates solely to the fees charged by the financial professional on the accounts and will not change the program fees charged by Freedom.

Account Holder/Trustee/Custodian/Executor

Date (MM/DD/YYYY)

Additional Account Holder/Co-Trustee/Co-Custodian/Co-Executor

Date (MM/DD/YYYY)

Financial Advisor

Date (MM/DD/YYYY)

4. Accounts to receive the new fee

Apply to all my accounts

Apply to all my accounts EXCEPT those listed below

Apply to all accounts listed below

Apply to all accounts listed in the attached file

List ONLY account numbers in the box below.