

ADVISORY FEE BILLING CHANGE FORM

This form is to be used when client fees are to be lowered (whether entire account or a sleeve of an account) or halted whether a result of advisor request or client passing. This form will also serve as method to notify BFWM of a client's passing or an account is closing.

Important Note: Should you wish to increase a client's advisory fees, you must have the fee schedule portion of the IAC completed and signed and dated by the client, assuming no other client details have changed. Submit this revised schedule to the Rochester branch for processing.

Account(s) Affected: _____

Client Name(s): _____

What is the effective date of this change? _____

What type of fee change are you requesting?

____ Account Partial Reduction, if so: ____ Permanent ____ Temporary
____ Sleeve Partial Reduction, if so: ____ Permanent ____ Temporary Sleeve Name: _____

or

____ Halt Billing - Reason for halting: ____ IAR Request ____ Client Passing - DOD: _____

Please close this account: _____ - Yes Reason for closing: _____

How were you notified of closing - meeting, call, email? _____ (Notification date should match date above unless other details provided)

Is this a non-wrap asset-based pricing trading account? ____ Yes ____ No

If the Reduction or Halting is not permanent, when should the old fee rates be reapplied? _____

If reducing the fee, please provide the lowered fee schedule to be applied to the account(s) listed above?

Total Assets Under Management	Current Advisory Fees	Requested Advisory Fees
\$0 - \$10,000	%	%
\$10,001 - \$250,000	%	%
\$250,001 - \$500,000	%	%
\$500,001 - \$1,000,000	%	%
\$1,000,001 - \$2,500,000	%	%
\$2,500,001 - \$5,000,000	%	%
\$5,000,001 - \$100,000,000	%	%

Advisor Requesting Change

Advisor Signature

Date

Upon completion, submit form to Bright Futures Wealth Management, LLC Chief Compliance Officer.