Hourly Consulting Profile
Schedule A

HCT

LPL Account Number (for journals only)

IAR ID

Instructions: Complete all sections of this profile in full with the assistance of your investment advisor representative (IAR). Please return this form to your IAR.

1. Client Information

Client Name | Age or Date of Birth | Social Security / Tax ID Number

Street Address, City, State and Zip Code

Liquid Net Worth $ | Annual Income $

Is this client subject to ERISA? ◯ Yes ◯ No | Is this client a government entity? ◯ Yes ◯ No

2. Investment Advisor Representative Information

Investment Advisor Representative(s) Name(s) | Email

3. Type of Consulting Services (select all that apply)

- ☐ Tax Planning
- ☐ Personal Financial Planning
- ☐ Cash Flow/Budget Planning
- ☐ Business Planning
- ☐ Retirement Planning
- ☐ Education Planning
- ☐ Estate Planning
- ☐ Insurance Need(s) Planning
- ☐ Investment Planning / Asset Allocation
- ☐ Other (please specify)

4. Payment Information

☐ Check Payable to LPL Financial

Check # | Amount $

☐ I/We hereby authorize LPL to journal funds from my/our non-qualified, non-retirement LPL account listed below:

LPL Account #

Amount $

☐ Deferred or No Fee

5. Hourly Consulting Fee (total fee may not exceed this estimate)

Hourly Rate $

Total Estimated Time X

Total Estimated Fee (May Not Exceed) = $

6. Investment Objective

Please choose the investment objective that most accurately reflects your risk tolerance for this agreement.

◯ Income with Capital Preservation
Emphasis is placed on generation or current income and prevention of capital loss.

◯ Income with Moderate Growth
Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.

◯ Growth with Income
Emphasis is placed on modest capital growth with some focus on generation of current income.

◯ Growth
Emphasis is placed on achieving high long- term growth and capital appreciation. There is little focus on generation of current income.

◯ Aggressive Growth
Emphasis is placed on aggressive growth and maximum capital appreciation. There is no focus on generation of current income.

7. Client Report

Will the client receive a written financial plan or analysis as part of the consulting services? ◯ Yes ◯ No
If yes, your advisor will submit a copy to financial.planning@lpl.com prior to delivery.

8. Acknowledgment and Execution

I acknowledge by signing below that I have received, read, understand, and agree to the terms of the Consulting Services Agreement. I also understand and acknowledge receipt of this Hourly Consulting Profile (Schedule A), the Consulting Services Agreement, the LPL Financial Form ADV Part 2A, and brochure supplement (ADV Part 2B) for the IAR(s) providing the services under the Consulting Services Agreement. The Consulting Services Agreement is governed by and I acknowledge receipt of the predispute arbitration clause located in Section 8.

Client Signature | Client Name (print) | Date

Client Signature | Client Name (print) | Date

Investment Advisor Representative Signature | Investment Advisor Representative Name (print) | Date

Investment Advisor Representative Signature | Investment Advisor Representative Name (print) | Date