



FINANCIAL PLANNING SERVICES CONTRACT

GENERAL PURPOSE

By this contract, you engage Ragain Financial, a registered investment advisor (“Advisor”), to provide personal financial planning services, as described below, and Advisor agrees to provide these services.

SERVICES TO BE PROVIDED

Advisor will provide personal finance services in the form of consulting and advice encompassing the areas specified below. The financial plan will be summarized in a written document delivered to you and will reflect your current financial circumstances, your financial outlook, and your personal objectives.

PERSONAL FINANCIAL PLANNING

- Budget Planning
- Estate Planning
- Investment Planning
- Retirement Planning

BUSINESS OWNER PLANNING

- Business Succession Planning
- Executive Compensation Planning

PLANNING WILL FOLLOW THIS PROCESS

In creating your plan, you and Advisor will follow this process:

- a. Data: You will provide Advisor with financial and personal data necessary to prepare your plan.
- b. Analysis: Advisor will analyze data and documents provided, evaluate your ability to meet your objectives, make observations, identify problems and recommend strategies for your consideration.
- c. Written Plan: On the basis of the data you provide, and your stated objectives, Advisor will prepare and present a personal financial plan summarized in written form.

If this contract is renewed, you will provide Advisor with current financial data relevant to the area(s) specified for update on the renewal invoice. These area(s) may or may not be the same as the initial plan. Advisor will analyze this data and prepare a written summary reflecting your current financial circumstances and recommending strategies where appropriate.

COMPENSATION TO ADVISOR FOR PLANNING SERVICES

For the financial planning services described above, you agree to pay a fee of (check one):

- \$ 29.95/month- SIGNATURE SERVICE STANDARD
- \$ 39.95/month- SIGNATURE SERVICE ELITE

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This financial planning contract is agreed to between us, effective _____

(Date)

(City/State)

Client: _____

Social Security Number: _____

Client: _____

Social Security Number: _____

Street Address: _____

Home Phone: _____

City, State, Zip: _____

Business Phone: _____

Client Signature: _____

Client Signature: _____

Advisor/Representative

Advisor/Representative

Signature: _____

Signature: _____