

HOOVER FINANCIAL ADVISORS FINANCIAL PLANNING AND CONSULTING AGREEMENT

This financial planning and/or consulting agreement ("Agreement") made as of the _____ day of _____, 2019 between the undersigned party, _____ ("Client"), the Investment Advisory Representative Peter K. Hoover ("IAR") and Hoover Financial Advisors, ("HFA") a Registered Investment Adviser, Pennsylvania corporation with a principal place of business at 112 Moores Road, Suite 100, Malvern, Pennsylvania 19355. By this Agreement, Client retains HFA to provide services to Client on the following terms:

1. FINANCIAL PLANNING AND CONSULTING SERVICE(S).

HFA WILL PROVIDE CLIENT WITH THE SPECIFIC FINANCIAL PLANNING AND/OR CONSULTING SERVICES SELECTED BY CLIENT SET FORTH ON EXHIBIT A (HEREINAFTER REFERRED TO AS "PLANNING SERVICES"). HFA WILL DISCUSS THE RECOMMENDATIONS TO CLIENT THAT MIGHT INCLUDE TOPICS SUCH AS COLLEGE FUND PLANNING, CASH FLOW, RISK MANAGEMENT, TAXES, RETIREMENT NEEDS, INVESTMENTS, ESTATE PLANNING, ETC., WITH CLIENT. CLIENT MAY IMPLEMENT RECOMMENDATIONS, AT CLIENT'S SOLE DISCRETION, WITH CLIENT'S PROFESSIONAL ADVISER(S) (INCLUDING CLIENT'S BROKER, ACCOUNTANT, ATTORNEY, ETC.), INCLUDING FIRM, BUT IS UNDER NO OBLIGATION TO DO SO.

CLIENT ACKNOWLEDGES THAT IN RESPECT TO ESTATE AND TAX PLANNING, HFA AND IAR ACT AS A FACILITATOR BETWEEN CLIENT AND CLIENT'S DESIGNATED PROFESSIONAL ADVISER(S). WHEN PERFORMING THE FINANCIAL PLANNING SERVICES UNDER THIS AGREEMENT, HFA AND IAR ARE NEITHER CLIENT'S ATTORNEY NOR ACCOUNTANT AND NO PORTION OF THE FINANCIAL PLAN OR ANY FINANCIAL PLANNING SERVICES RENDERED ARE TO BE INTERPRETED BY CLIENT AS LEGAL OR ACCOUNTING ADVICE. HFA RECOMMENDS THAT CLIENT SEEK THE ADVICE OF A QUALIFIED ATTORNEY AND ACCOUNTANT.

HFA OFFERS FOUR DIFFERENT FINANCIAL PLANNING FEE STRUCTURES:

COMPREHENSIVE FINANCIAL PLANNING FEE: HFA CHARGES A ONE-TIME FIXED FEE RANGING FROM \$1,000 - \$5,000 FOR FINANCIAL PLANNING SERVICES. THE FEE WILL NOT CHANGE BASED UPON THE AMOUNT OF CLIENT ASSETS. THE INITIAL ONE-TIME FEE IS DUE AND PAYABLE TO HOOVER FINANCIAL ADVISORS UPON DELIVERY OF THE FINANCIAL PLAN TO CLIENT. COMPREHENSIVE SERVICES SET FORTH ON EXHIBIT A, WILL INCLUDE AN INITIAL ENGAGEMENT PERIOD FOR ONE YEAR AT NO ADDITIONAL COST, NORMAL PLAN MAINTENANCE AND AN ANNUAL REVIEW MEETING.

RETIREMENT INCOME PROJECTION FEE: A ONE-TIME FEE OF \$1,000 WILL BE CHARGED. PAYMENT OF SUCH FEE IS DUE UPON COMPLETION OF THE SERVICES RENDERED.

ONGOING FINANCIAL PLANNING FEE: UNLESS AGREED OTHERWISE, CLIENT WILL BE CHARGED A YEARLY FEE OF \$500 - \$2,500 FOR ONGOING FINANCIAL PLANNING SERVICES. THE FEE WILL BE CHARGED IN ARREARS AND

DUE UPON THE ANNIVERSARY OF THE AGREEMENT.

ESTATE ADMINISTRATION FEE: A ONE-TIME FEE OF \$1000 WILL APPLY TO SERVICES TO ASSIST IN ESTATE ADMINISTRATION. HFA MAINTAINS DISCRETION OF THE ESTATE FEE BASED ON CLIENT CIRCUMSTANCES. THE FEE IS DUE UPON COMPLETION OF THE SERVICES RENDERED.

CONSULTING SERVICES: SERVICES OUTSIDE OF THE COMPREHENSIVE FINANCIAL PLANNING ENGAGEMENT CAN BE CHARGED ON A CONSULTING BASIS. FEE CAN BE CHARGED BASED ON THE CURRENT HOURLY RATE (AS SHOWN ON EXHIBIT A), A FIXED ANNUAL OR PERIODIC FEE, OR AS A PERCENTAGE OF ASSETS, QUARTERLY IN ADVANCE, WHICH THE FIRM IS RETAINED TO CONSULT. THE ACTUAL PERCENTAGE IS NEGOTIATED SEPARATELY WITH EACH CLIENT AND DOCUMENTED IN THE FINANCIAL PLANNING AGREEMENT ON EXHIBIT A. IF ASSETS ARE WITHDRAWN FROM OR DEPOSITED INTO AN ACCOUNT AFTER THE INCEPTION OF A QUARTER THAT EXCEED, IN AGGREGATE, \$50,000, THE FEE PAYABLE WITH RESPECT TO THE ASSETS WILL BE PRORATED BASED ON THE NUMBER OF DAYS REMAINING IN THE QUARTER AND BILLED OR REFUNDED IN ARREARS. IF CLIENT TERMINATES THIS CONSULTING AGREEMENT AFTER THE COMMENCEMENT OF A CALENDAR QUARTER BILLING PERIOD, THE UNEARNED PORTION OF THE ADVISORY FEE WILL BE REFUNDED AT THE END OF THE QUARTER.

FINANCIAL PLANNING AND CONSULTING SERVICES FEES MAY BE SUBJECT TO CHANGE BY HFA BASED UPON CLIENT CIRCUMSTANCES AND APPROVAL FROM HFA MANAGEMENT.

UNLESS OTHERWISE AGREED, FEES FOR ANY SERVICES PROVIDED UNDER THIS AGREEMENT WILL BE DIRECTLY DEBITED FROM THE CLIENT'S CUSTODIAL ACCOUNT.

ASSET AGGREGATION FEE: FOR ANY OUTSIDE ACCOUNTS WHICH ARE AGGREGATED THROUGH THE FIRM'S PORTAL AND ARE NOT MANAGED, ADVISED OR CONSULTED ON BY HFA, A \$100 ANNUAL VIEW-ONLY FEE PER EACH ACCOUNT WILL BE CHARGED TO THE CLIENT.

2. SCOPE OF ENGAGEMENT. CLIENT AGREES TO PROVIDE FIRM AND IAR WITH ANY INFORMATION AND/OR DOCUMENTATION IN PROVIDING SERVICES TO CLIENT REGARDING INCOME, INVESTMENTS, ESTATE PLAN, TAX-RELATED INFORMATION, FINANCIAL NEEDS, GOALS, AND OBJECTIVES, AND TO KEEP FIRM AND IAR INFORMED OF ANY CHANGES THERETO. CLIENT ACKNOWLEDGES THAT IN ORDER FOR FIRM AND IAR TO ADEQUATELY PERFORM

SERVICES ON BEHALF OF CLIENT, CLIENT MUST PROVIDE INFORMATION ACCURATELY AND TIMELY UNDER THIS AGREEMENT. HFA AND IAR ARE NOT REQUIRED TO VERIFY ANY INFORMATION PROVIDED BY CLIENT OR CLIENT'S OTHER PROFESSIONALS, AND IS EXPRESSLY AUTHORIZED TO RELY ON INFORMATION PROVIDED THEREON. ALL SUCH PROFESSIONALS ARE HEREBY AUTHORIZED BY CLIENT TO PROVIDE FIRM AND IAR WITH INFORMATION REQUESTED IN MEETING ITS RESPONSIBILITY TO CLIENT. CLIENT IS AT ALL TIMES, AT CLIENT'S SOLE DISCRETION, FREE TO ACCEPT OR REJECT ANY RECOMMENDATION FROM HFA OR IAR. CLIENT ACKNOWLEDGES FULL AND SOLE AUTHORITY TO IMPLEMENT, ACCEPT, OR REJECT ANY RECOMMENDATION OR ADVICE PROVIDED BY HFA OR IAR.

RECOMMENDATIONS ARE BASED UPON THE IAR'S PROFESSIONAL JUDGMENT AND RESULTS OF ANY RECOMMENDATION CANNOT BE GUARANTEED TO BE SUCCESSFUL OR ACHIEVED.

CLIENT IS FREE TO OBTAIN LEGAL, ACCOUNTING, AND BROKERAGE SERVICES FROM ANY PROFESSIONAL SOURCE TO IMPLEMENT THE IAR'S RECOMMENDATIONS. CLIENT RETAINS ABSOLUTE DISCRETION OVER ALL IMPLEMENTATION DECISIONS.

PLANNING SERVICES AND/OR CONSULTING SERVICES PURSUANT TO THIS AGREEMENT DO NOT INCLUDE INVESTMENT SUPERVISORY OR INVESTMENT MANAGEMENT SERVICES. IN THE EVENT THAT CLIENT WANTS HFA TO PROVIDE ONGOING INVESTMENT MANAGEMENT SERVICES, SUCH ENGAGEMENT SHALL BE SET FORTH IN A SEPARATE WRITTEN AGREEMENT BETWEEN THE PARTIES, FOR WHICH SERVICES HFA WILL BE PAID A SEPARATE AND ADDITIONAL FEE.

3. ASSIGNMENT. HFA MAY NOT ASSIGN THIS AGREEMENT WITHOUT THE CONSENT OF THE CLIENT. BOTH PARTIES ACKNOWLEDGE AND AGREE THAT TRANSACTIONS NOT RESULTING IN A CHANGE OR ACTUAL CONTROL OF MANAGEMENT SHALL NOT BE CONSIDERED AN ASSIGNMENT

4. CONFIDENTIALITY. EXCEPT AS REQUIRED BY APPLICABLE LAW, RULE OR REGULATION, OR IN ORDER TO IMPLEMENT CLIENT'S INVESTMENT OBJECTIVES OR PERFORM THE PLANNING SERVICES CONTEMPLATED BY THIS AGREEMENT, BOTH PARTIES AGREE TO TREAT INFORMATION PROVIDED IN CONNECTION WITH THIS AGREEMENT AS CONFIDENTIAL.

5. RECEIPT OF DISCLOSURES. CLIENT HEREBY ACKNOWLEDGES RECEIPT OF FIRM'S PRIVACY POLICY AND WRITTEN DISCLOSURE STATEMENT SET FORTH IN FORM ADV PART 2A AND PART 2B MEETING THE REQUIREMENTS OF RULE 204-3 OF THE ACT.

6. CLIENT CONFLICTS. IF THIS AGREEMENT IS WITH MORE THAN ONE NATURAL PERSON, FIRM'S SERVICES ARE BASED UPON THE JOINT GOALS COMMUNICATED TO FIRM BY THE JOINT-CLIENTS, COLLECTIVELY. UNLESS REVOKED IN WRITING AND DELIVERED TO FIRM, HFA IS

AUTHORIZED TO RELY UPON INSTRUCTIONS AND/OR INFORMATION RECEIVED FROM EITHER JOINT-CLIENT. FIRM IS NOT RESPONSIBLE FOR ANY CLAIMS OR DAMAGES RESULTING FROM SUCH RELIANCE OR FROM ANY CHANGE IN THE STATUS OF THE RELATIONSHIP BETWEEN JOINT-CLIENTS.

7. ARBITRATION. SUBJECT TO THE CONDITIONS AND EXCEPTIONS BELOW AND TO THE EXTENT NOT INCONSISTENT WITH APPLICABLE LAW, IN THE EVENT OF ANY CONTROVERSY, DISPUTE OR CLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT, BOTH PARTIES AGREE TO SUBMIT THE DISPUTE TO ARBITRATION BEFORE THE FINANCIAL INDUSTRY REGULATORY AUTHORITY ("FINRA ARBITRATION") THE PREVAILING PARTY SHALL BE ENTITLED TO REASONABLE ATTORNEYS' FEES, COSTS AND EXPENSES.

CLIENT UNDERSTANDS THAT THIS AGREEMENT TO ARBITRATE DOES NOT CONSTITUTE A WAIVER OF CLIENT'S RIGHT TO SEEK A JUDICIAL FORUM WHERE SUCH WAIVER WOULD BE VOID UNDER FEDERAL OR APPLICABLE STATE SECURITIES LAWS.

8. CLIENT DEATH OR DISABILITY. IF CLIENT IS A NATURAL PERSON, CLIENT'S DEATH, DISABILITY OR INCOMPETENCE WILL NOT TERMINATE OR CHANGE THE TERMS OF THIS AGREEMENT. CLIENT'S EXECUTOR, GUARDIAN, ATTORNEY-IN-FACT OR OTHER AUTHORIZED REPRESENTATIVE MAY TERMINATE THIS AGREEMENT BY GIVING HFA PROPER WRITTEN NOTICE. FEES EARNED BY HFA OR IAR SHALL BECOME DUE AND PAYABLE BY CLIENT'S ESTATE.

9. CLIENT REPRESENTATIONS AND WARRANTIES. CLIENT REPRESENTS THAT CLIENT HAS THE FULL LEGAL POWER AND AUTHORITY TO ENTER INTO THIS AGREEMENT AND THAT THE TERMS OF THIS AGREEMENT DO NOT VIOLATE ANY OBLIGATION OR DUTY TO WHICH CLIENT IS BOUND, WHETHER ARISING OUT OF CONTRACT, OPERATION OF LAW, OR OTHERWISE. IF CLIENT IS AN ENTITY (E.G., CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY, OR TRUST), THIS AGREEMENT IS DULY AUTHORIZED BY THE APPROPRIATE PARTY OR OTHER ACTION AND DELIVERY IS BINDING IN ACCORDANCE WITH ITS TERMS. CLIENT AGREES TO PROMPTLY DELIVER SUCH CORPORATE RESOLUTION OR OTHER ACTION AUTHORIZING THIS AGREEMENT UPON REQUEST BY FIRM OR IAR.

CLIENT ACKNOWLEDGES PROVIDING FIRM WITH THE INFORMATION SET FORTH ON THE CLIENT PROFILE AND REPRESENTS THAT SUCH INFORMATION IS A COMPLETE AND ACCURATE REPRESENTATION OF CLIENT'S FINANCIAL POSITION, INVESTMENT NEEDS, GOALS, AND OBJECTIVES AT THE TIME OF ENTERING INTO THIS AGREEMENT. CLIENT WARRANTS TO PROMPTLY NOTIFY HFA OR IAR IN WRITING WHEN AND IF SUCH INFORMATION BECOMES INCOMPLETE OR INACCURATE DURING THE TERM OF THIS AGREEMENT. CLIENT AGREES TO PROVIDE FIRM WITH ANY OTHER INFORMATION AND/OR DOCUMENTATION THAT

FIRM OR IAR MAY REQUEST IN FURTHERANCE OF THIS AGREEMENT OR RELATED TO CLIENT'S INVESTMENT NEEDS, GOALS, OR OBJECTIVES, EITHER DIRECTLY FROM CLIENT OR THROUGH CLIENT'S DESIGNATED ATTORNEY, ACCOUNTANT, OR OTHER PROFESSIONAL ADVISERS. CLIENT ACKNOWLEDGES THAT FIRM IS AUTHORIZED TO RELY UPON ANY INFORMATION RECEIVED FROM SUCH ATTORNEY, ACCOUNTANT, OR OTHER PROFESSIONAL ADVISER AND FIRM OR IAR IS NOT REQUIRED TO VERIFY THE ACCURACY OF THE INFORMATION.

10. ENTIRE AGREEMENT. THIS AGREEMENT AND THE EXHIBITS HERETO INCORPORATED HEREIN BY REFERENCE AND MADE A PART HERE OF, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE PARTIES AND SUPERSEDES ALL UNDERSTANDINGS, AGREEMENTS (ORAL AND WRITTEN), OR REPRESENTATIONS WITH RESPECT TO THE SUBJECT MATTER HEREOF. THIS AGREEMENT MAY ONLY BE AMENDED, REVISED OR MODIFIED WITH FIRM'S WRITTEN CONSENT. EACH PARTY ACKNOWLEDGES THAT NO REPRESENTATION, INDUCEMENT OR CONDITION NOT SET FORTH HEREIN HAS BEEN MADE OR RELIED UPON BY EITHER PARTY.

11. SEVERABILITY. IF ANY PORTION OF THIS AGREEMENT IS DEEMED TO BE INVALID OR UNENFORCEABLE OR IS PROHIBITED BY THE LAWS OF THE STATE OR JURISDICTION WHERE IT IS TO BE PERFORMED, THIS AGREEMENT SHALL BE CONSIDERED DIVISIBLE AS TO SUCH PORTION AND SAID PORTION SHALL BE INOPERATIVE IN SUCH STATE OR JURISDICTION. THE REMAINING PORTIONS OF THIS AGREEMENT SHALL BE VALID AND BINDING AND IN FULL FORCE AND EFFECT AS THOUGH SUCH PORTION WAS NOT INCLUDED.

12. TERMS OF AGREEMENT AND TERMINATION. THIS AGREEMENT SHALL HAVE AN INITIAL TERM OF ONE-YEAR, UNLESS TERMINATED BY EITHER PARTY IN WRITING. TERMINATION BY CLIENT SHALL BE EFFECTIVE UPON HFA'S RECEIPT OF CLIENT'S WRITTEN NOTICE OF TERMINATION. TERMINATION OF THIS AGREEMENT WILL NOT AFFECT (A) THE VALIDITY OF ANY ACTION PREVIOUSLY TAKEN BY HFA OR IAR UNDER THIS AGREEMENT; (B) LIABILITIES OR OBLIGATIONS OF THE PARTIES INITIATED BEFORE TERMINATION OF THIS AGREEMENT; OR (C) CLIENT'S OBLIGATION TO PAY HFA FEES THAT HAVE ALREADY BEEN EARNED UNDER THIS AGREEMENT. UPON THE TERMINATION OF THIS AGREEMENT, HFA WILL NOT HAVE ANY CONTINUING OBLIGATION TO TAKE ANY ACTION. UPON DELIVERY OF CLIENTS PERSONALIZED FINANCIAL PLAN, FEES WILL BE DUE AND PAYABLE, AND NO REFUNDS WILL BE REMITTED.

13. NOTICES. ANY NOTICE, CORRESPONDENCE, OR OTHER COMMUNICATION REQUIRED IN CONNECTION WITH THIS AGREEMENT WILL BE DEEMED EFFECTIVE UPON RECEIPT TO EITHER PARTY AT THEIR RESPECTIVE ADDRESS LISTED UNLESS ANOTHER METHOD OF DELIVERY IS AGREED UPON. CLIENT'S DIRECTIONS TO FIRM RELATING TO CHANGES IN CLIENT'S INVESTMENT

OBJECTIVES SHALL BE IN WRITING. FIRM AND IAR WILL RELY UPON CLIENT'S MOST CURRENT DATED DIRECTION, NOTICE, OR INSTRUCTION UNLESS AND UNTIL HFA AND IAR HAVE BEEN ADVISED IN WRITING OF CHANGES, THE EFFECTIVE DATE, OR UPON THE DATE OF RECEIPT BY FIRM.

14. GOVERNING LAW, VENUE, AND JURISDICTION. TO THE EXTENT NOT INCONSISTENT WITH FEDERAL LAW, THIS AGREEMENT AND ANY DISPUTE, DISAGREEMENT, OR ISSUE OF CONSTRUCTION OR INTERPRETATION ARISING HEREUNDER WHETHER RELATING TO ITS EXECUTION, VALIDITY, MUTUAL OBLIGATIONS PROVIDED HEREIN OR PERFORMANCE SHALL BE GOVERNED OR INTERPRETED ACCORDING TO THE LAWS OF THE STATE OF PENNSYLVANIA WITHOUT REGARD TO CHOICE OF LAW CONSIDERATIONS EXCEPT FOR THE SECTION ENTITLED ARBITRATION, WHICH SHALL BE GOVERNED BY THE FEDERAL ARBITRATION ACT. ANY ACTION, SUIT OR PROCEEDING ARISING OUT OF, UNDER, OR IN CONNECTION WITH THIS AGREEMENT SEEKING AN INJUNCTION OR NOT OTHERWISE SUBMITTED TO ARBITRATION PURSUANT TO THIS AGREEMENT SHALL BE BROUGHT AND DETERMINED IN THE APPROPRIATE FEDERAL OR STATE COURT IN THE STATE OF PENNSYLVANIA AND IN NO OTHER FORUM. THE PARTIES HEREBY IRREVOCABLY AND UNCONDITIONALLY SUBMIT TO THE PERSONAL JURISDICTION OF SUCH COURTS AND AGREE TO TAKE ANY AND ALL FUTURE ACTION NECESSARY TO SUBMIT TO THE JURISDICTION OF SUCH COURTS IN ANY SUCH SUIT, ACTION, OR PROCEEDING ARISING OUT OF OR RELATING TO THIS AGREEMENT.

15. COUNTERPARTS. THIS AGREEMENT MAY BE EXECUTED IN ONE OR MORE COUNTERPARTS, EACH OF WHICH SHALL BE DEEMED AN ORIGINAL BUT ALL OF WHICH TOGETHER SHALL CONSTITUTE ONE AND THE SAME INSTRUMENT. THE EXECUTION OF THIS AGREEMENT MAY BE BY ACTUAL OR FACSIMILE SIGNATURE.

16. SECTION OR PARAGRAPH HEADINGS. SECTION HEADINGS HEREIN HAVE BEEN INSERTED FOR REFERENCE ONLY AND SHALL NOT BE DEEMED TO LIMIT OR OTHERWISE AFFECT, IN ANY MATTER, OR BE DEEMED TO INTERPRET IN WHOLE OR IN PART ANY OF THE TERMS OR PROVISIONS OF THIS AGREEMENT.

AGREEMENT SIGNATURE PAGE FOLLOWS

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HOOVER FINANCIAL ADVISORS

FINANCIAL PLANNING AND CONSULTING AGREEMENT - EXHIBIT A

PETER K. HOOVER, CFP®, AN INVESTMENT ADVISER REPRESENTATIVE OF HOOVER FINANCIAL ADVISORS WILL PROVIDE THE FOLLOWING PLANNING SERVICES ENGAGED BY CLIENT (AS MARKED BELOW) IN ACCORDANCE WITH THE FINANCIAL PLANNING AND CONSULTING AGREEMENT TO WHICH THIS EXHIBIT A IS ATTACHED:

- PROVIDE A WRITTEN COLLEGE FUNDING PROGRAM AND RECOMMENDATIONS.**
DEVELOP A COLLEGE FUNDING PROGRAM TO ASSURE MONIES ARE AVAILABLE FOR CLIENT'S CHILDREN EDUCATION. DETERMINE VARIOUS FUNDING STRATEGIES TO ACHIEVE PROJECTED COSTS. REVIEW THE IMPACT OF RECOMMENDED FUNDING STRATEGIES ON ASSETS CURRENTLY OWNED UNDER A CUSTODIAL REGISTRATION.
- PROVIDE A WRITTEN RETIREMENT PLANNING REPORT AND RECOMMENDATIONS.**
BEGIN TO ANALYZE AND FORMULATE A RETIREMENT INCOME MODEL BASED ON CLIENT'S EXISTING ASSETS, FUTURE EARNING POTENTIAL, SAVINGS, AND COMPANY BENEFITS IN COMPARISON TO CLIENT'S DESIRED RETIREMENT STANDARD OF LIVING. PROJECT INCOME CLIENT COULD ACHIEVE IN RETIREMENT AND PROVIDE SAVINGS STRATEGIES TOWARDS ACHIEVING RETIREMENT INCOME GOALS.
- PROVIDE A WRITTEN ASSET ALLOCATION REPORT AND RECOMMENDATIONS.**
DEVELOP AN ASSET ALLOCATION STRATEGY THAT HELPS CLIENT TO ESTABLISH THE FRAMEWORK FOR FUTURE INVESTMENT DECISIONS. OFFER INVESTMENT SUGGESTIONS TO HELP ACHIEVE CLIENT'S ASSET ALLOCATION STRATEGY. COMMENCE PORTFOLIO CONSOLIDATION AND SIMPLIFICATION WHERE APPROPRIATE.
- PROVIDE A WRITTEN ANALYSIS OF YOUR CURRENT INVESTMENT PORTFOLIO AND RECOMMENDATIONS.**
ANALYZE EXISTING INVESTMENTS TO DETERMINE WHETHER EXISTING INVESTMENTS ARE APPROPRIATE IN LIGHT OF CLIENT'S FINANCIAL CONCERNS, INVESTMENT OBJECTIVES, RISK TOLERANCE, AND TIME HORIZON. OFFER PRACTICAL SUGGESTIONS THAT MAY IMPROVE THE CLIENT'S PORTFOLIO BALANCE AND INVESTMENT RETURN POTENTIAL. COORDINATE INVESTMENT DECISIONS WITH CLIENT FUNDING STRATEGIES, E.G. COLLEGE FUNDING, RETIREMENT FUNDING, ETC.
- REVIEW EXISTING RISK MANAGEMENT AND FUTURE NEEDS AND RECOMMENDATIONS.**
REVIEW CLIENT'S EXISTING RISK MANAGEMENT POLICIES TO DETERMINE IF EXISTING BENEFITS, IF APPLICABLE, ARE APPROPRIATE AND COST EFFECTIVE. PROVIDE SUGGESTIONS THAT MAY IMPROVE CLIENT'S OVER ALL RISK MANAGEMENT AND NEEDS. INSURANCE REVIEW MAY INCLUDE EXISTING FIXED AND VARIABLE INSURANCE CONTRACTS, DISABILITY INSURANCE, AND LONG-TERM CARE COVERAGE OR NEEDS. *INSURANCE REVIEW DOES NOT INCLUDE HOMEOWNERS, AUTO, MEDICAL AND HEALTH, OR PROPERTY AND CASUALTY INSURANCES.*
- PROVIDE A WRITTEN REVIEW OF YOUR ESTATE PLANNING DOCUMENTS.**
REVIEW CLIENT'S EXISTING ESTATE PLANNING DOCUMENTS, INCLUDING WILLS, TRUSTS, AND POWER OF ATTORNEY. CHECK OWNERSHIP OF ASSETS AND BENEFICIARY DESIGNATIONS. COORDINATE WITH THE ESTATE PLANNING ATTORNEY OF YOUR CHOICE.
- OTHER FINANCIAL PLANNING AND/OR CONSULTING SERVICES:** _____

THE COMPREHENSIVE FINANCIAL PLANNING FEE FOR SERVICES SELECTED ABOVE IS \$ _____

THE ONGOING FINANCIAL PLANNING FEE FOR SERVICES SELECTED ABOVE IS \$ _____

THE ESTATE ADMINISTRATIVE FEE FOR SERVICES SELECTED ABOVE IS \$ _____

THE CONSULTING SERVICES FEE FOR SERVICES SELECTED ABOVE IS \$ _____ PER HOUR OR % _____ OF ACCOUNT ASSETS UNDER ADVISEMENT OR A FIXED FEE OF \$ _____ PER QUARTER, WHICH ARE IDENTIFIED AS FOLLOWS:

CLIENT HAS BEEN OFFERED AND HAS WAIVED THE FOLLOWING SERVICES: _____

COPY OF THE CLIENT'S DRIVER'S LICENSE HAS BEEN VERIFIED BY THE ADVISOR

X _____
CLIENT SIGNATURE

X _____
CLIENT SIGNATURE

X _____
DATE

X _____
DATE

HOOVER FINANCIAL ADVISORS
FINANCIAL PLANNING AND CONSULTING AGREEMENT - CLIENT DATA

Primary Investor Information

Name: _____ Social Security #: _____

Mailing Address: _____
STREET ADDRESS (DO NOT USE A P.O. BOX) CITY STATE ZIP CODE

Contact Info: _____
HOME PHONE NUMBER WORK PHONE NUMBER CELL PHONE NUMBER

EMAIL ADDRESS (OPTIONAL)
I AGREE THAT HOOVER MAY SEND ALL COMMUNICATIONS BY EMAIL IF I PROVIDE AN EMAIL ADDRESS

Marital Status: Single Married

Citizenship: U.S. Citizen Resident Alien Non-Resident Alien (W-8 Required)

ID Documentation: (USA Patriot Act Requirement)

Exempt If Exempt, please choose: Current Client ERISA
Other: _____

Document #: _____ Exp. Date (MM-DD-YYYY) _____

Issuance Date (MM-DD-YYYY) _____ Place of Issuance _____

Passport Driver's License - State _____ State Issued ID - State _____
 Alien Registration Card (this must be provided by any investor who is a resident alien.)
 Non-Documentary - (is subject to broker/dealer's non-documentary procedures.)

Employment and Affiliation: Employment information for Primary Investor

Employed Self-Employed Retired Not Employed Student

Occupation: _____
(COMPLETE IF EMPLOYED)

Employer Name: _____

Employer Address: _____
STREET ADDRESS CITY STATE ZIP CODE

Affiliation Information for Primary Client: (Is account holder or member of immediate family):

Affiliated with or working for a securities firm, bank, trust, or insurance company? Yes No
If Yes, please specify: _____

A director, 10% shareholder, or policy-making officer of a publicly traded company? Yes No
If Yes, please specify: _____

Closely associated with a senior military, governmental, or political official in a foreign country? Yes No
If Yes, please specify: _____

**HOOVER FINANCIAL ADVISORS
FINANCIAL PLANNING AND CONSULTING AGREEMENT - CLIENT DATA**

Financial Data Refers to: (refer to custodian if minor has none)

Primary Investor Primary & Joint Investor Joint Investor or Minor Other

Annual Income <\$20,000 \$20,000 - \$50,000 \$50,000 - \$100,000 \$100,000 - \$200,000
 \$200,000 - \$500,000 >\$500,000

Net Worth (Assets-Liabilities) <\$50,000, SPECIFY: \$ _____ \$50,000 - \$100,000
 \$100,000 - \$250,000 \$250,000 - \$500,000 \$500,000 - \$1 MILLION \$1 - \$2 MILLION
 >\$2 MILLION, SPECIFY: \$ _____

Federal Tax Bracket (%) _____ \$ _____ Investable Net Worth
(Exclude home, auto, and furnishings; include liquid investments & retirement accounts)

Signatures: (For Joint Investor, Complete an Additional Signer's Form)
If this Agreement is owned or controlled by more than one individual or entity, "I" refers to all account owners. I certify under penalties of perjury that the Social Security or Taxpayer identification Number provided above is correct.

By signing below, I represent and warrant that the information provided on the Agreement and that the identification presented to verify my identity is true and accurate. I represent that I will notify you in writing immediately if there is any material change in the information I have provided and that I acknowledge that I have received, read, understand, and agree to be bound by and to abide by all of the terms and conditions set forth in this Agreement.

THIS AGREEMENT CONTAINS AN ARBITRATION CLAUSE IN SECTION 7 ON PAGE TWO, WHICH IS ENFORCEABLE BY THE PARTIES.

CLIENT SIGNATURE

CLIENT PRINTED NAME

STREET ADDRESS

CITY STATE ZIP CODE

HOOVER FINANCIAL ADVISORS

PETER K, HOOVER

HOOVER FINANCIAL ADVISORS
FINANCIAL PLANNING AND CONSULTING AGREEMENT - ADDITIONAL SIGNERS FORM

Joint Client (If applicable)

Name: _____ Social Security #: _____

Mailing Address: _____
STREET ADDRESS (DO NOT USE A P.O. BOX) CITY STATE ZIP CODE

Contact Info: _____
HOME PHONE NUMBER WORK PHONE NUMBER CELL PHONE NUMBER

EMAIL ADDRESS (OPTIONAL) _____
I AGREE THAT HOOVER MAY SEND ALL COMMUNICATIONS BY EMAIL IF I PROVIDE AN EMAIL ADDRESS

Marital Status: Single Married

Citizenship: U.S. Citizen Resident Alien Non-Resident Alien (W-8 Required)

Joint Client ID Documentation: (USA Patriot Act Requirement)

Exempt If Exempt, please choose: Current Client ERISA
Other: _____

Document #: _____ Exp. Date (MM-DD-YYYY) _____

Issuance Date (MM-DD-YYYY) _____ Place of Issuance _____

- Passport Driver's License - State _____ State Issued ID - State _____
 Alien Registration Card (this must be provided by any investor who is a resident alien.)
 Non-Documentary - (is subject to broker/dealer's non-documentary procedures.)

Joint Client Employment and Affiliation:

Employed Self-Employed Retired Not Employed Student

Occupation: _____

(COMPLETE IF EMPLOYED)

Employer Name: _____

Employer Address: _____
STREET ADDRESS CITY STATE ZIP CODE

Affiliation Information for Joint Investor: (Is account holder or member of immediate family):

Affiliated with or working for a securities firm, bank, trust, or insurance company? Yes No
If Yes, please specify: _____

A director, 10% shareholder, or policy-making officer of a publicly traded company? Yes No
If Yes, please specify: _____

Closely associated with a senior military, governmental, or political official in a foreign country? Yes No
If Yes, please specify: _____

HOOVER FINANCIAL ADVISORS FINANCIAL PLANNING AND CONSULTING AGREEMENT - ADDITIONAL SIGNERS FORM

Financial Data Refers to: (refer to custodian if minor has none)

Primary Investor Primary & Joint Investor Joint Investor or Minor Other

Annual Income <\$20,000 \$20,000 - \$50,000 \$50,000 - \$100,000 \$100,000 - \$200,000
 \$200,000 - \$500,000 >\$500,000

Net Worth (Assets-Liabilities) <\$50,000, SPECIFY: \$ _____ \$50,000 - \$100,000
 \$100,000 - \$250,000 \$250,000 - \$500,000 \$500,000 - \$1 MILLION \$1 - \$2 MILLION
 >\$2 MILLION, SPECIFY: \$ _____

Federal Tax Bracket (%) _____ \$ _____ Investable Net Worth
(Exclude home, auto, and furnishings; include liquid investments & retirement accounts)

Signatures: (For Joint Investor, Complete an Additional Signer's Form)

If this Agreement is owned or controlled by more than one individual or entity, "I" refers to all account owners. I certify under penalties of perjury that the Social Security or Taxpayer identification Number provided above is correct.

By signing below, I represent and warrant that the information provided on the Agreement and that the identification presented to verify my identity is true and accurate. I represent that I will notify you in writing immediately if there is any material change in the information I have provided and that I acknowledge that I have received, read, understand, and agree to be bound by and to abide by all of the terms and conditions set forth in this Agreement.
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THIS AGREEMENT CONTAINS AN ARBITRATION CLAUSE IN SECTION 7 ON PAGE TWO, WHICH IS ENFORCEABLE BY THE PARTIES.

JOINT CLIENT SIGNATURE

JOINT CLIENT PRINTED NAME

STREET ADDRESS

CITY STATE ZIP CODE

HOOVER FINANCIAL ADVISORS

PETER K. HOOVER