



Financial Planning Agreement

This Financial Planning Agreement, dated as of _____, 20__ between Elderado Financial, Inc., a Colorado corporation ("EFI"), and _____ (the "Client") with residence or place of business at _____.

The Client seeks the advice and assistance of EFI and desires to have EFI perform investment consulting and other services.

EFI is willing to perform such services under the terms and conditions of this Agreement.

The Client agrees to engage EFI as its financial planner on a consulting basis, in consideration of the mutual covenants contained in this Agreement, and EFI accepts such appointment on the following terms and conditions:

1) The Agreement

The Client agrees to pay EFI to provide financial planning advice on behalf of the client. This includes face-to-face meetings, telephone calls, research, analysis and work resulting from said meetings and calls.

EFI agrees to keep accurate track of the time spent working for the Client.

2) Scope of Work

Depending on the needs of the Client, EFI agrees to provide financial advice to the Client. Topic areas to be covered as requested by Client initialing below are:

- General Financial Planning
- Retirement Planning
- Estate Planning
- Charitable Giving
- Business Planning
- Succession Planning
- Investment Portfolio Assessment
- Tax Savings Strategies
- Risk Tolerance Assessment
- Insurance Assessment
- Special Needs Planning
- College Funding Projections
- Other _____

3) Responsibilities of the Client

Because EFI's recommendations will be based on the information that Client provides to EFI, the completeness and accuracy of the information provided to EFI is essential. Client agrees to discuss with EFI Client's current financial resources and projected needs, and to provide copies of any financial documents that EFI may reasonably request as necessary to evaluate Client's financial circumstances and provide consulting.

4) Advisor's Fee

For hourly services listed above, Client will pay \$150.00 per hour. Partial hours will be billed pro-rata in 15 minute increments. Charges will be billed and payable after services are rendered. Payment will be paid by check within 30 days of invoice date.

5) Confidentiality and Information Disclosure Provisions

EFI will treat all information furnished by Client, including Client's agents and employees, as confidential and will not disclose any such information to third parties except as required by law.

Client authorizes EFI to contact, consult with and share information with Client's accountants, attorneys, consultants, relatives and agents as deemed necessary.

6) Disclosure Statements

EFI is an Investment Adviser Firm registered with the Colorado Division of Securities. EFI is a fee-only Investment Adviser, and as such does not accept commissions, fees or other compensation for the implementation of portfolios.

7) Legal and Tax Services

It is understood that EFI and its employees are not qualified to and will not render any legal or tax advice nor prepare any legal or tax documents for the implementation of Client's financial plan.

8) Implementation

The Client is free to obtain legal, tax, and brokerage services from any professional source to implement the recommendations of EFI.

9) Term

The term of this Agreement is variable depending on the scope of the work performed. Charges will be billed after services have been rendered (in arrears) and will be due upon delivery of the plan to Client. All services will be deemed complete and this contract will be considered fulfilled upon the delivery of financial planning documents or work product and the payment of agreed upon fee. The Client or EFI can cancel this Agreement at any time with verbal or written notice. If the Client wishes to address other financial planning topics after this contract is fulfilled, Client will complete a new Agreement.

10) Acknowledgement of Disclosure Statement

___ Client acknowledges receipt of a copy of Part 2 of the EFI Form ADV Part 2A and 2B

___ Client hereby acknowledges having received a copy of the EFI Privacy Policy.

Accepted:

By: _____
Client Name

Client Signature

By: _____
Client Name

Client Signature

By: _____
Advisor Name and Title

Advisor Signature