

Participant Consulting Advice Program Profile Schedule A

PCAP

LPL Account Number (for journals only)

IAR ID

Instructions: Please complete all applicable sections of this form in full with the assistance of your investment advisor representative (IAR). If a question does not apply, please enter "N/A."

1. Client Information

Client Name	Age or Date of Birth	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address, City, State, and Zip Code		
<input type="text"/>		
Liquid Net Worth	Annual Income	
\$ <input type="text"/>	\$ <input type="text"/>	
Employer Name <input type="checkbox"/> (Mark here if retired or unemployed)	Retirement Plan Description (optional)	
<input type="text"/>	<input type="text"/>	
Approximate Participant Retirement Plan Account Value	Employer / Plan Tax ID	
\$ <input type="text"/>	<input type="text"/>	
Is this account subject to ERISA? <input type="radio"/> Yes <input type="radio"/> No	Is this client a government entity? <input type="radio"/> Yes <input type="radio"/> No	

2. Investment Advisor Representative Information

Investment Advisor Representative(s) Name(s)	Email
<input type="text"/>	<input type="text"/>

3. 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 \$

Source of Payment Participant Employer

Deferred or No Fee

4. Investment

Do you wish to restrict any investments from your retirement plan account?

Yes No If yes, please explain:

5. Investment Time Horizon

What is your investment time horizon for this retirement plan account?

1-3 years 3-5 years 5-10 years Over 10 years

At what age do you plan on retiring?

6. Fee Calculations (Please select one)

Flat Fee Hourly Consulting Fee

Amount	Hourly Rate	\$ <input type="text"/>
\$ <input type="text"/>	Total Time	X <input type="text"/>
	Total Fee	= \$ <input type="text"/>

7. Investment Objective Information

Select the investment objective that most accurately reflects the risk tolerance for this retirement plan account (select one only):

- Income with Capital Preservation. Emphasis is placed on generation of 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. No focus on generation of current income.

8. Participant Acknowledgment and Execution

Client hereby attests to the accuracy of all information contained in this form, including the investment objective selected on page 2. Client understands he/she has the sole responsibility whether to implement any recommendations made by IAR, and for placing any resulting transactions, if applicable. This Schedule A is part of your Participant Consulting Advice Program Agreement and is incorporated by reference into the Agreement. The Agreement contains a predispute arbitration clause in Section 12 of the Agreement. Client acknowledges receiving a copy of this Agreement, LPL Financial Firm Brochure (ADV part 2A) and Brochure Supplement (ADV part 2B) of the IAR(s) providing services under this Agreement.

Participant Signature	Participant Name (print)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment Advisor Representative Signature	Investment Advisor Representative Name (print)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment Advisor Representative Signature	Investment Advisor Representative Name (print)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>



Member FINRA/SIPC

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