# FIDUCIARY ACKNOWLEDGEMENT

Date: _____/_____/_____

To: _____ (Client Name)

From: _____ (Advisor Name)

_____ (Advisor Firm Name)

**Subject: Acknowledgement of Fiduciary Responsibility**

As a fiduciary adviser to you, my firm and I hereby acknowledge our fiduciary responsibility to you, your family and beneficiaries. As a matter of law, we are required to provide you with certain information:

1. We are serving in a fiduciary capacity; simply stated, your best interests are always placed ahead of our own.
2. We are not aware of any conflicts of interest between me, my firm, you, your family and beneficiaries, and/or any of the investment companies or other vendors utilized. We will immediately notify you if any such conflicts of interest ever arise during our relationship.
3. We are not affiliated with any of the investments or vendors recommended and utilized during the management of your portfolio. Our advice is completely unbiased.
4. The only compensation we will receive for our advice is a fee of (explain in detail, hourly, flat retainer, % of assets under advisement, etc.) from you, our client.
   _____
   _____
5. We do not receive compensation from the sale of financial products or any other source, such as trading, commissions, soft dollar arrangements, etc.

My firm and I hereby acknowledge our role as your fiduciary advisor and we understand the fiduciary duties and responsibilities associated with this appointment.

_____
(Advisor Signature) Date

_____
(Advisor Name - Print)

_____
(Firm Compliance Officer Signature) Date

_____
(Firm Compliance Officer Name - Print)