LEVEL FOUR
Advisory Services
A DIVISION OF
LEVEL FOUR GROUP, LLC

LFAS202	
Form #	Account #
Branch #	FA #

ACCOUNT CHANGE FORM

Directions: Complete all applicable sections of this form for any fee or portfolio selection changes being made to an existing account.

This form is ***only*** to be used when changing the fee and/or investment objective and/or model portfolio on an ***existing*** account(s) when transitioning an account from LFCM-managed to Rep-managed, from Rep-managed to LFCM-managed or when converting ***existing*** advisory accounts to brokerage.

Please note this form **must be signed** by the client for any investment objective/model portfolio change that is more than one up or one down from the original Investor Risk Tolerance Questionnaire previously signed by the client, if the strategy is moving in or out of an Equity strategy **OR** if the advisory fee is being increased from the fee on the Investment Advisory Agreement previously signed by the client **OR** if the account is being transitioned from LFCM-managed to Rep-managed or Rep-managed to LFCM-managed.

The changes noted in this document shall be effective as of the date of execution by the client (if applicable) or alternatively, as executed by the advisory representative, unless otherwise as noted within this document.

Client Name(s): ______________________________
Custodian: ☐ Raymond James ☐ Fidelity ☐ Charles Schwab

Section 1: Portfolio Selection Change

Please Note: Choose only one selection per account.

Account Number: ______________________ Registration: ______________________________

Level Four Capital Management			Level Four Advisory Services
Equity SMA	**Fixed Income SMA**	**Asset Allocation**	**Rep Managed**

☐ Large Cap Growth
☐ International
☐ Dividend Growth
☐ Small Cap Core Active
☐ Small Mid Cap Passive
☐ Completion
☐ Private Equity
☐ Private Credit
☐ Cash/Funding
	☐ Taxable
	☐ Tax Exempt
	  ☐ Managed Muni Long
	  ☐ Managed Muni Intermediate
	  ☐ Managed Muni Short
	  ☐ High Yield Muni
		☐ Growth
		☐ Moderate Growth
		☐ Growth w/Income
		  ☐ Defensive
		  ☐ Yield Plus
		  ☐ Alternative
		☐ Income w/ Moderate Growth
		☐ Income w/ Cap Preservation
		☐ Fixed Income
		  ☐ Taxable
		  ☐ Tax-Exempt
		☐ Crypto Completion
			☐ Growth
			☐ Moderate Growth
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Section 1A: Client(s) Signature

Client(s) signature* **is *required in section 1A for changes to a portfolio/investment objective that is* ***more*** *than one up or one down or the account is transitioning from LFCM-managed to Rep-managed or Rep-managed to LFCM-managed. Client(s) signature is* ***not*** *required for changes that are only one up or down.*
Advisor(s) signature is required in section 1B for* ***all* *portfolio changes requested under this section.*

Acknowledgment
By completing and signing below, the undersigned client(s) ("Client"), hereby acknowledge that I have read and understand the Investor Risk Tolerance Questionnaire previously signed and that my answers remain true and correct to the best of my knowledge. I will promptly notify my financial professional as listed below ("Advisory Services Representative") of any changes to my financial condition or other matters that would render this information inaccurate.

I acknowledge that I understand that by execution of this document, I am electing to move my portfolio/investment objective selection to the portfolio/investment objective noted herein, which represents a move to a portfolio with differing objectives than the portfolio that I elected in paperwork previously executed for the account and/or my account is being transitioned from LFCM-managed to being managed by my financial advisor (Rep-managed) or from Rep-managed to LFCM-managed. I further acknowledge that if I have elected a portfolio that does not coincide with my Risk Tolerance Score (as determined by my responses to the Investor Risk Tolerance Questionnaire), I understand and accept that I may incur additional risk by making this selection. I further acknowledge and understand that past performance may not be indicative of future results, different types of investments involve varying degrees of risk, and it should not be assumed that future performance of any specific investment or investment strategy (including the investments and/or investment strategies recommended and/or undertaken by Level Four® will be profitable.

____
Client Name Signature Date

____
Client Name Signature Date

Section 1B: Advisor(s) Signature - IAR Attestation

By completing and signing this Attestation, I/we, hereby acknowledge that I/we have confirmed the change of investment objective and/or model portfolio indicated on this form which is a move to a portfolio with objectives one up or one down acknowledge that the new investment objective and/or model portfolio is still in line with the Investor Risk Tolerance Questionnaire previously signed by the client.

____
Advisory Services Representative Signature Date

____
Advisory Services Representative Signature Date

Additional Information

Please identify and provide a brief explanation of any management or billing related details that may be applicable to these accounts.

Section 2: Fee Change

*Fee changes requested at any point during a billing month will be effective as of the next (following) billing month.

Fee Increase:
Client(s) signature ***is*** required in section 2A
Advisor(s) signature ***is*** required in section 2B

Fee Decrease:
Client(s) signature is ***not*** required
Advisor(s) signature ***is*** required in section 2B

Account Number________________ Registration ________________ Flat Fee ________%
Account Number________________ Registration ________________ Flat Fee ________%
Account Number________________ Registration ________________ Flat Fee ________%
Account Number________________ Registration ________________ Flat Fee ________%
Account Number________________ Registration ________________ Flat Fee ________%
Account Number________________ Registration ________________ Flat Fee ________%

Fee Information

Fee Schedule	
☐ Flat Fee Schedule	*Flat annual fee as listed above per account
☐ Tiered Fee Schedule	Asset Value $0 - $100,000 at the annual rate of ________ % Asset Value $100,000 - $500,000 at the annual rate of ________ % Asset Value $500,000 - $1,000,000 at the annual rate of ________ % Asset Value $1,000,000+ at the annual rate of ________ %

Combined Household Assets Under Management - Tier
Select one

Section 2A: Client(s) Signature

Client agrees to pay the fee as noted herein for the Account:

Advisor Fee: Client will pay an annualized Advisor Fee to LFAS as noted above for the investment advisory services provided under this Agreement, which is based upon the value of assets under management (including cash holdings). The Advisor Fee is negotiable between Client and LFAS and may be based upon a flat fee or tiered fee schedule. The Advisor Fee will not exceed 2.5%.

Client Name Signature Date

Client Name Signature Date

Section 2B: Advisor(s) Signature

By completing and signing this Attestation, I/we hereby acknowledge that this fee change has been confirmed with the client(s).

Advisory Services Representative Signature Date

Advisory Services Representative Signature Date

Section 3: ICA to Brokerage - For Raymond James accounts only

☐ Update the following accounts from ICA/Advisory (fee-based) to Brokerage (commission based)
*Note: this update will remove any discretionary authorization as well as remove the advisory fee, making the account(s) commission based ONLY. An LF189 may be required; refer to the form instructions to determine whether submission is necessary.

List Raymond James account numbers converting to brokerage below:

Section 3A: Advisor(s) Signature

*Client(s) signature is not required
*Advisor(s) signature is required for any change in section 3
By completing and signing this Attestation, I/we, hereby acknowledge that I/we have confirmed this change with the client(s).

Advisory Services Representative | Signature | Date

Advisory Services Representative | Signature | Date