

LFAS203

Form #

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Account #

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Branch #

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ACCOUNT ADVISORY FEE REMITTANCE AUTHORIZATION AND DIRECTION FORM

New Billing Assignment Request **Cancel Billing Assignment Request**

By signing this "Account Advisory Fee Remittance Authorization Form," I, as the Client, hereby make the following representations, warranties and covenants, which shall be deemed to be repeated on each day that the account(s) specified below on page 2 ("Account") is open:

1. I hereby authorize and direct Level Four, as investment adviser, with respect to my Account, to accept payment of the asset-based advisory fee(s) applicable to the Account from a non-qualified Account other than such Advisory Account, as specified in the "Payment Type" section of page 2 of this form;
2. As applicable, I hereby authorize and direct Level Four to remit payment of the asset-based advisory fee(s) applicable to the Account from the account listed on page 2 of this form;
3. This authorization shall remain in force and effect until it is cancelled on the billing & account is closed.
4. I have relied on and I am relying exclusively upon the advice and counsel of my own independent legal and/or tax advisor(s) with respect to the legal and tax implications of the authorizations and directions set forth herein;
5. I acknowledge that Level Four is under no duty or obligation to inquire, investigate or otherwise ascertain the propriety, advisability, or validity of instructions related to this authorization, nor is Level Four, by accepting this authorization and any instructions, in any way endorsing, sanctioning, or acknowledging that such payment arrangement is in compliance with applicable law or regulations;
6. I agree to indemnify and hold Level Four, its affiliates, delegates, assignees, officers, directors, employees, and agents harmless from and against any and all costs, penalties, excise taxes, and liabilities, including, but not limited to, reasonable attorney's fees, costs and expenses that may be imposed by third parties or from any government agency arising from or as a result of following my directions set forth herein and honoring this authorization and any instructions related, or that Level Four believes is related, to this authorization;
7. I understand and acknowledge that Level Four, by following this payment direction authorization and any instruction, is in no way making any determination or providing any advice as to the tax implications of such payments;
8. I understand and acknowledge that Level Four does not provide legal, tax, or accounting advice, and I have not relied and I am not relying upon of Level Four, its affiliates, delegates, assignees, officers, directors, employees, or agents in connection with any legal and/or tax consequences or the advisability of this authorization and any instruction;
9. I understand and acknowledge that it is my sole responsibility to know how the fees in my Account are paid and to communicate desired changes to my fee payment arrangement(s) promptly to Level Four; and
10. I understand that Level Four may determine that it is unable to accommodate this authorization now or at some point in the future. In the event that Level Four makes such a determination, I understand that Level Four will provide me with notification.

Account Owner Signature	Account Owner Name (Print)	Date
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Joint Account Owner Signature	Joint Account Owner Name (Print)	Date
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INSTRUCTIONS

List all non-qualified accounts with respect to which the client advisory fees are to be paid outside of the account(s).

Level Four Account Number(s):

Account No. 1	Account No. 2	Account No. 3	Account No. 4
Account No. 5	Account No. 6	Account No. 7	Account No. 8

Account Advisory Fee Remittance Effective Date:

Month: _____ Year: (current Year) _____
Quarter: _____

There are established workflows where processing times may vary based on time necessary for processing client instructions or requests and may require several business days to complete under normal business conditions.

BILLING

Deduct from Alternative Level Four Account:

Billing Account Number	Billing Account Registration	Date

If the alternate account is registered to a different owner, then the Alternate Account Owner must authorize as well. If alternative account registration is a JT/WROS, the Alternative Account Owner is *not* required to sign.

Alternative Account Owner Signature

Alternative Account Owner Name (Print)

Date

ADVISORY ACCOUNT OWNER AUTHORIZATION

I understand that Level Four may determine that it is unable to accommodate this authorization and direction, in which case Level Four will promptly notify me.

Account Owner Signature

Date

Joint Account Owner Signature

Date