

Advisory Relationship Document

Date: [Insert Date]

To: [Recipient Name]

Address: [Recipient Address]

City, State, Zip: [City, State, Zip]

Dear [Recipient Name],

We are pleased to confirm our advisory relationship in accordance with the terms and scope outlined below:

Scope of Advisory Services

- [Service 1 Description]
- [Service 2 Description]
- [Service 3 Description]

Responsibilities

As the advisor, we will provide the following:

- [Responsibility 1]
- [Responsibility 2]

The client is expected to:

- [Client Responsibility 1]
- [Client Responsibility 2]

Fees

The fees for the advisory services will be as follows:

- [Fee Structure]

Term of Agreement

This advisory relationship will commence on [Start Date] and will continue until [End Date].

We look forward to working together and supporting your goals. Please signify your acceptance of the terms by signing and returning this document.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]

Accepted by:

[Client Signature] _____ Date: _____