

**REFERRING REPRESENTATIVES
ADVISORY FEE
ACKNOWLEDGEMENT**

The undersigned (the “client”) hereby acknowledges that _____ is an Investment Advisory Representative (IAR) with _____, a Registered Investment Advisor (RIA) Firm, and that said representative is not affiliated with Fairlane Investment Advisors Inc. (FIAI), and is referring the client to FIAI for its Asset Allocation Program. That in return for such referral and for doing a review with the client at least annually, FIAI will pay _____% of the Program Fee described in the Description of Services brochure to the IAR’s Registered Investment Advisory Firm. **There is no increase in fees for this compensation.** The client also acknowledges receipt of Part II of Form ADV or a Description of Services brochure for FIAI as required by rule 204-3 under the Investment Advisors Act of 1940.

CLIENT NAME (Please print)

Client Signature

Date

Client Signature

Date

IAR (Please Print)

RIA Firm