Fee Notification and Amendment

Amendment Effective Date _____

Name of Plan		
Name of New Recordkeeper/Platform Provider (if applicable)	**Plan ID No.**	**Employer Tax ID**
DBA Name	**Advisor Representative(s)**	

This Fee Notification and Amendment ("Amendment") relates to the agreement dated_____ by and between Global Retirement Partners, LLC ("Advisor") and _____ ("Client") ("Agreement"), and hereby amends the Agreement and, if applicable, any previous amendments to the Agreement as set forth herein. Advisor and Client shall be individually referred to as a "Party" or collectively, as the "Parties." This Amendment shall be effective as of the Effective Date upon an authorized designated employee of Advisor signing the Agreement. Capitalized terms not defined herein shall have the meanings given to them in the Agreement.

NOW THEREFORE, in consideration of the foregoing and for other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the Parties hereby agree as follows:

1. The Parties agree to the following selections to the Fees and Expenses section, and such selections delete and replace any previous selections and information in their entirety.

Fees and Expenses

Check all that apply.

Annual Asset-Based bps or **Tiered or Breakpoint***	**Frequency:** ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually** **Timing:** ☐ In advance ☐ In arrears **Billing:** ☐ Plan Assets[1] ☐ Client[2]
Annual Flat Fee $ _____	**Frequency:** ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually** **Timing:** ☐ In advance ☐ In arrears **Billing:** ☐ Plan Assets[1] ☐ Client[2]
One-time Project Fee $ _____ ☐ Plan Assets ☐ Client	**Please attach a Statement of Work regarding the project.**
One-time Transition Fee $ _____ ☐ Plan Assets ☐ Client	**Describe services:**
Ongoing Project Fees[3] ☐ Education ☐ Enrollment	**Education: $ _____ per ____ session | Enrollment: $ _____ per ____ session** **or** **Education: $ _____ for ____ sessions | Enrollment: $ _____ for ____ sessions** *(travel expenses not included)*

For Hybrid Fees, when fees include a combination of asset-based and flat fees, complete both the Asset-Based and Flat Fee sections.

For COLA adjustments, identify the amount or formula, the frequency and when the adjustment should be made in Additional Comments and Notes below.

****Annual Payments,** Annual payments cannot be paid in advance. Advanced payments may only be made semi-annually or a lesser frequency

[1] By checking this box, Client is authorizing and instructing the recordkeeper/platform provider to deduct Fees from Plan Assets. Fees shall be calculated according to the method and valuation as determined by Client's agreement with the recordkeeper/platform provider.

[2] By checking this box, Fees will be billed by Advisor to the Client based on the valuation at the end of the time period, due upon receipt and as specified herein.

[3] Complete this section only if education or enrollment fees will be charged separately.

Additional Comments and Notes

Tiered and/ or Breakpoint[4]		
Value of Plan Assets	bps	Flat Fee
$0 -	0.00%	
-	0.00%	
-	0.00%	
-	0.00%	
-	0.00%	
-	0.00%	
-	0.00%	
and up	0.00%	

2. Except as amended by this Amendment, all other terms and conditions of the Agreement and, if applicable, any previous amendments shall remain in full force and effect, without modification or waiver.
3. Client represents that the individual signing on behalf of the Client has been duly appointed by corporate action to sign this Amendment on behalf of the Client, and no other signatories are required.
4. This Amendment will be governed and construed in accordance with the laws as set forth in the Agreement.

Signature page follows

[4] A "tiered basis" will multiply the stated fee percentage for each separate asset range to the applicable plan assets in the asset range. The products of those calculations will then be added together to calculate the total fee. A "breakpoint basis" will multiply the total plan assets by the stated fee percentage for the highest applicable asset range to calculate the total fee.

IN WITNESS WHEREOF, the Parties have caused this Amendment to be signed and delivered by their duly authorized officers, all effective as of the Effective Date.

GLOBAL RETIREMENT PARTNERS, LLC

By: _____

Name: _____

Title: _____

Date: _____

CLIENT

By: _____

Name: _____

Title: _____

Date: _____

CLIENT

By: _____

Name: _____

Title: _____

Date: _____

ADVISOR REPRESENTATIVE ACKNOWLEDGEMENT

By signing below, the below named Advisor Representative confirms the Services to be provided under this Amendment. Advisor Representative only confirms the Services and is not considered a party to this Amendment or the Agreement.

By: _____

Name: _____

Date: _____