PROPOSAL
INVESTMENT ADVISORY SERVICES

TO:

_____

_____

_____

_____

DATE: _____

INVESTMENT ADVISER REP NAME:

_____

REP NO: _____

DESCRIPTION OF ADVISORY SERVICES:	**AMOUNT DUE:**
Financial Planning Agreement- **Acceptance of the Investment Advisory Services Proposal is executed upon receipt of Funds.**	**$** _____

Thank you for your business!

Please make all checks payable to **KCD Financial, Inc. and include a copy of this invoice with your payment.**

Please indicate the method of payment: ☐ Check
☐ Pay Pal

You can mail the check to your individual adviser, or to KCD Financial at the address below.

KCD Financial, Inc. ~ Registered Investment Adviser
3061 Allied St., Suite B, Green Bay, WI 54304 ~ Phone: 920-347-3400
Member FINRA & SIPC

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