



HIGHPOINT

ADVISOR GROUP

Check Submission

Advisor(s):		Rep ID to be paid:	
Client(s):			

Type of service:	<input type="checkbox"/>	Financial Planning
	<input type="checkbox"/>	Hourly Consulting
	<input type="checkbox"/>	Other (please specify):
Date of Original Engagement Submitted to HighPoint:		

Total fee:	\$
Payment amount:	\$
Date of anticipated completion (if applicable):	

Advisor Signature: _____ **Date:** _____

Please have all checks made payable to: HighPoint Advisor Group

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Securities offered through LPL Financial, member FINRA/SIPC.
Investment advice offered through HighPoint Planning Partners,
a registered investment advisor and a separate entity from LPL Financial.