



Engagement Agreement & Receipt of Form ADV Part 2 A&B

I acknowledge receipt of the ADV Part 2A: Firm Brochure and Part 2B: Brochure Supplement and I agree to the conditions of this engagement as summarized below. I am requesting advisory services be provided by Pegasus Financial Group LLC ("PFG") and brokerage services be provided by United Planners Financial Services, Trust Company of America, and/or independent third party investment managers and their custodians as requested.

I am aware of the scope of services provided by PFG as outlined under the Virginia Securities Act. This Engagement Agreement shall form a contract, which I may cancel at any time. The agreement may not be transferred or assigned by PFG to any other Registered Investment Advisor, except upon my personal request for such a transfer/assignment. In addition, I will be provided complete information regarding any charges and fees associated with my activities with PFG. Pegasus Financial Group LLC may accept discretionary power over my investments/accounts. I may request, agree to, and sign a detailed separate agreement to voluntarily participate in one of several asset management programs available through United Planners Financial Services, Inc. or other independent third party investment managers and PFG. The third party manager of such an investment program may require that I transfer investment authority to the program manager in order to participate in the program I select.

In addition, I am aware that at no time will Pegasus Financial Group LLC be compensated on the basis of capital gains or capital appreciation on my investments or any portion of my investments. All asset-based fees are assessed on account asset values using standard fee schedules as described in the specific separate asset management agreement. I understand that I will work with the investment advisor representative/financial planner noted below as my primary advisor. Services of other PFG advisors may be utilized as needed or requested. I understand that my personal information is confidential and will remain confidential with regards to any activities of PFG, its financial advisors and supporting personnel. I give permission for PFG to share any relevant information I have provided to other professionals (accountants, attorneys, geriatric care managers, etc.) or for other services as necessary.

I am aware that I may change my choice of services that I have previously selected with PFG at any time by updating my Engagement Agreement to reflect my requested changes. In addition, I am aware that I may engage in multiple types of services concurrently. I am aware that my advisor may request that I update my Engagement Agreement with PFG every three years. I understand that I may use any of the other financial services available through PFG at any time by completing a revised and updated Engagement Agreement and Disclosure Summary document. I understand that when the regulatory disclosure document for PFG is amended, I will be sent a revised copy. I also give permission for Pegasus Financial Group to send various documents, including the Form ADV Part 2 A&B, Privacy Policy Notice and as well as other documents to me electronically.

Client Name (print): _____ Email Address: _____

Client Name (print): _____ Email Address: _____

Address (print): _____

Description of Services Provided

Financial Plan: A comprehensive evaluation of a clients' current and future financial state by using currently known variables to predict future cash flows, asset values and withdrawal plans. Financial Plan preparation fee: \$ _____

This Financial Plan will be prepared by PFG Advisors and staff. This plan will reflect the current information I have provided and include goal setting done with my PFG Advisor. This may be an initial plan or an update to a current plan. These plans are meant as a guide and an aid to help understand and reach personal financial goals. Plans must be updated for an additional charge when major financial or life changes take place.

_____/_____
Signature of Client Date

_____/_____
Signature of Advisor Date

_____/_____
Signature of Client Date

Ongoing Planning Services: These services provided by PFG are billed at the rate of \$_____ per month - this rate is subject to periodic increases.

I agree to be billed for services related to the Ongoing Planning Services Program. These services include, but are not limited to, cash flow analysis, assessing risk tolerance, tax return preparation and related tax strategies, insurance needs, employee benefit analysis, planning for major life events, as well as an annual review meeting. I am aware that I may contact my personal financial advisor at any time for assistance with any financial, estate, insurance or other finance related issue. I understand that if PFG does not regularly provide the type of services necessary for my requested activity or informational request, I will be provided referrals to appropriate, qualified outside professionals at no charge and PFG will not be compensated for this referral. All monthly charges are invoiced on the agreed upon date. PFG does not refund monthly fees. If a tax return is filed and the client cancels before the tax preparation fees have been paid, a bill for these fees will be sent and payable upon cancellation of the monthly plan.

_____/_____
Signature of Client Date

_____/_____
Signature of Advisor Date

_____/_____
Signature of Client Date

Brokered Investment Services:

Standard retail brokerage services will be provided for each account. Standard, published brokerage charges and service fees (if any) for client requested transactions will apply. PFG does not refund brokerage charges. Institutional refund policies and regulations determine any available refund options for brokerage services.

_____/_____
Signature of Client Date

_____/_____
Signature of Advisor Date

_____/_____
Signature of Client Date

Description of Services Provided (continued)

Hourly Advisory Services: These services provided by PFG are billed at the current billable rate (\$300 per hour) and this rate is subject to periodic increases.

I agree to be invoiced for all office appointments, research, telephone consultation or inquiries and any services and/or expenses on my behalf. I am aware that I may contact my personal financial advisor at any time for assistance with any financial, estate, insurance or other finance related issue. I understand that if PFG does not regularly provide the type of services necessary for my requested activity or informational request, I will be provided referrals to appropriate, qualified outside professionals at no charge and PFG will not be compensated for this referral. All hourly charges are invoiced after services have been rendered. PFG does not refund hourly fees.

_____/_____
Signature of Client Date

_____/_____
Signature of Advisor Date

_____/_____
Signature of Client Date