

Financial Planning/Consulting Agreement
(For IAR Use Only)

OneAmerica Securities, Inc.
a ONEAMERICA® company
a Registered Investment Advisor
Member FINRA, SIPC
One American Square, P.O. Box 1984
Indianapolis, IN 46206-1984



This agreement is entered into between OneAmerica Securities, Inc., a Registered Investment Advisor, and

Client Name Printed

Client Name Printed

for the express purpose of performing financial planning or financial consulting services tailored to the needs of Client.

DEFINITIONS

1. *Financial Plan* shall mean a printed statement, outlining current financial status, specific financial goals and objectives, a timeline in which those financial goals and objectives are to be met, and specific suggestions to meet said financial goals and objectives.
2. *Financial Consultation* shall mean a printed statement of observations and/or recommendations, which may or may not center on specific financial goals or timelines.
3. The "Client(s)" shall mean:
Name: _____ Name: _____
Street Address: _____
City, State, Zip Code: _____
Social Security # or Tax ID #: _____
4. The "Investment Advisor" shall mean OneAmerica Securities, Inc., a Registered Investment Advisor registered with the Securities and Exchange Commission ("SEC") under the Investment Advisors Act of 1940. The mailing address of the Investment Advisor is:
One American Square
P.O. Box 1984
Indianapolis, IN 46206-1984
5. The "Broker/Dealer" shall mean OneAmerica Securities, Inc., a broker/dealer registered with the SEC and a member of the Financial Industry Regulatory Authority ("FINRA").
6. The "Advisor Representative" of the Investment Advisor, who may also be a Registered Representative of the Broker/Dealer, shall mean:

Advisor Representative Name

FORM ADV ACKNOWLEDGEMENT

I/We acknowledge receipt of Form ADV 2A, including any appropriate appendix, and Form ADV 2B, Brochure Supplement. I/We have been advised that this document contains important information about OneAmerica Securities, Inc., my Investment Advisor Representative, and the firm's fee structure.

Please select one:

- I/We have received the document in hard copy paper form.
- I/We have received the document in CD format and have access to a CD Rom drive in which to view the document.
- I/We have received the document via electronic mail delivery.

SERVICES TO BE PROVIDED

Comprehensive Financial Plan – Includes all segments of a modular financial plan

Actual Fee

Modular Financial Plan – Includes the following services indicated below:

Actual Fee

_____ Net Worth Statement	No Fee
_____ Budget and Cash Flow	_____
_____ Income Tax Analysis	_____
_____ Education Analysis	_____
_____ Life Insurance Analysis	_____
_____ Risk Management Analysis	_____
_____ Retirement Analysis	_____
_____ Estate Planning Analysis	_____
_____ Investment Analysis	_____
_____ Other _____	_____

Total _____

Financial Consultation – May include any or none of the segments of a modular financial plan. Fee is calculated based on a rate of _____ per hour. Please list details below:

Estimated Fee

IMPORTANT DISCLOSURES

1. OneAmerica Securities, Inc. is a wholly owned subsidiary of American United Life Insurance Company® (“AUL”), an Indiana Mutual Company and dually registered as a broker/dealer. As a result, recommendations for the implementation of the financial plan/consultation may include products issued by AUL and will be limited to products available through the broker/dealer. Products that might otherwise be considered appropriate may be excluded.
2. Client understands that compensation for services performed outside the scope of the agreement by Advisor Representative in the capacity of a Registered Representative of the Broker/Dealer or an insurance agent of AUL, including but not limited to, the recommendation of a specific security or insurance policy and the assistance in purchasing it through Broker/Dealer or insurance company may result in commissions to the Advisor Representative in addition to the fee paid by the Client under this agreement.
3. The client is under no obligation to purchase any insurance or execute securities or other transactions through the Advisor Representative and may implement Investment Advisor’s recommendations through other broker/dealers or insurance companies.
4. Client will provide Advisor Representative with the relevant data and information to enable Advisor Representative to perform the agreed upon analysis. All such data and information furnished by Client will be treated as confidential information, except in cases where Investment Advisor may make such information available to outside consultants, professional advisors and other service providers designated by Client or retained by Investment Advisor to assist in the performance of this analysis, or as required by law.
5. Investment Advisor is not responsible for acts, omission, or insolvency of any other agent, broker or independent contractor selected to assist in the performance of this analysis or to take actions or to negotiate or consummate any transactions for Client.
6. Under this agreement, neither Investment Advisor nor its Advisor Representatives will, at any time, have custody of Client’s funds or securities.

7. Client recognizes that the value and usefulness of the financial planning or financial consultation services of Investment Advisor will be dependent upon the information that is provided and upon his or her active participation in the formulation of financial goals and objectives. Client will also provide copies of insurance policies, wills, trusts, business agreements, tax returns, and other documents as Advisor Representative may reasonably request in order to complete the evaluation and provide recommendations to Client. Client shall advise Advisor Representative if Client's financial circumstances or objectives change at any time.
8. Neither OneAmerica Securities, Inc., nor any of its client facing associates engage in the provision of legal advice. Recommendations provided in this financial plan/consultation are in no way intended to constitute or include any legal advice.
9. Investment Advisor or Advisor Representative may send updates, notices and requests for additional information to Client via e-mail.

FEE PAYMENT AUTHORIZATION AND COMPENSATION

Fees for a financial plan shall be determined by Investment Advisor, based upon a preliminary assessment of the services to be provided and the complexity of Client's financial circumstances. A maximum of 50% of the agreed upon fee shall be due and payable upon acceptance of this agreement with the remaining 50% to be due and payable upon delivery of the final financial plan document. In the case of a financial consultation, Advisor Representative will deliver an accounting of billable hours at the time of delivery of the final analysis. The resulting fee will be due and payable, in its entirety, at that time.

If Client, with the consent of Advisor Representative, wishes to renew this agreement, the fee for ongoing services shall be \$_____, due and payable at the completion of the review and update.

(Client Signature) _____

Any fees charged as a result of this agreement are for a financial plan/consultation only and do not include compensation for services performed outside the scope of this agreement. Any fees associated with implementation of any portion of this plan are separate and distinct. Such fees may include, but are not limited to, fees and commissions associated with purchase of specific products or services.

SIGNATURES

By signing below, all parties agree:

1. This agreement shall be governed by the laws of the state of Indiana and the provisions of the Investment Advisors Act of 1940.
2. This agreement may not be re-assigned by Investment Advisor without the written consent of Client.
3. This agreement may be terminated without penalty, upon delivery of written notice of termination within five (5) business days from the date of Client's acceptance, as indicated by the signature below, and acceptance of delivery of OneAmerica Securities Form ADV Part II. This agreement will terminate upon the delivery of the financial plan/consultation document to Client, unless Client has agreed to and signed for additional services covered under this agreement.

Client Signature

Date

Client Signature

Date

Printed Client Name

Printed Client Name

Accepted by:

Advisor Representative Signature

Advisor Representative Signature