



Revised Fee Agreement

Please choose one option via a check mark, then in your own words describe the reason for this Revised Fee Agreement:

- 1) Familial or Financial Hardship (Ex: Loss of Job, Loss of Income, Death, Disability) \_\_\_\_
- 2) Emergency or Extraordinary Events \_\_\_\_
- 3) Other \_\_\_\_

---



---



---

Please note that this document shall be completed together with the Advisory Agreement (AA) and the Limited Power of Attorney (LPOA) & shall only be effective when signed and processed to by the Founder, Owner, President & Chief Compliance Officer of the Firm Sir & Mr. Bharadwaj "Brad" Venkata Sesha "V. S." Nippani who governs, supervises, administers, is responsible for, & births, journeys and arrives at one or more responsibilities, expectations & accountabilities regarding this/such matter(s) and, on a continuous basis, identifies and records applicable factors, processes, policies & information in the Firm's documents on behalf of AboveRock LLC, the Adviser.

Client Name (Print)	Client Signature	Date Signed
---------------------	------------------	-------------

Client Name (Print)	Client Signature	Date Signed
---------------------	------------------	-------------

Client Address

Representative Name (Print)	Representative's Signature	Date Signed
-----------------------------	----------------------------	-------------

Representative's Address

Founder, Owner, President & Chief Compliance Officer's Name

Founder, Owner, President & Chief Compliance Officer's Signature	Date Processed
--	----------------

AboveRock LLC, PO Box 550508, Jacksonville, Florida 32255.  
T +1 904 535 2860 / [bvsn\(at\)aboverock\(period\)com](mailto:bvsn(at)aboverock(period)com) / [www\(at\)aboverock\(period\)com](http://www(at)aboverock(period)com)  
Services Offered Through AboveRock LLC – A Registered Investment Adviser.