

Dear New Client:

Thank you for choosing Molen & Associates for your tax preparation needs. Attached is our introductory packet. Please fill in the requested information as it applies to your tax situation. Social Security numbers are extremely important. We cannot electronically file your tax return unless the social security number and last name for each person listed on the return matches the Social Security Administration records.

We have provided you with an "Engagement Letter" for your signature. The purpose of this letter is to help you understand the service that Molen & Associates is performing for you and your part in receiving that service. Because of our more than twenty years of tax experience, you can feel confident in receiving quality and timely tax preparation.

We have also provided you with a consent form. You are not required to complete this form. Please read it carefully and bring it with you even if you decide not to complete the form.

Please bring the following with you to your appointment or send in advance for your phone appointment:

- Completed Tax Organizer Page 1(Note: pages 2-4 are optional) attached
- Completed Questionnaire - attached
- Signed Engagement Letter - attached
- Consent to Disclose Letter attached •
- Copies of all tax documents: •
- Form(s) W-2 (wages, etc.) •
- Form(s) 1099 (interest, dividends, miscellaneous income, etc.) •
- Schedule(s) K-1 (income/loss from partnerships, S corporations, etc.) •
- Form(s) 1098 (mortgage interest) and property tax statements
- Brokerage statements from stock, bond or other investment transactions •
- Closing statements pertaining to real estate transactions
- Any tax notices received from the IRS or other taxing authorities. •
- A copy of your last tax return •
- Copies of Social Security Cards for every individual that will be presented on the tax return including spouse and dependents

Please note that phone appointments require a \$140.00 deposit. If you are using traditional services, your fee will be collected at the conclusion of your appointment. Thank you again for choosing to do business with us.

Very truly yours,

Molen & Associates

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If any of the following items pertain to you or your spouse for 2018, please check the appropriate box and provide additional information if necessary.

Yes	No	Didense dans dans dans a
—		Did your address change during the year?
		Did your marital status change during the year?
		Were there any changes in dependents?
		Did you have Health Insurance for yourself and all of your dependents all 12 months of 2018?
		Did you have Health Insurance through the marketplace? (i.e. Obamacare, The Exchange, etc.)
		Did you incur significant out-of-pocket medical expenses during the year?
		Did you have any hurricane related damage?
		Did you incur a considerable loss because of damage or stolen property (other than hurricane)?
		Did you buy or sell any stocks, bonds, or other investment property?
		Did you purchase, sell, or refinance your principal home or second home, or did you take out a home equity loan?
		Did you receive a distribution from a retirement plan such as a 401(k) or IRA?
		Did you make any contributions to a retirement plan outside of your regular paycheck contributions?
		Did you pay, or use student loans to pay, for tuition, books or supplies required to attend a college, university, or vocational school?
		Was your home rented out or used for business (e.g. a dedicated home office)?
		Do you have any employer reimbursed day care expenses?
		Did you use your car on the job (other than your commute)?
		Did you receive any IRS correspondence in the last year?
		Were you referred? If Yes, by whom?

Client Signature

New Client:

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Engagement Letter

The purpose of this letter is to confirm that you (and your spouse) have retained Molen and Associates to prepare your 2018 Individual Federal Income Tax Return. This letter sets forth the terms and conditions upon which this undertaking is based.

You (and your spouse) will be responsible for the following actions and information:

- Providing complete information for the preparation of the tax return. If you are unable to provide all required information 1 by April 1st an extension may be required.
- 2. Reviewing the completed tax return documents carefully to verify that the information contained in the return is true and correct.
- 3. Keeping adequate records to substantiate all items of income, deductions and credits. These records should be retained for three years from the filing date of the tax return.
- 4. Should the Internal Revenue Service contact you for any reason in connection with this tax return, please call us so that we may discuss the appropriate action to be taken.

Molen and Associates will be responsible for the following actions and information:

- Preparing the return based on information and documentation provided by you. The documentation you provide will not 1. be independently verified.
- Using our professional judgment in resolving questions where the law is unclear. We will resolve such questions in your 2. favor whenever possible.
- Treating any information received from you as confidential and subject to disclosure only at your written request or as 3. compelled by law.

Molen and Associates fee policy is as follows:

- In Office Tax Service: Tax preparation fees are based on the complexity of the return prepared and each form is 1. individually priced. Payment is due at the time services are rendered for Traditional Services. Drop-Off Service and Phone Appointments require a \$140.00 deposit prior to scheduling appointments and the balance is due once the return has been completed.
- 2. A complete copy of your tax return will be provided at delivery. All of your corresponding information is returned to you at the conclusion of your initial appointment.
- Molen and Associates retains a copy of your tax return and tax related documents in their electronic storage system. 3. Should it become necessary to provide you with a copy of either your tax return or any tax related documents, a retrieval fee of \$25.00 will be charged.

NO TAX RETURN WILL BE RELEASED WITHOUT FULL PAYMENT.

Our services are rendered on the foregoing basis. If you have any objections or any questions, please discuss them with me. We appreciate and value your business and feel all aspects of our representation are appropriate subjects for discussion.

RECEIVED & UNDERSTOOD:

Signature

Printed Name of Client:

AGREED: – Molen & Associates: by

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Federal law requires this consent form be provided to you. Unless authorized, by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

I am aware that the law requires a high level of privacy in the handling of my tax and financial affairs. Specifically, I am aware that Federal law prohibits disclosure of tax returns and tax return information, and also prohibits the use of any tax return information which I provide for any purpose other than the preparation of the tax return(s) that such information was provided.

I am aware that Ward W. Molen is in the business of providing financial and investment services beyond tax return preparation and tax representation and that my tax information can be used to make recommendations to me, including, but not limited to the following:

Tax Planning	Investment Planning
Retirement Planning	Disability and Income Protection
Asset Protection	Estate Planning
Business Planning	Education Planning
Debt Management	Special Situations

Having full knowledge of my rights in these matters, I affirmatively state that such ancillary services are an integral part of the total services for which I have contracted with Ward W. Molen by providing such tax return information. I hereby authorize Molen & Associates, its partners, its employees, and 1st Global Capital Corp.to use my tax return information to provide me with other financial advice, knowing that such advice may include the recommendation of securities, fee-based asset management, insurance products, or other financial services.

Furthermore, I understand that Ward W. Molen is a registered representative of 1st Global Capital Corp. (Member FINRA/SIPC), an Investment Advisor Representative of 1st Global Advisors, Inc. and an independent life insurance agent licensed in the state of Texas.

As a registered representative, investment adviser representative and agent, Ward W. Molen will receive compensation for the sale of investment securities, fee-based asset management services, and insurance contracts from the aforementioned entity/entities. The amount of compensation will vary depending upon the particular financial product. Total compensation for investment company securities is fully disclosed in the prospectus of each product. Some investment securities and insurance contracts pay ongoing compensation after the sale. For stocks, bonds and other securities, the commission will be disclosed via a schedule, mutual agreement, or listed as a dollar amount on the initial agreement.

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The fee-based asset management compensation is fully disclosed in the advisory contract we will enter into before establishing such an account. The fee or commission is paid for professional services and a fee or commission will not be accepted solely for the referral of clients to the products or services of any third party.

It is anticipated that the parties will engage in similar transactions in the future and that consent to this fee arrangement shall be construed as consent to the same arrangement in such future transactions, unless and until revoked by the undersigned.

I understand that I am under no obligation whatsoever to follow any recommendations made or to purchase any other products or services offered by or through Ward W. Molen.

I understand that, beyond the specific purpose of providing other financial advice or proposing other services to me, no tax return information will be disclosed to any person or for any purpose not specifically allowed by law or by subsequent written approval by me.

I hereby acknowledge that I/we have read and understood the information contained in this document. Furthermore, I acknowledge receipt of this required disclosure.

Duration of Consent (Optional):

_____ Until revoked

_____ Until a specified date: ______

Taxpayer Signature

Spouse Signature

Date

Date

Tax Professional Signature

Client Code

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

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