

**Family Financial Education
Foundation**

724 Front Street, Suite 340, Evanston, Wyoming 82930

Telephone: (307) 789-2010

Addendum to Engagement Agreement for Residents of The State of Kansas

Client No. _____

Client Name: _____

Client Address: _____

Client Phone No: _____

- A. The debt management services shall include: 1) Arranging a payment plan with Client's creditors, 2) Receiving funds from Client and disbursing the funds to Client's Creditors, 3) Reviewing Creditor Statements, 4) Resolving problems with Creditors, 5) Providing educational materials, 6) Providing counseling, 7) Assisting Client in making changes in his/her life that will allow a debt-free lifestyle or at least responsible debt management.
- B. Fees charged, if any, under this agreement will not exceed the following:
- 1) A one-time consultation fee of \$50.00.
 - 2) A monthly maintenance fee of the lesser of \$5.00 per creditor per month that is on the program or a maximum of \$20.00 per month.
 - 3) No fees other than the one-time consultation fee and maintenance fee will be charged.
- C. Either FFEF or Client may cancel this Agreement for debt management services at any time by providing a written notice of rescission to the other party.
- D. The following is a list of creditors, if any, that FFEF reasonably expects will not participate in the management of Client's debt under this Debt Management Services Agreement:
- _____
- _____
- E. FFEF may receive compensation from Client's creditors for providing debt management services to Client.
- F. Client is not required to buy any other product or service as a condition of entering into this debt management services agreement and FFEF will not attempt to solicit or offer to sell any other product or service to Client during the term of this debt management services agreement.
- G. FFEF may not require a voluntary contribution from the Client for any service provided.

- H. Client authorizes any financial institution in which FFEF has established a trust account for the disbursement of the Client's funds to disclose financial records relating to the account to the Kansas State Banking Commissioner.
- I. The Kansas Office of the State Bank Commissioner will accept questions and complaints from consumers regarding Family Financial Education Foundation, Registration Number CSO-1035, at 700 SW Jackson, Suite 300, Topeka, Kansas, 66603, or by calling toll-free 1-877-387-8523.
- J. The parties to this Agreement hereby submit to the jurisdiction of the Courts of the State of Kansas.
- K. Paragraph 3 of the Engagement Agreement is hereby replaced and superseded in its entirety by this subparagraph K. as follows:

FFEF makes no warranty, promise or guarantee to Client as to the results that may be obtained for or on behalf of Client in connection with this Agreement.
- L. It is anticipated that the payoff date for the overall debt management plan will be _____.

Dated this ____ day of _____, 20__.

Wm. Richards Cluny

Family Financial Education Foundation

BY: William Richards Cluny
ITS: President and CEO

Client

Dated: _____

Co-Client

Dated: _____

Client: yellow copy; Company: white original