Fiduciary Standard Verification Letter

Date: [Date]

To: [Client Name]
Address: [Client Address]
City, State, Zip: [City, State, Zip]

From: [Financial Planner Name / Firm Name]

Dear [Client Name],

This letter serves as formal confirmation regarding the standard of care that [Financial Planner/Firm Name] provides to you as our client.

1. Fiduciary Commitment
I, [Planner Name], acting as a representative of [Firm Name], acknowledge and agree that I am acting as a fiduciary. This means that I am legally and ethically obligated to put your interests ahead of my own and the interests of this firm at all times.

2. Duty of Loyalty and Care
In my capacity as a fiduciary, I agree to the following:

- To provide advice that is in your best interest.
- To act with the skill, care, diligence, and good judgment of a professional.
- To avoid conflicts of interest when possible.
- To fully disclose any unavoidable conflicts of interest that may arise.
- To provide full and fair disclosure of all fees and costs associated with our services and recommendations.

3. Transparency
I confirm that I do not receive any hidden commissions, kickbacks, or incentives that would compromise my ability to provide objective advice. Any compensation received by this firm for the services provided to you is outlined in our signed [Service Agreement/Form ADV].

If you have any questions regarding this commitment or how it applies to our professional relationship, please do not hesitate to ask.

Sincerely,

[Signature]
[Planner Name]
[Title/Certifications]
[Firm Name]