**Registered Investment Advisory Fee Agreement**

It is agreed that the Client, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has engaged **Neopolitan Capital Group, LLC**, a NJ Bureau of Securities Licensed Registered Investment Advisor, (The Advisor).

* **FEE**

The Client shall pay the Advisor the fee of:

* $\_\_\_\_\_\_\_\_\_ for the first year of engagement and thereafter,
* A fee of1% per annum on the balance of ALL assets managed under the scope of this Agreement.

The Advisor shall collect this fee monthly via electronic transfer for the pro rata amount monthly, based upon the calculation of the Current Market Value of all accounts included under the scope of this agreement.

*Advisor’s Monthly Compensation = Market Value of Account(s) x .0834%*

If the custodial firm does not allow for direct compensation in this manner, the authorized fee will be deducted from another account under management which the Advisor does.

*The Client acknowledges that the Advisor is NOT acting as a registered representative and*

***will receive no compensation other than that which is paid by the client fees.***

# SCOPE OF ACCOUNTS UNDER MANAGEMENT

Compensation shall be paid on all accounts and/or assets considered subject to the terms of this agreement which The Advisor has established, services or maintains on behalf of the Client.

This Agreement shall govern any future accounts and/or assets the client shall place under advisement and shall be included under the terms of and scope of accounts under management.

The Advisor shall be compensated according to the terms of this agreement for rendering investment advice on all accounts and/or assets for which the Advisor is granted trading authorization and/or a Limited Power of Attorney or other written client authorization. This includes assets held at other Custodians and for which The Advisor is being engaged to manage, advise, or trade.

Accounts and/or assets on which The Advisor receives no compensation are considered outside the scope of this agreement. The Client shall hold harmless and indemnify the Advisor against any claims arising from investments deemed outside the scope of this agreement.

# ADVISOR’S LICENSE & CREDENTIALS

The Advisor is licensed with the NJ Bureau of Securities as a Registered Investment Advisor and always maintains full compliance with all Regulatory Agencies. The Advisor maintains professional liability insurance with aggregate limits of at least $1 million for the benefit and security of all Clients. A Certificate of insurance is available by request or via download at gvisconti.com.

# CODE OF CONDUCT

The advisor operates under the principles mandated by the CFP® Code of Ethics Principle 1: Integrity

Principle 2: Objectivity

Principle 3: Competence

Principle 4: Fairness

Principle 5: Confidentiality

Principle 6: Professionalism

Principle 7: Diligence

# ADVISOR RESPONSIBILITIES

In exchange for this fee, the Advisor will:

* + Provide *suitable* investment advice according to the

O time frame,

o risk tolerance, and

o goals prescribed by the Client in the Suitability statement.

* + The Advisor will provide professional investment advice and other financial planning services rendered on a *best effort basis.*

# CLIENT RESPONSIBILITIES

The Client agrees to complete and return the attached Suitability & Goals Statement. The contents of this Statement are the basis and foundation relied upon by The Advisor and which is utilized to assist the Advisor in rendering investment advice.

As such, The Client shall be responsible for continually maintaining the accuracy of their Suitability & Goals Statement and shall provide written communication regarding any and all changes in a timely manner if ever their Goals should change.

# TERMINATION OF ENGAGEMENT

The Client and the Advisor acknowledge that this agreement is an “at will” contract and can be terminated by either party with written notice. Any and all liability of the Advisor shall cease upon receipt of written notice of termination. The Advisor is authorized to collect the pro rata fee based on a 30-day month at the time of termination. Upon the death of a Client this Agreement shall survive until terminated by the Clients Personal Representative.

# INVESTMENT RISK

* + Past performance of any investment is no guarantee of future results. Actual returns will vary and cannot be predicted. All investment results used in rendering investment planning, advice and analysis are for illustrative purposes and are not guaranteed.
	+ The advisor accepts no liability for misinformation provided by the Client or any Third Party. Including the Client’s failure to adequately update the Client Suitability & Goals Statement when their circumstances change.
	+ Tax consequences *will* result as gains or losses are realized by the Client. While we provide fee-based Tax Planning outside the scope of this Agreement, we are NOT accountants and suggest you confer with your CPA, Accountant or Tax Professional regarding this area of concern.
	+ The Advisor is neither an attorney nor an accountant and any tax or legal discussion shall be the professional *opinion* of the Advisor. The Advisor encourages and welcomes the Tax and Legal advice from any qualified and licensed Accountant or Attorney on your behalf.

# HIPAA AUTHORIZATION

Your privacy is protected under federal law and shall be maintained accordingly. This contract shall serve as my legal notice and authorization under federal and state regulations for you to release all information regarding my account(s) with your company to Gregory M. Visconti CFP, and his Companies: Visconti & Associates, LLC and/or Neopolitan Capital Group, LLC.

I hereby also grant a Limited Power of Attorney, to Gregory M Visconti, which shall give him the authority to complete, release or request any information, documentation, and/or forms necessary to conduct any business for the sole benefit of the Client. This authorization shall remain in effect until or unless otherwise stated in writing and shall apply to only Assets and Accounts deemed covered under this Agreement.

Dated:

Read & Accepted by:

Signature:

Read & Accepted by:

Signature:

Client Goal and Suitability Statement

1. . Please state your specific investment goals in priority order.

* 1.
* 2.
* 3.
* 4.
1. How would you describe your level of investment risk tolerance?

*Place an X on a point along the line that best describes your risk tolerance.*

Low Moderate High

1. What is the purpose of investing these funds? (Circle only one)

Capital Appreciation Short Term Trading Income Combination of Growth & Income

1. How would you describe your investment time horizon? (Circle one)

Less than 4 years 5 to 10 years More than 10 years

1. What is your current marginal income tax bracket? Federal \_\_\_\_\_\_\_% State \_\_\_\_\_\_%
2. Are you concerned about the tax effect of gains and losses in your trading strategy? Yes or No *(Please comment as well)*

Comments:

1. What rate of return do you expect to achieve annually?

5% or less 5% to 10% 10+% Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_%

1. How would you feel if you received your monthly statement and it was … (circle one on each line)

Down less than 5% not concerned concerned very concerned.

Down 5% to 10% not concerned concerned very concerned.

Down 10% to 15% not concerned concerned very concerned.

1. When would you take a profit regardless of the tax consequences? (Circle one)
* An annualized profit of less than 5%
* An annualized profit of 6% to 10%
* An annualized profit of 10% or more
1. How knowledgeable would you consider yourself when it comes to investing? (Circle: A or B or C)

A. Novice- I know very little and am not capable of investing on my own.

B. Somewhat Knowledgeable- I understand the basics and risks of investing.

C. Experienced- I have a working knowledge of equities, ETF’s, bonds, and mutual funds.

Signed (X)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (X)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FORM ADV Brochure 2021

**UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION AND REPORT BY EXEMPT REPORTING ADVISERS**

# Primary Business Name: NEOPOLITAN CAPITAL GROUP, LLC CRD Number: 129478 Other-Than-Annual Amendment - Item 1 Identifying Information Rev. 03/2020 8/5/2021 2:53:33 PM

|  |
| --- |
| **WARNING:** Complete this form truthfully. False statements or omissions may result in denial of your application, revocation of your registration, or criminal prosecution. You must keep this form updated by filing periodic amendments. See Form ADV General Instruction 4. |
| **Item 1 Identifying Information** |
| Responses to this Item tell us who you are, where you are doing business, and how we can contact you. If you are filing an *umbrella registration*, the information in Item 1 should be provided for the *filing adviser* only. General Instruction 5 provides information to assist you with filing an *umbrella registration*. |
| 1. Your full legal name (if you are a sole proprietor, your last, first, and middle names):

**GREGORY M VISCONTI**1. (1) Name under which you primarily conduct your advisory business, if different from Item 1.A.

**NEOPOLITAN CAPITAL GROUP, LLC***List on Section 1.B. of Schedule D any additional names under which you conduct your advisory business.** 1. If you are using this Form ADV to register more than one investment adviser under an *umbrella registration*, check this box

*If you check this box, complete a Schedule R for each relying adviser.*1. If this filing is reporting a change in your legal name (Item 1.A.) or primary business name (Item 1.B.(1)), enter the new name and specify whether the name change is of

 your legal name or  your primary business name:1. (1) If you are registered with the SEC as an investment adviser, your SEC file number:
	1. If you report to the SEC as an *exempt reporting adviser*, your SEC file number:
	2. If you have one or more Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:

No Information Filed1. (1) If you have a number ("*CRD* Number") assigned by the *FINRA's CRD* system or by the IARD system, your *CRD* number: **129478**

*If your firm does not have a CRD number, skip this Item 1.E. Do not provide the CRD number of one of your officers, employees, or affiliates.** 1. If you have additional *CRD* Numbers, your additional *CRD* numbers:

No Information Filed1. *Principal Office and Place of Business*
2. Address (do not use a P.O. Box):

Number and Street 1: Number and Street 2:940 VAN HOUTEN AVENUE 2ND FLOORCity: State: Country: ZIP+4/Postal Code:CLIFTON New Jersey United States 07013If this address is a private residence, check this box: *List on Section 1.F. of Schedule D any office, other than your principal office and place of business, at which you conduct investment advisory business. If you are applying for registration, or are registered, with one or more state securities authorities, you must list all of your offices in the state or states to which you are applying for registration or with whom you are registered. If you are applying for SEC registration, if you are registered only with the SEC, or if you are reporting to the SEC as an exempt reporting adviser, list the largest twenty-five offices in terms of numbers of employees as of the end of your most recently completed fiscal year.*1. Days of week that you normally conduct business at your *principal office and place of business:*

Monday - Friday Other: BY APPOINTMENT Normal business hours at this location: |



9-5

1. Telephone number at this location: 201-659-8852
2. Facsimile number at this location, if any:
3. What is the total number of offices, other than your *principal office and place of business*, at which you conduct investment advisory business as of the end of your most recently completed fiscal year?

0

1. Mailing address, if different from your *principal office and place of business* address:

Number and Street 1: PO BOX 6158

City: HOBOKEN

State:

New Jersey

Number and Street 2:

Country: United States

ZIP+4/Postal Code: 07030

If this address is a private residence, check this box: 

1. If you are a sole proprietor, state your full residence address, if different from your *principal office and place of business* address in Item 1.F.:

Number and Street 1: 2 MIRABELL COURT

City: BLUFFTON

State:

South Carolina

Number and Street 2:

Country: United States

ZIP+4/Postal Code: 29910

# Yes No

1. Do you have one or more websites or accounts on publicly available social media platforms (including, but not limited to, Twitter, Facebook  and LinkedIn)?

*If "yes," list all firm website addresses and the address for each of the firm's accounts on publicly available social media platforms on Section 1.I. of Schedule D. If a website address serves as a portal through which to access other information you have published on the web, you may list the portal without listing addresses for all of the other information. You may need to list more than one portal address. Do not provide the addresses of websites or accounts on publicly available social media platforms where you do not control the content. Do not provide the individual electronic mail (e-mail) addresses of employees or the addresses of employee accounts on publicly available social media platforms.*

1. Chief Compliance Officer
	1. Provide the name and contact information of your Chief Compliance Officer. If you are an *exempt reporting adviser*, you must provide the contact information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.K. below.

Name:

GREGORY M VISCONTI

Telephone number: 201-275-9258

Number and Street 1: 940 VAN HOUTEN AENUE

City: CLIFTON

State:

New Jersey

Other titles, if any:

Facsimile number, if any: 201-659-8927

Number and Street 2: 2ND FLOOR

Country: United States

ZIP+4/Postal Code: 07013

Electronic mail (e-mail) address, if Chief Compliance Officer has one:

VANCG@GVISCONTI.COM

* 1. If your Chief Compliance Officer is compensated or employed by any *person* other than you, a *related person* or an investment company registered under the Investment Company Act of 1940 that you advise for providing chief compliance officer services to you, provide the *person's* name and IRS Employer Identification Number (if any):

Name:

IRS Employer Identification Number:

1. Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.

Name:

GREGORY VISCONTI

Telephone number: 2012759258

Number and Street 1: 2 MIRABELL CT

Titles:

OWNER

Facsimile number, if any: 2016598927

Number and Street 2:

City: BLUFFTON

State:

South Carolina

Country: United States

ZIP+4/Postal Code: 29910

Electronic mail (e-mail) address, if contact person has one:

VANCG@GVISCONTI.COM

1. Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law, somewhere other than your *principal office and place of business*?

# Yes No

*If "yes," complete Section 1.L. of Schedule D.*

1. Are you registered with a *foreign financial regulatory authority*?

# Yes No

*Answer "no" if you are not registered with a foreign financial regulatory authority, even if you have an affiliate that is registered with a foreign financial regulatory authority. If "yes," complete Section 1.M. of Schedule D.*

1. Are you a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934?

# Yes No

1. Did you have $1 billion or more in assets on the last day of your most recent fiscal year? If yes, what is the approximate amount of your assets:

$1 billion to less than $10 billion

$10 billion to less than $50 billion

$50 billion or more

# Yes No

*For purposes of Item 1.O. only, "assets" refers to your total assets, rather than the assets you manage on behalf of clients. Determine your total assets using the total assets shown on the balance sheet for your most recent fiscal year end.*

1. Provide your *Legal Entity Identifier* if you have one:

A *legal entity identifier* is a unique number that companies use to identify each other in the financial marketplace. You may not have a *legal entity identifier*.

**SECTION 1.B. Other Business Names**

No Information Filed

**SECTION 1.F. Other Offices**

No Information Filed

List your website addresses, including addresses for accounts on publicly available social media platforms where you control the content (including, but not limited to, Twitter, Facebook and/or LinkedIn). You must complete a separate Schedule D Section 1.I. for each website or account on a publicly available social media platform.

Address of Website/Account on Publicly Available Social Media Platform: [HTTP://WWW.GVISCONTI.COM](http://WWW.GVISCONTI.COM/)

**SECTION 1.I. Website Addresses**

**SECTION 1.L. Location of Books and Records**

No Information Filed