



Guidance Carolina

Providing person-centered financial and
healthcare decision-making support since 1979.

2026 FEE SCHEDULE – GUARDIANSHIP SERVICES

This fee schedule is regularly reviewed by our Board of Directors and is subject to change.

ACTIVE SERVICE AS GUARDIAN	
<i>Active Guardianship service begins when Guidance Carolina formally assumes its duties as the court-appointed Guardian. At that time, we exercise the authority granted by the court, which may include making financial or personal decisions, managing affairs, coordinating care, and taking actions necessary to protect and support the client's wellbeing and best interests.</i>	
Annual Guardianship Commission (Commission applies to Guardian of the Estate & General Guardian Only)	Varies 2% - 5% of the estate
Care Management Services (Hourly Care Management Services apply to Guardian of the Person only)	\$150 per hour ongoing fee, billed monthly
Miscellaneous Client Expenses	Varies
External Vendor Costs	Varies
Other Extraordinary Services	Varies

FEE DESCRIPTIONS:

ANNUAL GUARDIANSHIP COMMISSION: As a court-appointed General Guardian or Guardian of the Estate, Guidance Carolina is entitled to a guardianship commission, which compensates for the fiduciary responsibility, oversight, and administration of the client's estate. This commission is typically approved by the court and generally ranges from 2% to 5% of the estate's inflows and outflows. It reflects the ongoing accountability, recordkeeping, and decision-making required to manage the client's financial affairs responsibly and in their best interest. The annual guardianship commission only applies when Guidance Carolina is serving as General Guardian or Guardian of the Estate.

CARE MANAGEMENT SERVICES: As Guardian of the Person, Guidance Carolina is responsible for overseeing the wellbeing, safety, and daily life of the client. This includes coordinating care, monitoring living arrangements, facilitating medical and social services, and making personal decisions in the individual's best interest. These services are not commission-based. They are billed monthly at our standard hourly care management rate of \$150 per hour, reflecting the time and professional judgment required to ensure the individual's needs are consistently met.

MISCELLANEOUS CLIENT EXPENSES: In our role as Guardian, certain administrative expenses may be incurred on behalf of the client. These reimbursable costs can include extraordinary postage, copying/printing, mileage, bank fees, court fees, and other similar expenses necessary to carry out our duties. All such charges reflect the actual cost incurred and may vary depending on the services provided.

EXTERNAL VENDOR COSTS: The provided fee schedule reflects our internal fees for services provided in our role as Guardian. Please note that additional charges from outside vendors may apply when their services are required. These may include, but are not limited to, fees from attorneys, accountants, appraisers, contractors, financial institutions, investment advisors, or other professional service providers. Such costs are billed at the vendor's actual rate and are separate from our internal fees

OTHER EXTRAORDINARY SERVICES: We reserve the right to reimbursement and to charge additional fees for rendering any unusual or extraordinary services taking into account the time involved, particular responsibility assumed, and the complexity of issues involved. Such extraordinary services may include, but shall not be limited to, our involvement in matters related real estate, closely-held entities, natural resources, promissory notes, insurance policies non-liquid assets, or responding to information requests, subpoenas, or legal matters related to a beneficiary or fiduciary matters.

Client or Representative Acknowledgment of Fee Schedule

By signing below, I acknowledge that I have received, read, and understand the fee schedule provided. I understand the fees that may apply to services rendered, including internal fees, reimbursable expenses, and any costs charged by outside vendors. I understand that this fee schedule is regularly reviewed by the Guidance Carolina Board of Directors and is subject to change.

Client/Representative Signature: _____

Printed Name: _____

Date: _____