

FEE AGREEMENT

My representative and I understand that for a fee to be payable, the Social Security Administration (SSA) must approve any fee my representative charges or collects from me for services my representative provides in proceedings before SSA in connection with my claim(s) for benefits.

We agree that if SSA favorably decides the claim(s), I will pay my representative a fee equal to the lesser of 25 percent of the past-due benefits resulting from my claim(s), \$5,300.00 or the applicable maximum amount set by the Commissioner pursuant to 42 U.S.C. §406(a).

We understand that Social Security past-due benefits are the total amount of money to which I [and any auxiliary beneficiary(ies)] become entitled through the month before the month SSA effectuates a favorable administrative determination or decision on my claim.

We have both received and signed copies of this agreement.

Jennifer Gale Smith, Esq.

STATE OF NEW YORK)
COUNTY OF ONONDAGA) ss.:

On this _____ day of _____, 2006, before me personally came _____, to me known to be the individual mentioned in and who executed the within instrument and duly acknowledged to me that he/she executed the same.

Notary Public