

ANNUAL REVIEW

Client: Click or tap here to enter text.

Review Conducted: Choose an item. Date: Click or tap to enter a date. Time: Choose an item.

FOLLOW-UP: No action needed Action required: Admin Trades and/or explain below:

Reviewing Advisor: _____ Reviewing Advisor Initials: _____

Client Overview

Any immediate client concerns? _____
Major Life Changes? _____

Client Accounts

Managed Accounts:

Account Number: _____	Registration: <u>Choose an item.</u>			
Investment Objective: <u>Choose an item.</u>	Risk Tolerance: <u>Choose an item.</u>	Time: <u>Choose an item.</u>		
Standard Deviation/Average Volatility: Comfort level? For a \$100,000 investment over 2 yrs, okay seeing it drop:				
<input type="checkbox"/> 5% to \$95,000	<input type="checkbox"/> 7½% to \$92,500	<input type="checkbox"/> 10% to \$90,000	<input type="checkbox"/> 12% to \$88,000	<input type="checkbox"/> 15% to \$85,000
Distribution Amount: <u>Choose an item.</u>	Frequency: <u>Choose an item.</u>	Funding: <u>Choose an item.</u>		
Beneficiaries:	Primary - Name - 100%	Changes to Beneficiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Primary - Name - 100%			
	Contingent - Name - 100%			
	Contingent - Name - 100%			
Notes: _____ _____ _____				
Last reallocation trade: _____ <input type="checkbox"/> Allocation remains aligned with objective and risk tolerance				
Trades: Condition? <input type="checkbox"/> Solicited <input type="checkbox"/> Unsolicited <input type="checkbox"/> Discretionary <input type="checkbox"/> No Trades Necessary				
<input type="checkbox"/> Sell	Fund	<input type="checkbox"/> All Shares		
<input type="checkbox"/> Buy	Symbol _____	Fund Name _____	or # of Shares or \$ _____	
<input type="checkbox"/> Sell	Fund	<input type="checkbox"/> All Shares		
<input type="checkbox"/> Buy	Symbol _____	Fund Name _____	or # of Shares or \$ _____	
Reason: _____				

Non-Managed Accounts:

Company: Choose an item. Account #: _____ Registration: Choose an item.

Investment Objective: Choose an item. Risk Tolerance: Choose an item. Time: Choose an item.

Standard Deviation/Average Volatility: Comfort level? For a \$100,000 investment over 2 yrs, okay seeing it drop:
 5% to \$95,000 7½% to \$92,500 10% to \$90,000 12% to \$88,000 15% to \$85,000

Distribution Amount: Choose an item. Frequency: Choose an item. Funding: Choose an item.

Beneficiaries: Primary - Name - 100% Primary - Name - 100% Contingent - Name - 100% Contingent - Name - 100% Changes to Beneficiaries? Yes No

Notes: _____

Trades: Condition? Solicited Unsolicited Discretionary No Trades Necessary

Sell Fund Name _____ All Shares or # of Shares or \$ _____

Buy Symbol _____ Fund Name _____ All Shares or # of Shares or \$ _____

Sell Fund Name _____ All Shares or # of Shares or \$ _____

Buy Symbol _____ Fund Name _____ All Shares or # of Shares or \$ _____

Reason: _____

Trust/Estate/Planning Docs

Trust Name/Date: _____

Trust Doc on file? Yes No, please send a copy, if desired

Trustee(s): _____

Successor Trustee(s): _____

Power of Attorney on file? Yes No, please send if desired

Authorized Third Party on file? _____ Any changes? Yes No

Trusted Contact on file? _____ Any changes? Yes No

Notes: _____

Questions for Client

- Yes No Are you interested in e-Delivery of account documents? _____
- Yes No Changes to existing legal document? _____
- Yes No Change in trustee, successor trustee? _____
- Yes No Any changes in tax situation? _____
- Yes No Adequate cash reserves? _____
- Yes No Additional income needed? _____
- Yes No Accelerated draw down of assets? _____
- Yes No Any change to risk tolerance? _____
- Yes No Any changes to objectives? _____
- Yes No Outside Investments? _____

Stocks \$ _____ Bonds \$ _____ Mutual Funds \$ _____ Cash \$ _____ Other \$ _____

Existing or needed insurance coverages: _____

- Yes No Life Insurance? _____
- Yes No Long term care coverage or disability (or designated assets)? _____
- Yes No Max Auto Liability? Yes No Max underinsured /uninsured motorist?
- Yes No Umbrella liability policy? _____
- Yes No Medical insurance and supplements? _____
- Yes No Lifeline Screening? _____ Yes No Flu Shot?
- Yes No Reminder to buy travel insurance? _____
- Yes No Security Reminders: Yes No ID Protection? Yes No Locked Mailbox?
- Yes No Online Security: Yes No Anti-Virus? Yes No 2 Step Authorization?
- Yes No Have a mortgage? _____ Yes No Have a reverse mortgage? _____
- Yes No Home Inspected? _____
- Yes No Updated Home insurance policy for replacement cost and coverage to rebuild? _____
- Yes No Home Alarm System? _____ Yes No Panic Button/Alarm?
- Yes No Do you have family or friends who might have questions or need assistance? _____

Income Review: Earned Income \$ _____ Retirement Distributions \$ _____
 Pension \$ _____ Social Security \$ _____ Investments \$ _____
 Rental \$ _____ Other \$ _____

Notes: _____

