



Annual Client Review

This information helps us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you. If this form is used to document subsequent recommendations, include specific information regarding meeting dates, buy/sell/hold recommendations and any additional meeting notes.

Failure to provide complete and accurate information may impact our ability to make a suitability determination.

Date of today's meeting:		Length of meeting:		
For client name(s):				
Agenda:				
Personal changes:				
Verification of Client(s)				
CLIENT 1				
Last Name:		First Name:		MI:
<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired				
Client Employer:		Occupation:		
Date employment started:		Annual Salary:		
Annual retirement plan contribution \$:		Employer match:		
Are there any outstanding retirement accounts open from previous employers: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Contact Information (If different than currently on file)				
Home Address:		City, State, ZIP:		
Phone:	Cell Phone:	Email Address(es):		
CLIENT 2				
Last Name:		First Name:		MI:
<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired				
Client Employer:		Occupation:		
Date employment started:		Annual Salary:		
Annual retirement plan contribution \$:		Employer match:		
Are there any outstanding retirement accounts open from previous employers: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Contact Information (If different than currently on file)				
Home Address:		City, State, ZIP:		
Phone:	Cell Phone:	Email Address(es):		
OTHER PROFESSIONALS: Do work with any of the following professionals?				
CPA/Accountant:		Estate Planning Attorney:		
Other:				
BENEFICIARIES				
Do your beneficiaries need updating? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate changes below.				
Name	Address	SSN	Date of Birth	% of allocation
1.				
2.				
3.				
4.				
5.				

FINANCIAL INFORMATION		
Federal tax bracket: <input type="checkbox"/> 0-15% <input type="checkbox"/> 16-28% <input type="checkbox"/> 29-36% <input type="checkbox"/> 36%+		
Estimated net worth: \$ _____ Liquid net worth: \$ _____ Estimated annual income: \$ _____		
Total Investment Assets: <input type="checkbox"/> Under \$200K <input type="checkbox"/> \$200- 500K <input type="checkbox"/> \$500K-1 Million <input type="checkbox"/> \$1-2 Million <input type="checkbox"/> Over \$ 2Million		
OVERALL RISK TOLERANCE		
Responses provided are for the general intentions of the Client(s). Specific account suitability information will be captured on the client contract for each account managed.		
Risk Tolerance		
<input type="checkbox"/> Conservative <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Aggressive		
Investment Objective		
<input type="checkbox"/> Safety of Principal <input type="checkbox"/> Tax Advantaged <input type="checkbox"/> Income <input type="checkbox"/> Growth <input type="checkbox"/> Speculation		
Investment Horizon		
<input type="checkbox"/> Under 1 year <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-20 years <input type="checkbox"/> 20+ years		
LIQUIDITY		
Annual Expenses (e.g. mortgage, long-term debts, child support, etc.)		
<input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$50,001 to 100,000 <input type="checkbox"/> \$100,001 to 250,000 <input type="checkbox"/> \$250,001 to 500,000 <input type="checkbox"/> Over \$500,001 <input type="checkbox"/> N/A		
Time frame for future expenses		
<input type="checkbox"/> < 2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 10+ years		
Immediate liquidity needs (i.e. The ability to quickly convert assets to cash)		
<input type="checkbox"/> Very Important <input type="checkbox"/> Somewhat Important <input type="checkbox"/> Not Important		
Are you currently drawing from investment holdings to meet liquidity needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the information below		
Account:	Dollar amount:	Frequency:
Account:	Dollar amount:	Frequency:
Account:	Dollar amount:	Frequency:
<input type="checkbox"/> Client declines to provide information regarding current investment holdings		
OTHER INCOME SOURCES: ARE THERE ANY CHANGES TO YOUR INCOME?		
<input type="checkbox"/> Social Security <input type="checkbox"/> Pensions <input type="checkbox"/> Rental Income <input type="checkbox"/> Part-Time Employment <input type="checkbox"/> Other: _____		
ISSUES FOR FURTHER DISCUSSION		
<input type="checkbox"/> Financial Positions <input type="checkbox"/> Protection Analysis <input type="checkbox"/> Investment Analysis <input type="checkbox"/> Tax Analysis		
<input type="checkbox"/> Retirement Analysis <input type="checkbox"/> Estate Analysis <input type="checkbox"/> Other: _____		
Recommendations:		
Notes:		
ACKNOWLEDGEMENTS		
By signing below, I/we acknowledge the above information is true and accurate to the best of my/our knowledge.		
Client 1 signature:		
Print name:	Date:	
Client 2 signature:		
Print name:	Date:	
ADVISOR		
Advisor Signature:		
Print Name:	Date:	