

Firm Name

Advisory Account Review Form

Client Name: _____ Investment Group/Account Number(s): _____

Current Risk Profile:

Conservative Moderately Conservative Moderate Moderately Aggressive Aggressive

Review Frequency:

Annual Review Interim Period Review (other than Annual Review).

Method of Review:

In-person Telephone Other: _____

• **Assess the client's understanding of the overall relationship and investment strategy.**

Is the client aware of the differences between fee- and commission-based accounts and relationships, including total expenses and the type and level of advice given with each?

Yes the client was aware. - or - The FA has reconfirmed this at this review meeting.

Does the client understand the current overall strategy and want to continue with this course?

Yes. No FA action required. - or - No. FA should make appropriate strategy changes.

• **Reassess the client's risk profile (vs. what was known prior to review).**

FA may use the Risk Tolerance Questionnaire (RTQ). A change in risk requires a completed and signed RTQ.

Scored the same Risk Profile as previously. No FA action required.

Risk Profile changed. FA must process a Goal Mod or send RTQ to EMAIL.

• **Has client's investment objectives/goals, or time horizon changed?**

No changes. No FA action required.

Yes. May require change in investment strategy. See EMAIL for assistance.

• **Liquidity/Income needs. Has the client's need for cash or liquidity changed since the last review?**

No. No FA action required.

Yes. See EMAIL for assistance.

• **Review with client current account holdings, recent performance reports.** Completed.

• **Are fees being assessed correctly (rate/amount)?** Yes. No. Contact EMAIL.

FA Name: _____ FA Signature: _____ Date: _____