

Annual Client Review Worksheet

Meeting Date & Time: _____

Client Name: _____

Meeting Notes: _____

Client personal data reviewed and confirmed:

- Current Driver's license on file? YES NO
- Primary address, primary phone, email, employment reviewed? YES NO
- Financial information, Investment objectives and Time Horizon reviewed? YES NO

Risk Tolerance Form reviewed and /or update completed? YES NO

Actions to be taken: _____

Recommendations: _____

Other Notes: _____

Does KYC annual review date need to be edited? YES NO

If yes, change to _____ (frequency) on _____ (date)