

Annual Review Checklist

Description	Date
<input type="checkbox"/> Receipt of Privacy Notice	_____
<input type="checkbox"/> Receipt for ADV Part II	_____
<input type="checkbox"/> Financial Situation Changed?	_____
<input type="checkbox"/> No. There have been no changes in the past 12 months	
<input type="checkbox"/> Yes. There have been changes in the past 12 months and I would like to meet and discuss those changes.	

In Witness Whereof, the **Client** has received from the **Advisor** the above documents and has indicated if there are any changes to their financial situation, objectives, and/or risk profile.

<< First Name >> << Last Name >>

<< Spouse First Name >> << Spouse Last Name >>

<< First Name >> << Last Name >>
*** Please Print Your Name***

<< Spouse First Name >> << Spouse Last Name >>
Please Print Your Name