



Note: Upon completion, please save this document in your client file and email a copy to BDIAbusiness@glpwins.com

Client Name: _____

Account #: _____

Contact was: In person By telephone

Account #: _____

Date: _____ Time: _____

Account #: _____

Account #: _____

Since your last meeting, have there been any significant changes in the client's financial situation or investment objectives? Yes No

Are there any changes to the clients' profile (marital status, name change, beneficiary change, employer/status, significant changes to income or expense)? If yes, detail below:

Does the current investment strategy align with the client's investment goals? If not, will you be requesting a change of Model for this client? Yes No

Client Response:

Does the client wish to make any changes in the management of their account (like investment restrictions, cash position, tax loss harvesting, etc.)? Yes No

Client Response:

Did the review result in additional follow-up items? Yes No

Summary of follow-up actions and/or what changes were made to the account, if any?

Investment Adviser

Representative Signature: _____ Date: _____