

## CLIENT REVIEW CHECKLIST

This checklist provides a variety of questions to help you effectively direct your discussion with your client(s) at the financial review.

### 1. Financial Advisor's Information

Financial Advisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Contact History to Schedule Review (check all that apply):

Date	Left Voicemail	Sent Email	Comments

Reason for not scheduling a review: \_\_\_\_\_

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## 2. Client's Information

Change in Client's Contact Information:

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Client Email Address: \_\_\_\_\_

Client Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Client Email Address: \_\_\_\_\_

Client Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Change in Client's Employment Information:

Client Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

Client Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

**Change in Client's Children:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Change in Client's Grandchildren:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Client's Relationship:**

If more than one client, relationship between clients: \_\_\_\_\_

**Client's Retirement Objectives:**

Year of retirement: \_\_\_\_\_

Monthly income needed at retirement: \_\_\_\_\_

### 3. Client's Investment Information

Client's Current Model Portfolios (enter symbols): \_\_\_\_\_

Information	Prior Review	Current Review
Client's Riskalyze Score?		
Portfolio's Riskalyze Score?		
Portfolio's Bubble Score?		
Total Assets Under Management (AUM)?		
Assets Needed at Retirement?		
Monthly Savings Until Retirement?		
Potential Annual Return?		
Retirement Probability?		

#### Top Three Priorities for the Client Meeting:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**4. Changes Since Last Review (check “yes” or “no” for each question):**

Personal

Yes	No	Change	Details
		1. Change in year of retirement?	
		2. Change in monthly income needed at retirement?	
		3. Change in monthly savings until retirement?	
		4. Moved?	
		5. Had any new children?	
		6. Become a grandparent?	
		7. Changed marital status?	
		8. Taken on or removed any dependents?	
		9. Had a change in health or the health of any family member?	
		10. Changed attorney or accountant?	
		11. Created or changed a will or trust?	
		12. Explored a special needs trust for a child or grandparent?	

## Professional

Yes	No	Change	Details
		1. Changed employment?	
		2. Annual income anticipated for next year?	
		3. Purchased or sold a business?	
		4. Changed or added an associate or partner?	
		5. Considered becoming an associate or partner?	
		6. Taken on or removed any dependents?	
		7. Changed or considered changing the structure of your business?	
		8. Considered taking advantage of tax write-offs such as qualified pension, profit sharing, or 401(k) plans?	
		9. Formed a corporation of any kind?	
		10. Entered into a buy-sell agreement?	
		11. Recently purchased stock in a closely held company?	
		12. Had a gain or loss in the value of your business?	
		13. Investigated the benefits to your business of:	
		a. Key employee insurance?	
		b. A funded buy-sell agreement?	
		c. Group life or medical?	
		d. Long-term care insurance?	

### Investment Planning

Yes	No	Change	Details
		1. Changed Riskalyze score?	
		2. Changed investment goals or strategies?	
		3. Needed to revisit portfolio models?	
		4. Had a change in savings or spending needs?	
		5. Inherited assets or became beneficiary of income?	
		6. Made gifts more than the annual exclusion to any one individual?	
		7. Had a change in income of more than 10%?	
		8. Been satisfied with the amount you are saving?	
		9. Considered increasing systematic savings?	
		10. Considered IRA catch-up options?	
		11. Considered early IRA distributions?	
		12. Taken advantage of annual exclusion gifting?	
		13. Considered creating or changing your estate plan?	

### Taxes

Yes	No	Change	Details
		1. Needed to review sales of any appreciated property?	
		2. Collected cost-basis information on any sold securities?	
		3. Found a need to review realized and unrealized gains or losses?	
		4. Checked loss carryforwards from previous year?	
		5. Identified potential tax-advantaged transactions?	

Yes	No	Change	Details
		6. Had a tax advisor prepare a year-end tax projection, including AMT?	
		7. Found the need to review potential deductions and credits before year end?	

### Insurance

Yes	No	Change	Details
		1. Changed any life or health insurance policy?	
		2. Made any loans or assignments of life insurance?	
		3. Changed the beneficiaries on any insurance policy?	
		4. Considered any of the following?	
		a. Insurance on self or others?	
		b. Costs of insurance?	
		c. Insurance on children or grandchildren?	
		d. 529 Plans for children or grandchildren?	
		e. Mortgage insurance?	
		f. Gifts to charity?	
		g. Disability income insurance?	
		h. Long-term care insurance for you or your parents?	
		i. Other?	
		j. Become uncomfortable with the amount of insurance owned?	
		k. Considered converting any term insurance to permanent?	



### Additional Areas of Interest

Yes	No	Change	Details
		1. Retirement income and retirement cash flow planning?	
		2. Social security optimization planning?	
		3. Investment policy statement design or changes?	
		4. Income tax planning?	
		5. Business and business continuation planning?	
		a. 401(k), 403(b), 457, etc.	
		b. SIMPLE	
		c. SEP	
		d. Cash Balance	
		e. Pension/Defined Benefit	
		f. Employee Stock Option Plan (ESOP)	
		g. Captive Insurance	
		6. Risk management planning?	
		a. Life	
		b. Health	
		c. Disability	
		d. Long-term Care	
		7. Charitable giving and philanthropic planning?	
		8. Other?	

**5. Next Steps or Follow-up:**

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**6. Signatures:**

Client Name	Client Signature	Date
Advisor Name	Advisor Signature	Date
Redhawk Wealth Advisors, Inc.	Signature	Date

Please scan and email this form, using your redhawkwa.com email address, and with the word "Confidential" in the subject line to [compliance@redhawkwa.com](mailto:compliance@redhawkwa.com).