



SENIOR CLIENT ACCOUNT REVIEW FORM

Representative: Please complete the following information based on your knowledge of the customer and investments and submit the form to your designated Managing Principal.

Account Information

Primary Account Owner:		Date Of Birth:
Secondary Account Owner:		Date Of Birth:
Account Number:		Account Type:
Current Investments:	<input type="checkbox"/> Equities <input type="checkbox"/> Mutual Funds <input type="checkbox"/> VA <input type="checkbox"/> Bonds <input type="checkbox"/> CD's <input type="checkbox"/> UIT	<input type="checkbox"/> EIA <input type="checkbox"/> Other: _____

Customer Information

Is the customer currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Occupation: _____
If yes, how much longer does he/she plan to work?	
What are the customer's primary expenses?	Annual Expenses \$ _____
What is the customer's primary source of income?	Annual Income \$ _____
How important is the liquidity of income-generating assets to the customer?	<input type="checkbox"/> Very Important <input type="checkbox"/> Somewhat Important <input type="checkbox"/> Low Importance
Do any current investments have CDSC or surrender periods outstanding?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so identify: _____
What are the customer's investment goals?	<input type="checkbox"/> Generating Income <input type="checkbox"/> Preservation of Assets <input type="checkbox"/> Asset Accumulation for heirs <input type="checkbox"/> Other: _____
What health care insurance does the customer have? (if known / available)	<input type="checkbox"/> Medicare <input type="checkbox"/> Private: _____
Is the customer reliant upon investment assets for any health care costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so identify: _____
Does the customer own any LTC insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the customer have a relative or POA present during client meetings / Investment decisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so identify: _____

Investment Suitability

What is the customer's current investment objective and risk tolerance?	
Does the current investment allocation meet the objective and risk tolerance?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide explanation in comment section below
Has the objective / risk tolerance changed since the account was established?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have investment objective / risk tolerance changes made sense / been consistent?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide explanation in comment section below
Has the investment allocation been reviewed / adjusted since the original investment was made?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide explanation in comment section below
Do the current investment(s) meet the customer's time horizon for the account?	<input type="checkbox"/> Yes <input type="checkbox"/> No Time Horizon: _____

Please provide additional comments related to the investment breakdown for the customer, especially if multiple investments are used to create multiple liquidity "buckets" or varying risk profiles for the customer. Any additional information that better defines the investment strategy or customer goals is encouraged.

