



Client relationships

# Ongoing review checklist



This client information form and checklist provides a variety of questions to help you effectively direct your discussion with your client(s) in investment plan review meetings.

Client name: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Client name: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: \_\_\_\_\_

_____	_____	_____
Name	Day	Evening

_____	_____	_____
Name	Day	Evening

Employment:

_____	_____	_____
Name	Business name	Occupation

_____	_____	_____
Name	Business name	Occupation

Email:

_____	_____
Name	Business name

_____	_____
Name	Business name

Children:

_____	_____
Name	Date of birth

_____	_____
Name	Date of birth

_____	_____
Name	Date of birth

_____	_____
Name	Date of birth

_____	_____
Name	Date of birth

_____	_____
Name	Date of birth

Top three priorities in client meeting:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Since the last review, has your client:

Personal

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Moved?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Had any new children?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Become a grandparent?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Changed marital status?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Taken on or removed any dependents?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Had a change in health or the health of any family member? |
| <input type="checkbox"/> | <input type="checkbox"/> | Changed attorney or accountant?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Created or changed a will or trust?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Explored a special needs trust for a child or grandchild?  |

DETAILS/NOTES FOR THIS SECTION

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Professional

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Changed employment?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchased or sold a business?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Changed or added an associate or partner?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Considered becoming an associate or partner?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Changed or considered changing the structure of his/her business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Formed a corporation of any kind?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Entered into a buy-sell agreement?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchased stock in a closely held company?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Had a gain or loss in the value of his/her business?              |

DETAILS/NOTES FOR THIS SECTION

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Investment planning

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Changed investment goals and strategies?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Needed to revisit asset allocation?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Had a change in income, saving or spending needs?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Inherited assets or become beneficiary of income?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Made gifts in excess of the annual exclusion to any one individual? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had a change in income by more than 10%?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Been satisfied with the amount he/she is saving?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Considered increasing systematic savings?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Taken advantage of annual exclusion gifting?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Considered creating or changing estate plan?                        |

DETAILS/NOTES FOR THIS SECTION

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Since the last review, has your client:

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Taxes

YES	NO		DETAILS/NOTES FOR THIS SECTION
<input type="checkbox"/>	<input type="checkbox"/>	Needed to review sales of any appreciated property?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Collected cost-basis information on any sold securities?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Found a need to review realized and unrealized gains and losses?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Checked loss carryforwards from previous year?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Identified potential tax-advantaged transactions?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Found the need to review potential deductions and credits before year end?	_____

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Insurance

YES	NO		DETAILS/NOTES FOR THIS SECTION
<input type="checkbox"/>	<input type="checkbox"/>	Changed any life or health insurance policy?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Made any loans or assignments of life insurance?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Changed the beneficiaries on any insurance policies?	_____

Considered any of the following?

<input type="checkbox"/>	<input type="checkbox"/>	Insurance on self or others?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Costs of insurance?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Insurance on children or grandchildren?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage insurance?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Gifts to charity?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Disability-income insurance?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Long-term care insurance for client or parents?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other? _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Become uncomfortable with the amount of insurance owned?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Considered converting any term insurance to permanent?	_____

Miscellaneous

Annual income last calendar year:

\$ \_\_\_\_\_

Anticipated income this calendar year:

\$ \_\_\_\_\_

Additional areas of interest

- |   |  |
|---|--|
| <input type="checkbox"/> Retirement planning                                  | <input type="checkbox"/> Old-Age Security benefits |
| <input type="checkbox"/> Estate planning                                      | <input type="checkbox"/> Business continuation     |
| <input type="checkbox"/> Disability insurance                                 | <input type="checkbox"/> Executive benefits        |
| <input type="checkbox"/> Education planning                                   | <input type="checkbox"/> Long-term care            |
| <input type="checkbox"/> Protection against dying too soon or living too long | <input type="checkbox"/> Wealth accumulation       |

Next steps/Follow-up

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