

# Annual Client Suitability Review

## Customer Information

Please print.

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Name of Account Owner ..... Date of Birth (MM/DD/YYYY) .....

Your Advisory Account Number/s .....

Name of Investment Advisor Representative ..... Contact Date (MM/DD/YYYY) .....

## What is Your Preferred Method of Contact?

- In Person (if applicable)
- Letter
- Phone .....
- Email .....

## Account Review

Has your personal/financial situation changed? (e.g. retired, job status, increase in compensation, marital status, children)  Yes  No

Has the purpose or time horizon of the account changed?  Yes  No

Has your investment objective changed?  Yes  No

Has your risk tolerance changed?  Yes  No

Do you wish to add, delete, or modify fund restrictions on the account?  Yes  No

## Action

Select one.

- No Action*—If the answer to all of the above is ‘No’ your current advisory account strategy remains appropriate.
- Further Action Needed*—If the answer to any of the above is ‘Yes’, your Investment Advisor Representative will follow-up.

## Signature/s

By signing, you acknowledge that the above information is complete and accurate.

▶

Account Owner Signature ..... Date .....

▶

Investment Advisor Representative Signature ..... Date .....



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