

# Client Review and Update Worksheet

Has any of your information changed?

Client: \_\_\_\_\_ Spouse: \_\_\_\_\_ Last: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Cell: \_\_\_\_\_ Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

## New Items

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Financial Changes

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Goal Changes

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

|   |  |
|---|--|
| I/We feel the economy is...                   | Better <input type="checkbox"/> Worse <input type="checkbox"/> The Same <input type="checkbox"/>   |
| I/We feel the markets are...                  | Better <input type="checkbox"/> Worse <input type="checkbox"/> The Same <input type="checkbox"/>   |
| Our monthly budget is..                       | Tight <input type="checkbox"/> OK <input type="checkbox"/> Great <input type="checkbox"/>  |
| Our savings balances have ...                 | Grown <input type="checkbox"/> Stayed The Same <input type="checkbox"/> Shrunk <input type="checkbox"/>                                  |
| I/We want to invest more...                   | Aggressively <input type="checkbox"/> Conservatively <input type="checkbox"/> The Same <input type="checkbox"/>                          |
| My/Our risk tolerance is...                   | Greater <input type="checkbox"/> Less <input type="checkbox"/> The Same <input type="checkbox"/>   |
| My/Our rate of return...                      | Meets Expectations <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Is Below Expectations <input type="checkbox"/> |
| Keeping up with my investments/accounts is... | Easy <input type="checkbox"/> Takes Some Effort <input type="checkbox"/> Too Hard <input type="checkbox"/>                               |
| Our Taxes for this Year will...               | Go Up <input type="checkbox"/> Stay the Same <input type="checkbox"/> Decrease <input type="checkbox"/>                                  |

## To Do List...

|  |                                    |
|--|------------------------------------|
|  | Nathan <input type="checkbox"/>    |
|  | Client(s) <input type="checkbox"/> |
|  | Nathan <input type="checkbox"/>    |
|  | Client(s) <input type="checkbox"/> |
|  | Nathan <input type="checkbox"/>    |
|  | Client(s) <input type="checkbox"/> |

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