



ANNUAL REVIEW MEETING CHECKLIST

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Client Name(s):

Financial Planner:

CRM:

Paraplanner:

Review meeting date:

To be completed by the Servicing Team:

	ON FILE	REQUIRED
Latest client agreement		
Privacy statement/consent		
Factfind		
Anti-money laundering		
Preferred method of contact		
Risk profile		
Capacity for loss		
Copy of last pension nominee/expression of wish form		
Letter(s) of authority		
State pension information		
	USED	ACTION NEEDED
ISA allowance		
Stakeholder pension allowance		
CGT allowance		
	NO ACTION NEEDED	ACTION NEEDED
Cash balances for fee payments		
Report of time spent on account		

Annual Review Meeting Pack

	INCLUDED	NOT INCLUDED
Portfolio valuation		
Value added		
Breakdown of aggregated fees and charges		
Last year's goals & objectives		
Review scorecard		
12 Point Financial Health Check		