CommonWealth Financial Planning, LLC
*Common Vision. Uncommon insight.*

Date: _________

**Client Update Form**

**Client 1**: ______________________
Address: ______________________
______________________
Home Phone: ______________________
Work Phone: ______________________
Cell Phone: ______________________
E-mail: ______________________

**Client 2**: ______________________
Address: ______________________
______________________
Home Phone: ______________________
Work Phone: ______________________
Cell Phone: ______________________
E-mail: ______________________

Since our last meeting, have any of your financial goals significantly changed? (For example, have there been any changes in your retirement date, job and/or salary, change in cost of residence, or change in college savings method that might redefine these goals?) Has your financial situation changed otherwise?

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Were there any parts of your last plan that you could not or would not implement? Please explain.

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Tolerance for investment risk on a scale of 1 (no risk) to 10 (a lot of risk). _________________________

What would you like to cover for this review?

- ☐ Investment review/rebalance
- ☐ Retirement cash flow projections
- ☐ Insurance needs analysis
- ☐ Budgeting
- ☐ Estate planning guidance
- ☐ Employee benefits
- ☐ College planning
- ☐ Social Security planning
- ☐ Getting ready for retirement
- ☐ Other ____________________________________________

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Please send the following to the address listed below:

- ☐ this form
- ☐ copies of your most recent quarterly investment account statements (mutual funds, brokerage accounts, bank and credit union accounts, retirement accounts)
- ☐ copy of your most recent federal tax return
- ☐ other relevant documents

**CommonWealth Financial Planning, LLC**
**P.O. Box 21164**
**Roanoke, VA 24018**
**Fax: 888-960-2640**

Contact us at 540-772-0474 or Cynthia@CommonWealthPlanning.com if you would prefer to upload this information to our secure server.