Annual Investment Advisor Representative Account Review

TownSquare CAPITAL

Investment Advisor Representative Name:_______________________________________

Client Name: ____

Account Number(s): ____

Fee Schedule: ____

Review Date: ____

Meeting was held (check one): ☐ Via Telephone ☐ In Person

The services offered through TownSquare Capital include ongoing client reviews. At least annually, the TownSquare Capital Investment Advisor Representative and the client will review and discuss specific information to maintain open communication and to provide an opportunity for the client to review the portfolio's progress.

Representative Initials

_____ Reviewed the client's current financial status, including tax status, employment status, marital status, dependent status, and income needs.

_____ Reviewed the client's long and short term investment goals and made any necessary portfolio adjustments to meet those goals.

_____ Reviewed the client's risk tolerance and made any necessary portfolio adjustments to maintain alignment with the stated risk tolerance.

_____ Reviewed the portfolio performance and allocation with the client.

Additional client discussion details and comments:

The above information was reviewed; necessary follow-up activities will be completed promptly.

______________________________ ________________

Client (Optional) Date

______________________________ ________________

Investment Advisor Representative Date

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