

2025 Annual Client Meeting

Client Response Form

Please complete this form during the program and return it to a team member today

Your Name: _____ Date: _____

1. If we are not able to reach you by phone, email or text, who should we contact on your behalf (other than a spouse) to make certain you are well? Please provide name, phone number and relationship of only one person:

2. Please facilitate an introduction to:

_____ A CPA

_____ A Financial Advisor

_____ A Stockbroker

_____ Other

3. Client portal:

_____ Please sign me/us up for a client portal

_____ I/We am not interested in a client portal

4. DocuBank®:

_____ I/We would prefer to use the Client Portal for my health care documents, please transfer my health care documents from DocuBank® to my Client Portal.

_____ I/We would prefer to continue to use DocuBank® for emergency health care document access

Client File Update

(Please Print and return today – thank you!)

Client # 1

Full Name _____

Address _____

Mobile # _____ Home # _____

Email Address _____

Client # 2

Full Name _____

Address _____

Mobile # _____ Home # _____

Email Address _____

Professional Advisors (Please list current Financial Advisor, CPA, Stockbroker, Etc.)

Name: _____ Company: _____

Title: _____ Email Address: _____

Office Phone: _____ Mobile Phone: _____

Name: _____ Company: _____

Title: _____ Email Address: _____

Office Phone: _____ Mobile Phone: _____

Name: _____ Company: _____

Title: _____ Email Address: _____

Office Phone: _____ Mobile Phone: _____

Important People

(Please Print)

Please list Children, Beneficiaries, Trustees and other Helpers

#1

Full Name _____ Relationship _____

Email Address _____ Mobile # _____

Address _____

(Please list any special concerns for this person) _____

☐ Include this person in Law Firm email announcements.

#2

Full Name _____ Relationship _____

Email Address _____ Mobile # _____

Address _____

(Please list any special concerns for this person) _____

☐ Include this person in Law Firm email announcements.

#3

Full Name _____ Relationship _____

Email Address _____ Mobile # _____

Address _____

(Please list any special concerns for this person) _____

☐ Include this person in Law Firm email announcements.

#4

Full Name _____ Relationship _____

Email Address _____ Mobile # _____

Address _____

(Please list any special concerns for this person) _____

☐ Include this person in Law Firm email announcements.

#5

Full Name _____ Relationship _____

Email Address _____ Mobile # _____

Address _____

(Please list any special concerns for this person) _____

☐ Include this person in Law Firm email announcements.

#6

Full Name _____ Relationship _____

Email Address _____ Mobile # _____

Address _____

(Please list any special concerns for this person) _____

☐ Include this person in Law Firm email announcements.

I authorize this information to be updated in my client file.

Signature

Date