

## **PROFESSIONAL RELATIONSHIPS**

Apr-20

**Human Resource Contact:** 

Company Name/Employer Name		
Telephone		
Email		
We have found that in many cases i	it is easier for us to go directly to yoເ	ır company with questions
related to your benefits. Additional	lly, they may forward the info directly	to you in which case
please pass along to us. In most ca	ases, an email introduction helps the	process.
Financial Advisor:		
Address		
City, State & Zip Code		
Telephone		
Email address		
•	d that we refer other clients to? Yes 🗆	No □
Last meeting date:		
How many years have you been work	ing with them?	
How do you pay for their services?		
CPA/Accountant:		
Address		
City, State & Zip Code		
Telephone		
Email address		
Is this someone you would recommen	d that we refer other clients to? Yes □	No □
Last meeting date:	Approximate cost:	
How many years have you been work	ing with them?	
Estate Planning Attorney:		
Address		
City, State		
Telephone		
Email		
Is this someone you would recommen	d that we refer other clients to? Yes □	No □
Last meeting date:	Approximate cost:	
When was the last time you met with your attorney?		Purpose?:



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Mortgage Broker:	
Address	
City, State	
Telephone	
Email	
Is this someone you would recommen	nd that we refer other clients to? Yes □ No □
Last meeting date:	
How many times have you refinanced	or bought property in the last 10 years?
(Real Estate Agent , P&C Insurance	Agent, College Advisor)
Other Professionals or 3rd party:	
Address	
City, State	
Telephone	
Email	
Is this someone you would recommen	nd that we refer other clients to? Yes $\square$ No $\square$
Last meeting date:	Approximate cost:
	RELEASE OF CLIENT INFORMATION
Apr-20	Financial Advisor: David Allen & the BWA team
Αρι-20	Tillancial Advisor. David Allen & the DVVA team
information to my/our tax adviser/atto to my/our account(s) with Balance	share information regarding my LPL account(s) and or Goal Tracking orney or other third party, identified above. Any information pertaining Wealth Advisors, including, but not limited to copies of monthly can be provided to my/our attorney/tax adviser or other third party.
financial advisory duties. This infor	t information pertaining to myself that is relevant to performing his/her mation held by my company benefits department, my attorney/tax ide but is not limited to benefits info, tax returns and estate planning
By signing below, I/we unde outlined above.	erstand that my client information can be released as
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