



BALANCE | DIVERSIFICATION | SIGNIFICANCE

PROFESSIONAL CONTACTS

Client Name: _____ Date: _____

Accountant: _____ Firm: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

Description of relationship: _____

Attorney: _____ Firm: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

Description of relationship: _____

Bank Agent/Trust Officer: _____ Firm: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

Description of relationship: _____

Estate Planning Attorney: _____ Firm: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

Description of relationship: _____

Human Resources Contact/Director: _____ Firm: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

Description of relationship: _____

BDS Financial Network | 3593 Medina Road #238 | Medina, OH 44256 | 234-217-0318 | www.bdsfn.com

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Life Insurance Agent: _____ **Firm:** _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

Description of relationship: _____

Life Insurance Agent: _____ **Firm:** _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

Description of relationship: _____

Other Insurance Agent: _____ **Firm:** _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

Description of relationship: _____

Other Insurance Agent: _____ **Firm:** _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

Description of relationship: _____

Trusted Contact Person: (This is someone that we can reach out to if we can't get in contact with you and will be listed on all of your accounts if you do not already have a TCP on file.)

Name: _____ Phone: _____

Address: _____

Relation: _____