



Referral Submission Form

It's with immense gratitude that we write this letter. Your trust in us as your financial advisor means the world. Your confidence has been the cornerstone of our journey, and we are sincerely thankful for the opportunity to serve you.

At RMB Wealth Management Group, we are committed to continually improving and expanding our services to benefit our clients. Your satisfaction and success are our primary motivations. As we strive to grow and enhance our offerings, your feedback and support remain invaluable.

We would like to invite you to participate in our referral program. Your referral to friends, family, or colleagues who could benefit from our expertise would be deeply appreciated. We would like to offer the referred individual, family, or business a complimentary consultation and or a free third-party review of anything they may already have in place. If the fit is right, we extend a free comprehensive financial or estate plan, tailored to their specific needs and goals.

As you may be aware, our areas of expertise encompass a wide spectrum, from comprehensive investment strategies, rollovers, retirement planning and estate planning to specialized services like life insurance, disability coverage, guaranteed income solutions, premium financing and thorough business planning, valuation, and benefits consultation. As staunch advocates for our clients, we operate as 100% independent and unwavering fiduciaries, ensuring your best interests are always at the forefront.

Please find attached referral return card for your convenience. Your thoughtful recommendations allow us to extend our services to those seeking financial security and prosperity. We are able to, thanks to technology, help those who may be located in other parts of the country.

Once again, thank you for your unwavering trust and confidence in us. We look forward to the opportunity to continue serving you and assisting others in securing their financial future.

Please detach and return. You may also email this form back.

Name(s)	Relationship	Phone	Email	Reason for Referral	OK to Call/Email?

Authorization:

Client Name _____

Client Signature _____

Date _____