

Questionnaire

for

Date: _____

Confidential when completed

Completed By:

Personal information

<p>Client personal information</p> <p>SIN _____</p> <p>First name _____</p> <p>Last name _____</p> <p>Occupation _____</p> <p>Name of employer _____</p> <p>Birthdate _____</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Spouse personal information</p> <p>SIN _____</p> <p>First name _____</p> <p>Last name _____</p> <p>Occupation _____</p> <p>Name of employer _____</p> <p>Birthdate _____</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Marital status</p> <p>1. <input type="checkbox"/> Married 2. <input type="checkbox"/> Common-law 3. <input type="checkbox"/> Widowed</p> <p>4. <input type="checkbox"/> Divorced 5. <input type="checkbox"/> Separated 6. <input type="checkbox"/> Single</p> <p>Date of marriage _____</p> <hr/> <p>Home address</p> <p>Address _____</p> <p>City _____</p> <p>Province _____</p> <p>Postal code _____</p> <p>Home phone number _____</p> <p>Work phone number _____</p> <p>Fax number _____</p> <p>E-mail address _____</p>
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Dependent information					
Name	S.I.N.	Birthdate (Month dd, yyyy)	Relationship	Disability (if any)	Age to begin post-secondary education (usually 18)

Are any of these dependents children from a previous marriage? Yes No

If yes, please indicate which children, with whom they are currently living and the amount/frequency of child support (if any):

Professional contacts

Lawyer

Firm _____
Name _____
Address _____
City _____
Province and postal code _____
Phone number _____
Fax number _____
Email address _____

Primary banking institution

Bank _____
Contact name _____
Address _____
City _____
Province and postal code _____
Phone number _____
Fax number _____
Email address _____
Account type _____
Account number _____

Secondary banking institution / account

Bank _____
Contact name _____
Address _____
City _____
Province and postal code _____
Phone number _____
Fax number _____
Email address _____
Account type _____
Account number _____

Stock broker (if applicable)

Firm _____
Name _____
Address _____
City _____
Province and postal code _____
Phone number _____
Fax number _____
Email address _____

Current insurance broker (if applicable)

Firm _____
Name _____
Address _____
City _____
Province and postal code _____
Phone number _____
Fax number _____
Email address _____

Accountant

Firm _____
Name _____
Address _____
City _____
Province and postal code _____
Phone number _____
Fax number _____
Email address _____

Health and lifestyle

Family health history

	Client	Spouse
How many grandparents lived beyond the age of 80?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Has a parent or sibling suffered from cardiovascular disease, cancer, or diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has either parent lived past the age of 70 without incurring a debilitating disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Individual health history

Do you visit a doctor on an annual basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you suffer from high blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under a physician's care for cardiovascular disease, cancer or diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your present weight?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Health weight
Between 10 to 20 pounds overweight
Over 20 pounds above your healthy weight

Lifestyle factors

Do you follow a diet that is	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Low in saturated fats High in saturated fats Average	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Do you follow an exercise regime?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Three or more times per week Less than three times per week Never exercise	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Taking a drink as equaling a glass of wine, 12 ounce bottle of beer, or mixed drink containing 1 ounce of alcohol, how much alcohol do you consume?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Six or more drinks, more than once per week Three or more drinks, less than three times per week Never more than two drinks in a day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Select the statement that best describes you	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I have never smoked I have quit smoking for two years I smoke less than two packs of cigarettes a day I smoke more than two packs of cigarettes a day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Select the statement that best describes you	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I experience high levels of stress I experience low levels of stress I experience positive levels of stress	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Select the statements that best describes your driving habits and record	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I always wear my seat-belt I possess a clean driving record I've been convicted of DWI in the last three years I've had 1 or 2 traffic violations in the last three years I've had 2+ traffic violations in the last three years	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Financial goals and objectives

Financial objectives						
Description	Importance					Rank (1 = highest priority)
	Very unimportant	Unimportant	Important	Very important	Extremely important	
Save for retirement						
Establish a regular savings plan						
Maximize RRSPs						
Reduce Income tax						
Emergency funds						
Dependant's post-secondary education						
Reduce/eliminate consumer debt						
Saving for house down-payment						
Paydown mortgage						
Saving for renovations						
Travel/vacations						
Managing retirement income/pensions						
Preserving estate for heirs						
Care for dependants with special needs						

Investment objectives						
Description	Importance					Rank (1 = highest priority)
	Very unimportant	Unimportant	Important	Very important	Extremely important	
Safety of principal						
Liquidity						
Need for income						
Capital growth						

Investment knowledge / level of service required (please select one)

- I don't have any (or have very few) investments right now. I need help with the planning, implementation and management of my investment portfolio.
- I don't have the time, inclination or knowledge to manage my investments. I need help with the planning, implementation and management of my investment portfolio.
- I don't have the time or knowledge to manage my investments. I am interested in learning more. I need help with the planning, implementation and management of my investment portfolio.
- I don't have the inclination or knowledge to manage my investments. I would like you to explain financial planning concepts in detail. I need help with the planning, implementation and management of my investment portfolio.
- I don't have the time to manage my investments. I am comfortable discussing relatively complex financial planning concepts. I need help with the planning, implementation and management of my investment portfolio.
- I am able to acquire suitable investment products myself. I am comfortable discussing relatively complex financial planning concepts. I need help with the planning of my investment portfolio.
- I spend a considerable amount of time looking at my investment portfolio. I am comfortable discussing relatively complex financial planning concepts. Therefore, I need help only with the implementation of my investment portfolio.

Client's Risk Questionnaire

Questionnaire cont.

6. Which one of the following risks /events do you fear most?

- a. A loss in the value of your principal during any measuring period of 18 months or less.
- b. A rate of inflation that exceeds your rate of return over the longer term, and that consequently erodes the buying power of your investment portfolio
- c. Portfolio performance that is insufficient to meet your goals.
- d. A missed investment opportunity that could yield higher returns than your original investment portfolio over longer term, even though that opportunity involved higher risk/volatility

7. I would like to use the following targets for my investment portfolio performance:

- a. A guaranteed positive return each year, no matter how small.
- b. A minimum of 3% to 7% average return per year, when measured over a period of ten years or more.
- c. A minimum average return that is greater than 7% but less than 10% per year, when measured over a period of ten years or more.
- d. A minimum average return of 10%, when measured over a period of ten years or more.

8. Which of the following best describes the range of acceptable results for a \$25,000 investment after one year?

- a. A guaranteed gain of \$500 to \$1000
- b. A loss that may be as low as -\$750 with the possibility of a return as high as \$1500
- c. A loss that may be as low as -\$2000 with the possibility of a return as high as \$3750
- d. A loss that may be as low as -\$5200 with the possibility of a return as high as \$11000

9. Including this investment portfolio, what percentage of your investments are principal-guaranteed or safe sources of capital? For example, GICs, pensions, annuities, T-Bills/Money Market funds are considered safe sources of capital.

- a. None
- b. Up to 35% of my investments are safe or guaranteed
- c. More than 35% but less than 65% of my investments are safe or guaranteed
- d. More than 65% of my investments are safe or guaranteed

10. You are reading a newspaper or watching the news. The commentator explains that all major financial markets have dropped 10%-20% in the past 6 months, and therefore most equity mutual funds and stocks are down the same amount. Assume your situation allows you to choose any of the following options, which would you do?

- a. Ask my planner to sell my investments immediately before I incur further losses.
- b. Schedule a meeting with my planner to discuss options in response to this change in the markets.
- c. Nothing, as I am confident in my portfolio allocation and will ride out the market fluctuations.
- d. Call my planner immediately to invest more money. I will want to take advantage of these lower prices, to whatever extent I can while meeting other cash flow requirements.

Questionnaire

1. What is your primary objective for the money that you are investing?

- a. An expenditure (like a car purchase, vacation, etc.)
- b. To immediately start providing retirement income
- c. Saving for retirement
- d. Building up an estate

2. How much longer will you continue to have a reliable alternate source of income, such as employment income, royalty income, or rental income?

- a. I am not receiving income from any alternate source
- b. Up to 4 years
- c. More than 4 years but less than 10 years
- d. More than 10 years

3. What approximate percentage of your entire retirement income (or specific capital expenditure) will this investment portfolio AND its growth through capital appreciation, interest, and/or dividends be? Consider your response to question #2, along with any pension entitlement.

- a. 100%
- b. 75%
- c. 50%
- d. 25%

4. How long will it be before you require this money, or begin to withdraw a substantial portion (at least half) of this investment portfolio?

- a. Less than 2 years
- b. 2 - 5 years
- c. More than 5 years but less than 10 years
- d. More than 10 years

5. What are your cash flow objectives for this investment portfolio?

- a. I would like guaranteed, periodic income from this portfolio. For the safety of a guaranteed investment portfolio, I expect a lower rate of return. If the interest generated is insufficient to meet my income requirements, I may need to redeem some of my own principal for years of shortfall.
- b. I would like a reliable periodic income from this investment portfolio, but would like to avoid spending the principal to ensure long-term growth of that principal. I expect less safety than I would have if I selected option (a), due to the higher volatility of investments intended to achieve this growth.
- c. I am not interested in drawing an income from this investment portfolio and would like moderate growth over the long term. As I am not relying on this investment portfolio for current income, I am willing to take a greater risk to meet my growth objective for the portfolio.
- d. I would like to achieve maximum growth by using aggressive investments. I realize that my investment portfolio returns may be highly volatile. To achieve this objective, I am prepared to risk a permanent loss of my original principal invested.

Questionnaire cont.

11. If you or your immediate family had an emergency that had an associated cost equivalent to 3 months of your household income, where would you get the funds to cover it?

- a. From this investment. I/we would have no other place to obtain it.
 - b. From a line of credit as I/we have good credit and would hopefully be able to pay this off. If we couldn't pay this off in a reasonable time frame we might consider cashing in a portion of this investment to ease the burden on our monthly cash flow.
 - c. We could use a combination of revenue sources such as lines of credit, resources from relatives with favourable repayment terms, and some cash savings. It would be my last choice to cash these investments, and therefore unlikely.
 - d. I/we have an emergency fund or other cash means more than substantial enough to cover this situation. I/we would definitely not cash these investments.
-

12. How would you describe your current household monthly cash flow?

- a. We run out of money before the end of the month and use credit cards, and lines of credit to bridge the gap. We are accumulating these debts slowly.
 - b. We use credit on and off again to meet our monthly commitments. Our debt goes up and down with the flow but never seems to grow past a certain level which we do find manageable.
 - c. We handle our financial commitments easily and save at least 5%-10% of our income each month. Our debt level is manageable.
 - d. We cover all our expenses and save a substantial amount each month. We have extra money available for non-essential lifestyle expenditures and investments each month.
-

Date

Signature

Spouse's Risk Questionnaire

Questionnaire cont.

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Date

Signature

Assumptions

	Client	Spouse
At what age do you wish to retire?		

Please review the assumptions that we make about economic indices and make any changes in the spaces provided (if applicable).

	Our assumption	Your change
C.P.I. The current Consumer Price Index rate is used to index government related items such as CPP benefits and tax brackets	1.8	
Inflation The historical inflation rate is used to index personal items such as lifestyle expenditures and earnings	2.8	
Post secondary tuition cost index The tuition rate is used to index the cost of post-secondary education	6.1	
Real estate index The real estate rate is used to simulate the equity growth on properties such as a house	2.0	
Before tax equity investment return We will use either this general equity investment return or specific historical data for asset growth	9.0	
Before tax interest investment return For interest bearing investments, we will use either this general interest rate return	6.0	
Long term, Government of Canada bond rate This is used for maximum allowable withdrawal calculations of LIFs and LRIFs	5.5	

Due to the ageing of Canada's population, there is a concern that government benefits will not be available for future retirement in the state they exist today. If you do not wish to consider these benefits, you will need to rely more on your personal savings to provide income during retirement. Please indicate your personal preference on this matter.

Do you wish to include CPP income during retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to include OAS income during retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Enter this information on the **EMPLOYMENT** form in the **Information** category
or on the **CASHFLOW** form in the **Statements** category.

Income

Employment income and amounts deducted at source	#1	#2	#3	#4
Employment income for?	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
Name of employer				
Pay period	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual
Gross income				
C.P.P.				
E.I.				
Tax				
Union / professional dues				
R.R.S.P. contributions				
R.P.P. contributions				
Public health care				
Private health care				
Other deductions at source				

Other income	Client	Spouse
Commissions Do not include commissions that you've already included in your gross employment income amount		
Bonus(es) Please indicate if the bonus is a periodic occurrence (eg. every year) or a one-time lump sum		
Rental income Please indicate if rental income is split between spouses (if applicable) and if so, what is the percentage		
Self-employment income Please indicate if self-employment income is split between spouses (if applicable) and if so, what is the percentage		
C.P.P. If applicable, what is the amount of C.P.P. you receive and indicate the payment period (i.e. monthly, yearly, etc...).		
O.A.S. If applicable, what is the amount of O.A.S. you receive and indicate the payment period (i.e. monthly, yearly, etc...).		
Other pensions Do you receive amounts from other pension plans and if so, attach a copy of your most recent benefit statement.		
R.R.S.P. / R.R.I.F. Are you currently withdrawing funds from your R.R.S.P. or R.R.I.F.? If so, how much and how often?		
Other income Do you receive income from any other source(s)? If so, indicate the source, the amount and the payment period.		

Lifestyle expenditures

Indicate your current monthly expenses, the expenses you expect to have when you retire (in today's \$) and the expenses you wish us to use when considering your insurance needs

Current expenses

- \$ _____ per month
 \$ _____ per year
 Use details below

Retirement

- \$ _____ per month
 \$ _____ per year
 Use details below
 Please estimate for me

Insurance

- \$ _____ per month
 \$ _____ per year
 Use details below
 Please estimate for me

Housing costs: Mortgage payment	\$ _____	_____	_____
Rent	_____	_____	_____
Confo Fees	_____	_____	_____
Property taxes	_____	_____	_____
Insurance	_____	_____	_____
Utilities (water, gas and electric)	_____	_____	_____
Maintenance and repairs	_____	_____	_____
Other _____	_____	_____	_____
Household and living expenses: Food	_____	_____	_____
Telephone	_____	_____	_____
Personal care	_____	_____	_____
Clothing	_____	_____	_____
Medical/dental (direct costs)	_____	_____	_____
Child care	_____	_____	_____
Education	_____	_____	_____
Other _____	_____	_____	_____
Transportation expenses: Car payments	_____	_____	_____
Car insurance	_____	_____	_____
Gas/oil	_____	_____	_____
Maintenance and repairs	_____	_____	_____
Public transportation	_____	_____	_____
Other _____	_____	_____	_____
Insurance expenses: Life insurance	_____	_____	_____
Disability insurance	_____	_____	_____
Public health care	_____	_____	_____
Private health/dental care	_____	_____	_____
Other _____	_____	_____	_____
Investment expenses: Prof. fees, accounting, etc...	_____	_____	_____
Business loan payment	_____	_____	_____
RRSP loan payment	_____	_____	_____
Investment loan payment	_____	_____	_____
Other _____	_____	_____	_____
Recreation expenses: Travel	_____	_____	_____
Cable/satellite/video rentals	_____	_____	_____
Recreation / sports equipment and facility fees	_____	_____	_____
Recreational vehicle loan payments	_____	_____	_____
Other _____	_____	_____	_____
Discretionary: Gifts	_____	_____	_____
Charitable donations	_____	_____	_____
Dining out	_____	_____	_____
Tobacco and alcohol	_____	_____	_____
Entertainment	_____	_____	_____
Other _____	_____	_____	_____
Miscellaneous: Personal loan payments	_____	_____	_____

Credit card and other short term debt payments . _____
Professional / union dues _____

Investment information

Bond information							
Description	Tax status code	Purchase price \$	Face value \$	Market value \$	Purchase date (Mmm dd, yyyy)	Maturity date (Mmm dd, yyyy)	Coupon rate %

Term deposits / G.I.C.s						
Description	Tax status code	Purchase price \$	Purchase date (Mmm dd, yyyy)	Maturity date (Mmm dd, yyyy)	Annual interest rate	

Treasury bills					
Description	Tax status code	Purchase price \$	Face value \$	Maturity date (Mmm dd, yyyy)	Annual interest rate

Canada Savings Bonds				
Series	Type		Tax status code	Face value \$
	<input type="checkbox"/> Compound	<input type="checkbox"/> Regular		
	<input type="checkbox"/> Compound	<input type="checkbox"/> Regular		
	<input type="checkbox"/> Compound	<input type="checkbox"/> Regular		
	<input type="checkbox"/> Compound	<input type="checkbox"/> Regular		

Specialty investments				
Description	Tax status code	Net investment \$	Market value \$	Annual rate of return %

Stock Options					
Description	Asset group code	Tax status code	# of shares	Excercise price per share \$	Market value per share \$

Debt information

Loan information			
	Loan #1	Loan #2	Loan #3
Description			
Borrower	Client % _____ Spouse % _____	Client % _____ Spouse % _____	Client % _____ Spouse % _____
Use of funds (eg. car, investment, RRSP, etc...)			
Type (term, demand, fixed principal)			
Amount of loan			
Date of first payment			
Term of loan			
Interest rate			
Compound period (Weekly, bi-weekly, monthly, semi-monthly, quarterly, or annual)			
Payment			
Payment frequency (Weekly, bi-weekly, monthly, semi-monthly, quarterly, or annual)			

Credit card and other short term debt information			
	Debt #1	Debt #2	Debt #3
Description / card name			
Balance owing			
Annual interest rate			
Monthly payment			

Enter this information on the **REALESTATE** form(s) in the **Information** category

Real estate information

	Property #1	Property #2	Property #3
Ownership	Client % _____ Spouse % _____	Client % _____ Spouse % _____	Client % _____ Spouse % _____
Type of property	<input type="checkbox"/> residence <input type="checkbox"/> vacation <input type="checkbox"/> rental <input type="checkbox"/> other	<input type="checkbox"/> residence <input type="checkbox"/> vacation <input type="checkbox"/> rental <input type="checkbox"/> other	<input type="checkbox"/> residence <input type="checkbox"/> vacation <input type="checkbox"/> rental <input type="checkbox"/> other
Address			
City and Postal code			
Date purchased			
Purchase price			
Property tax (annual)			
Content insurance (annual)			
Current market value			

Mortgage information

Amount			
First payment date			
Term (years)			
Amortization period (years)			
Interest rate			
Compound period (Weekly, bi-weekly, monthly, semi-monthly, quarterly, or annual)			
Payment			
Payment frequency (Weekly, bi-weekly, monthly, semi-monthly, quarterly, or annual)			
Mortgage insurance (annual)			

Pension information

Deferred profit sharing plan						
Plan member	Current value of DPSP savings	Employer's contributions (Complete the appropriate column)				
		% of corporate profits		% of employee earnings		Fixed amount
		%	Profits (\$)	%	Salary (\$)	Amount (\$)

Defined contribution R.P.P.							
Plan member	Current value of pension savings	Current salary (pensionable earnings)	Contribution rates				
			Current		If rates change with age		
			Employee %	Employer %	Age	Employee %	Employer %

Defined benefit R.P.P.	
<p>Pension plan #1</p> <p>Plan member _____</p> <p>Age at which payments commence _____</p> <p>Start date of service _____</p> <p>Years until end of employment _____</p> <p>Current commuted value of pension _____</p> <p>Type of plan</p> <p><input type="checkbox"/> Career-average Avg earnings to date: _____</p> <p><input type="checkbox"/> Best / Final # of years averaged: _____</p> <p><input type="checkbox"/> Flat benefit Monthly \$/year of service: _____</p> <p><input type="checkbox"/> Flat benefit \$ fixed pension per month: _____</p> <p>Pensionable earnings</p> <p>Current salary (pensionable earnings) _____</p> <p>Index pensionable earnings? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %</p> <p>Pension benefits</p> <p>Benefit rate per year of service</p> <p>For pensionable earnings below YMPE (%) _____ %</p> <p>For pensionable earnings above YMPE (%) _____ %</p> <p>Cap on final pension benefits as a % _____ %</p> <p>Are pension benefits indexed throughout retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %</p> <p>Is pension integrated with CPP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is pension reduced due to early retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %</p> <p>Percentage of benefits that survivor receives upon annuitants death _____ %</p>	<p>Pension plan #2</p> <p>Plan member _____</p> <p>Age at which payments commence _____</p> <p>Start date of service _____</p> <p>Years until end of employment _____</p> <p>Current commuted value of pension _____</p> <p>Type of plan</p> <p><input type="checkbox"/> Career-average Avg earnings to date: _____</p> <p><input type="checkbox"/> Best / Final # of years averaged: _____</p> <p><input type="checkbox"/> Flat benefit Monthly \$/year of service: _____</p> <p><input type="checkbox"/> Flat benefit \$ fixed pension per month: _____</p> <p>Pensionable earnings</p> <p>Current salary (pensionable earnings) _____</p> <p>Index pensionable earnings? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %</p> <p>Pension benefits</p> <p>Benefit rate per year of service</p> <p>For pensionable earnings below YMPE (%) _____ %</p> <p>For pensionable earnings above YMPE (%) _____ %</p> <p>Cap on final pension benefits as a % _____ %</p> <p>Are pension benefits indexed throughout retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %</p> <p>Is pension integrated with CPP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is pension reduced due to early retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %</p> <p>Percentage of benefits that survivor receives upon annuitants death _____ %</p>

Enter this information on the **INSURANCE** form in the **Information** category.

Risk management

Will(s)	Client	Spouse
Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When did you last review your will?		
Who is the executor and what is their relationship to you?		
Where are copies of your will located?		
Have you selected a guardian for your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the name and address of the guardian?		
Comments		

Life insurance						
Type	Company, policy number / name	Policy holder	Insured	Beneficiary	Premium and frequency	Face amount \$
<input type="checkbox"/> Term <input type="checkbox"/> Whole life <input type="checkbox"/> Group <input type="checkbox"/> Other			<input type="checkbox"/> Client <input type="checkbox"/> Spouse		<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	
<input type="checkbox"/> Term <input type="checkbox"/> Whole life <input type="checkbox"/> Group <input type="checkbox"/> Other			<input type="checkbox"/> Client <input type="checkbox"/> Spouse		<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	
<input type="checkbox"/> Term <input type="checkbox"/> Whole life <input type="checkbox"/> Group <input type="checkbox"/> Other			<input type="checkbox"/> Client <input type="checkbox"/> Spouse		<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	
<input type="checkbox"/> Term <input type="checkbox"/> Whole life <input type="checkbox"/> Group <input type="checkbox"/> Other			<input type="checkbox"/> Client <input type="checkbox"/> Spouse		<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	

Enter this information on the **DISABILITY** form in the **Information** category.

Disability insurance

Disability insurance						
Type	Company, policy number, name	Policy holder	Period of coverage	Disability definition	Premium \$ and frequency	Benefits \$
<input type="checkbox"/> Unknown <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other		<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Unknown <input type="checkbox"/> Non-cancellable <input type="checkbox"/> Guaranteed renewable <input type="checkbox"/> Guaranteed continuable <input type="checkbox"/> Conditionally renewable <input type="checkbox"/> Commercially renewable <input type="checkbox"/> Other	<input type="checkbox"/> Unknown <input type="checkbox"/> Own occupation <input type="checkbox"/> Any occupation <input type="checkbox"/> Partial disability <input type="checkbox"/> Total disability <input type="checkbox"/> Other	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual Indexed? <input type="checkbox"/> Yes ____% <input type="checkbox"/> No Taxable? <input type="checkbox"/> Yes <input type="checkbox"/> No Waiting period = ____ <input type="checkbox"/> Months <input type="checkbox"/> Years Benefit period = ____ <input type="checkbox"/> Months <input type="checkbox"/> Years
<input type="checkbox"/> Unknown <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other		<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Unknown <input type="checkbox"/> Non-cancellable <input type="checkbox"/> Guaranteed renewable <input type="checkbox"/> Guaranteed continuable <input type="checkbox"/> Conditionally renewable <input type="checkbox"/> Commercially renewable <input type="checkbox"/> Other	<input type="checkbox"/> Unknown <input type="checkbox"/> Own occupation <input type="checkbox"/> Any occupation <input type="checkbox"/> Partial disability <input type="checkbox"/> Total disability <input type="checkbox"/> Other	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual Indexed? <input type="checkbox"/> Yes ____% <input type="checkbox"/> No Taxable? <input type="checkbox"/> Yes <input type="checkbox"/> No Waiting period = ____ <input type="checkbox"/> Months <input type="checkbox"/> Years Benefit period = ____ <input type="checkbox"/> Months <input type="checkbox"/> Years
<input type="checkbox"/> Unknown <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other		<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Unknown <input type="checkbox"/> Non-cancellable <input type="checkbox"/> Guaranteed renewable <input type="checkbox"/> Guaranteed continuable <input type="checkbox"/> Conditionally renewable <input type="checkbox"/> Commercially renewable <input type="checkbox"/> Other	<input type="checkbox"/> Unknown <input type="checkbox"/> Own occupation <input type="checkbox"/> Any occupation <input type="checkbox"/> Partial disability <input type="checkbox"/> Total disability <input type="checkbox"/> Other	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual Indexed? <input type="checkbox"/> Yes ____% <input type="checkbox"/> No Taxable? <input type="checkbox"/> Yes <input type="checkbox"/> No Waiting period = ____ <input type="checkbox"/> Months <input type="checkbox"/> Years Benefit period = ____ <input type="checkbox"/> Months <input type="checkbox"/> Years
<input type="checkbox"/> Unknown <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Other		<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Unknown <input type="checkbox"/> Non-cancellable <input type="checkbox"/> Guaranteed renewable <input type="checkbox"/> Guaranteed continuable <input type="checkbox"/> Conditionally renewable <input type="checkbox"/> Commercially renewable <input type="checkbox"/> Other	<input type="checkbox"/> Unknown <input type="checkbox"/> Own occupation <input type="checkbox"/> Any occupation <input type="checkbox"/> Partial disability <input type="checkbox"/> Total disability <input type="checkbox"/> Other	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual Indexed? <input type="checkbox"/> Yes ____% <input type="checkbox"/> No Taxable? <input type="checkbox"/> Yes <input type="checkbox"/> No Waiting period = ____ <input type="checkbox"/> Months <input type="checkbox"/> Years Benefit period = ____ <input type="checkbox"/> Months <input type="checkbox"/> Years