

### Client Information

|                  | First Name           | Last Name             | Date of Birth<br>(mm/dd/yy) | Gender      | Marital Status<br>(Single, Single Parent, Married, Common Law, Divorced, Widowed, Separated) |
|------------------|----------------------|-----------------------|-----------------------------|-------------|--|
| <b>Client</b>    |                      |                       |                             | M F         |  |
| <b>Co-client</b> |                      |                       |                             | M F         |  |
|                  | Street               | City                  | Province                    | Postal Code |  |
|                  |                      |                       |                             |             |  |
|                  | Primary Phone Number | Business Phone Number | Email Address               |             |  |
|                  |                      |                       |                             |             |  |

### Family Members

| First Name | Last Name | Date of Birth<br>(mm/dd/yyyy) | Relationship<br>(Son, Daughter, Grandchild, etc.) | Dependant of |
|------------|-----------|-------------------------------|---|--------------|
|            |           |                               |   |              |
|            |           |                               |   |              |
|            |           |                               |   |              |

### Net Worth

| Lifestyle Assets                             | Market Value (\$) | Liabilities           | Outstanding Amount (\$) | Interest Rate (%) | Monthly Payments |
|--|-------------------|-----------------------|-------------------------|-------------------|------------------|
| <b>Principal Residence</b> (e.g. home)       |                   | <b>Mortgages</b>      |                         |                   |                  |
| <b>Second Residence</b> (e.g. cottage)       |                   | <b>Car Loans</b>      |                         |                   |                  |
| <b>Personal Use Property</b> (e.g. car/boat) |                   | <b>Personal Loans</b> |                         |                   |                  |
| <b>Other Personal Property</b>               |                   | <b>Other Debt</b>     |                         |                   |                  |

**Accounts**

| Account Description | Account Type | Owner | Market Value (\$) | Cost Base (\$) | Asset Class Weightings OR Rate of Return | Monthly Savings (\$) |
|---------------------|--------------|-------|-------------------|----------------|--|----------------------|
|                     |              |       |                   |                |  |                      |
|                     |              |       |                   |                |  |                      |
|                     |              |       |                   |                |  |                      |
|                     |              |       |                   |                |  |                      |
|                     |              |       |                   |                |  |                      |

**Cash Flow**

| Annual Incomes | Income Type<br>(salary, bonus, alimony, etc.) | Family Member | Amount (\$) | Start/End | Monthly Expenses | Amount | Start/End | Fixed Expense? |
|----------------|---|---------------|-------------|-----------|------------------|--------|-----------|----------------|
|                |   |               |             |           |                  |        |           |                |
|                |   |               |             |           |                  |        |           |                |
|                |   |               |             |           |                  |        |           |                |
|                |   |               |             |           |                  |        |           |                |
|                |   |               |             |           |                  |        |           |                |
|                |   |               |             |           |                  |        |           |                |

| Defined Benefit Pension Description | Recipient | Benefits Start at | Est. Annual Amount or % of Final Salary | % Payable to Survivor | Indexation Rate |
|-------------------------------------|-----------|-------------------|---|-----------------------|-----------------|
|                                     |           |                   |   |                       |                 |
|                                     |           |                   |   |                       |                 |
|                                     |           |                   |   |                       |                 |

|  | Client | Co-client |
|--|--------|-----------|
| <b>Include CPP/QPP?</b>                                  |        |           |
| <b>Benefit Amount</b> (Eligible % or Est. in today's \$) |        |           |
| <b>Benefit Start</b> (Age or at Retirement)              |        |           |
| <b>Share CPP/QPP?</b>                                    |        |           |
| <b>Include OAS?</b>                                      |        |           |
| <b>Benefit Amount</b> (Eligible % or Est. in today's \$) |        |           |

### Insurance Coverage

#### Life Insurance Coverage

| Description | Insured | Policy Type<br>(Term, Whole Life, Universal Life, etc.) | Death Benefit (\$) | Beneficiary | Monthly Premium (\$) |
|-------------|---------|---|--------------------|-------------|----------------------|
|             |         |   |                    |             |                      |
|             |         |   |                    |             |                      |

#### Disability Insurance Coverage

| Description | Insured | Policy Type<br>(Group STD, Group LTD, Individual) | Monthly Benefit (% or \$) | Monthly Premium (\$) |
|-------------|---------|---|---------------------------|----------------------|
|             |         |   |                           |                      |
|             |         |   |                           |                      |

#### Critical Illness Insurance Coverage or Long-term Care Insurance Coverage

| Description | Insured | Policy Type | Benefit Amount (\$) | Monthly Premium (\$) |
|-------------|---------|-------------|---------------------|----------------------|
|             |         |             |                     |                      |
|             |         |             |                     |                      |
|             |         |             |                     |                      |

### Retirement Goal

|                 | Client | Co-client | List the accounts available for Retirement and enter the appropriate % or \$ amount.<br><b>Note:</b> An account can be used to fund more than one goal. | Account Description | % or \$ linked to Retirement |
|-----------------|--------|-----------|---|---------------------|------------------------------|
| Retirement Age  |        |           |   |                     |                              |
| Life Expectancy |        |           |   |                     |                              |

#### Retirement Expenses

| Description | Member | Type | Amount/frequency<br>(e.g. \$220/mo. or \$24,000/yr.) | Inflation Rate | Start/End | Fixed Expense? | Tfr to Survivor? |
|-------------|--------|------|--|----------------|-----------|----------------|------------------|
|             |        |      |  |                |           |                |                  |
|             |        |      |  |                |           |                |                  |

#### Retirement Incomes

| Description | Income Type<br>(Salary, Self-employed, Other, etc.) | Member | Amount/frequency<br>(e.g. \$2,000/mo. or \$24,000/yr.) | Inflation | Start/End |
|-------------|---|--------|--|-----------|-----------|
|             |   |        |  |           |           |
|             |   |        |  |           |           |

### Education Goal

|                                    | Goal 1                            | Goal 2 | Goal 3 |
|------------------------------------|-----------------------------------|--------|--------|
| Name                               |                                   |        |        |
| Education Start Age                |                                   |        |        |
| Index Cost by                      |                                   |        |        |
| Annual Education Cost (today's \$) |                                   |        |        |
| Number of Years                    |                                   |        |        |
| Account Description                | % or \$ linked to Education Goals |        |        |
|                                    |                                   |        |        |
|                                    |                                   |        |        |

### Major Purchase Goal

|                     | Goal 1                                 | Goal 2 | Goal 3 |
|---------------------|--|--------|--------|
| Description         |  |        |        |
| Member              |  |        |        |
| Target Date         |  |        |        |
| Amount (today's \$) |  |        |        |
| Index Cost by       |  |        |        |
| Account Description | % or \$ linked to Major Purchase Goals |        |        |
|                     |  |        |        |
|                     |  |        |        |

### Emergency Fund

| Account Funding Goal | % or \$ linked to Emergency Fund | Multiple of average monthly expenses | OR | Target Amount (\$) | Reserve asset for Emergency Fund until: |
|----------------------|----------------------------------|--------------------------------------|----|--------------------|---|
|                      |                                  | ___ months                           |    |                    | Retirement    End of Plan               |
|                      |                                  | Index By (%)                         |    | Index By (%)       |   |
|                      |                                  |                                      |    |                    |   |

### Insurance Goals

| Survivor Income | % of lifestyle expenses to cover | ROR on Life Insurance Proceeds        | Client                     | Co-client | If Both Die |
|-----------------|----------------------------------|---------------------------------------|----------------------------|-----------|-------------|
|                 | ___%                             | ___%                                  | Cover Major Purchase Goals |           |             |
|                 |                                  | Pay off liabilities                   |                            |           |             |
|                 |                                  | Total Lump Sum Expenses on Death (\$) |                            |           |             |
|                 |                                  | Annual Ongoing Needs (\$)             |                            |           |             |
|                 |                                  | Number of Years                       |                            |           |             |

### Disability Income

| % of lifestyle expenses to cover | Client | Co-client |
|----------------------------------|--------|-----------|
| ___%                             |        |           |
| Cover Major Purchase Goals       |        |           |
| Pay off liabilities              |        |           |

### Long-term Care

| % of lifestyle & medical expenses to cover | Client | Co-client |
|--|--------|-----------|
| ___%                                       |        |           |
| Additional Daily LTC Expenses (\$)         |        |           |

### Critical Illness

| % of lifestyle expenses to cover | Client | Co-client |
|----------------------------------|--------|-----------|
| ___%                             |        |           |
| Med. Expenses. (\$)              |        |           |
| Non-Med. Exp. (\$)               |        |           |