Pre-Client Information

	Client:	Joint Client:
Name(s):		
Birthdate (or age):		
Phone:		
Email:		
Address:		

Would you like to receive our monthly e-newsletter? ☐ Yes ☐ No

The answers you provide to the following questions will help us to determine whether or not we think there is "a fit" between us. In our experience, successful financial planning can only take place if we share a similar philosophy about financial planning, and if we both agree that we can work together.

Do you currently work with a:

- ☐ Financial Planner
- ☐ Stock Broker
- ☐ Insurance Advisor
- ☐ Mutual Fund Sales Person / Banking Representative
- ☐ Other (please specify) ______________________

If yes, are you satisfied with their service? Why or why not?

Do you own and operate your own business or professional practice? ☐ Yes ☐ No

If yes, tell me about it. If no, please tell me about your career.

What are your primary reasons for seeking a financial advisor?

What are your expectations from the financial planning process?

Do you have a retirement plan? ☐ Yes ☐ No Are you satisfied with it? Why or why not?

Do you have an estate plan? ☐ Yes ☐ No Are you satisfied with it? Why or why not?

Your Current Financial Situation – Summary

Assets and Liability Summary	Client:	Joint Client:
Estimated Home Value	$	$
Savings and Investments: (RRSPs, RRIFs, TFSAs, etc.)	$	$
Other Investments: (Real Estate, etc)	$	$
Personal Mortgage	$	$
Other Debts	$	$
What is your approx. income? (line 150 on inc. tax return)	$	$
How much do you save for retirement annually?	$	$

Are there any other details of your current financial situation that you feel I should know at this point?

Please e-mail completed form to admin@visionvest.ca or fax to 604-542-2819 at least 2 days prior to meeting

VISIONVEST FINANCIAL PLANNING & SERVICES

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