
***Confidential
Personal Financial
Profile***

A. **Client's Name:** _____
Residential Address: _____
City: _____ **Province:** _____
Phone: _____ **Postal Code:** _____
Employer: _____
Title/Occupation: _____ **No. of Years Employed:** _____
Business Address: _____
City: _____ **Province:** _____ **Postal Code:** _____
Phone: _____ **Fax:** _____
Birth Date: _____ **Age:** _____
Non-Smoker _____ **Smoker** _____ **Citizenship:** _____
Social Insurance Number: _____

B. **Spouse's Name:** _____
Employer: _____
Title/Occupation: _____ **No. of Years Employed:** _____
Business Address: _____
City: _____ **Province:** _____ **Postal Code:** _____
Phone: _____ **Fax:** _____
Birth Date: _____ **Age:** _____
Non-Smoker _____ **Smoker** _____ **Citizenship:** _____
Social Insurance Number: _____

C. **Children: Please tick () the appropriate space beside Dependent or Self Supporting.**

<u>Name</u>	<u>Birth Date</u> DD / MM / YY	<u>Dependent</u>	<u>Self Supporting</u>
_____	____-____-____	<input type="checkbox"/>	<input type="checkbox"/>
_____	____-____-____	<input type="checkbox"/>	<input type="checkbox"/>
_____	____-____-____	<input type="checkbox"/>	<input type="checkbox"/>
_____	____-____-____	<input type="checkbox"/>	<input type="checkbox"/>
_____	____-____-____	<input type="checkbox"/>	<input type="checkbox"/>
_____	____-____-____	<input type="checkbox"/>	<input type="checkbox"/>

Are any of the above children physically or mentally infirm?

<u>ASSETS:</u>	<u>Client</u>	<u>Spouse</u>	<u>Total</u>	<u>Notes</u>
Personal Residence	_____	_____	_____	
Personal Property	_____	_____	_____	
Other Real Estate	_____	_____	_____	
Sub Total	_____	_____	_____	
Cash Reserves:				
Savings Accounts	_____	_____	_____	
Chequing Accounts	_____	_____	_____	
CSBs	_____	_____	_____	
T-Bills (MMFs)	_____	_____	_____	
T-Bills	_____	_____	_____	
Sub Total	_____	_____	_____	
Non-Registered Investments:				
Business Value	_____	_____	_____	
Equity	_____	_____	_____	
Bonds	_____	_____	_____	
Cash	_____	_____	_____	
Investment Real Estate	_____	_____	_____	
Sub Total	_____	_____	_____	
Registered Investments:				
Equity	_____	_____	_____	
Bonds	_____	_____	_____	
Cash	_____	_____	_____	
Sub Total	_____	_____	_____	
Total Assets	_____	_____	_____	
<u>LIABILITIES:</u>				
				Insured
Personal Lines of Credit	_____	_____	_____	<input type="checkbox"/>
Personal Loans	_____	_____	_____	<input type="checkbox"/>
Mortgage	_____	_____	_____	<input type="checkbox"/>
Income Prop. Mortgage	_____	_____	_____	<input type="checkbox"/>
Investment Loans	_____	_____	_____	<input type="checkbox"/>
				Tax Deductable
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
Total Liabilities	_____	_____	_____	
NET WORTH	_____	_____	_____	

Life Insurance

Company Type Amount Premium Group

You

Spouse

Disability coverage

You

Your Spouse

Other coverage

You

Your Spouse

1. **Have you had any good investment experiences in the past?**

2. **Have you had any bad investment experiences in the past?**

3. **Are you planning to purchase or sell any assets in the near future?** _____

4. **Do you have any plans for major purchases over the next few years? (medium to long term)
(e.g. property, new car)**

5. **Do you or your spouse have maintenance or child support obligations?**

6. **Will you benefit from previous generations of wealth creation? (Inheritance)**

7. **Are you in a position where creditor proofing your assets is important to you?**

8. **Do you have other professional advisors?**

Accountant _____

Lawyer _____

Insurance Agent _____

Investment Advisor _____

Banker _____

Realtor _____

9. **Is there anything else regarding your financial plan that you wish to address?**

INCOME:

SALARY 1 _____
SALARY 2 _____
BONUSES _____
GST CREDIT _____
CHILD TAX BENEFIT _____
INTEREST _____
DIVIDENDS _____
OTHER INCOME _____

SUB TOTAL: _____

LESS TAXES DEDUCTED AT SOURCE - _____

LESS OTHER DEDUCTIONS AT SOURCE - _____

TOTAL NET SPENDABLE: _____

FIXED EXPENSES:

LOAN PAYMENTS _____
MORTGAGE/RENT _____
PROPERTY TAXES _____
UTILITIES _____
TELEPHONE _____
HOME OWNERS INSURANCE _____
AUTO INSURANCE _____
DISABILITY INSURANCE _____
LIFE INSURANCE _____
FOOD _____
GAS, OIL & MAINTENANCE _____
HEALTH CARE _____
CHILD CARE _____
OTHER _____

SUB TOTAL: _____

FLEXIBLE EXPENSES:

CLOTHING _____
PERSONAL CARE _____
ENTERTAINMENT _____
RECREATION _____
GIFTS _____
DONATIONS _____
EDUCATION _____
OTHER _____

SUBTOTAL: _____

SAVINGS:

VACATION _____
EDUCATION _____
SHORT TERM _____
LONG TERM _____
OTHER _____

SUB TOTAL: _____

TOTAL EXPENSES _____

<u>Additional Items</u>	<u>Client</u>	<u>Spouse</u>	<u>Total</u>	<u>Notes</u>
RRSP Contribution Room	_____	_____	_____	
Unused Capital Losses	_____	_____	_____	
Capital Gains (past 3 years)_____	_____	_____	_____	
Capital Gains (past 3 years)_____	_____	_____	_____	
Capital Gains (past 3 years)_____	_____	_____	_____	
\$500K Capital Gains exemption	_____	_____	_____	

Long Term (10 years and longer)

Goal: _____
 Strategy: _____

Goal: _____
 Strategy: _____

Goal: _____
 Strategy: _____

Medium Term (5 to 7 years)

Goal: _____
 Strategy: _____

Goal: _____
 Strategy: _____

Goal: _____
 Strategy: _____

Short Term (3 months to 3 years)

Goal: _____
 Strategy: _____

Goal: _____
 Strategy: _____

Goal: _____
 Strategy: _____