Live *your* dream.

Tell us about *you*

YOUR DREAM JOURNAL

Date: ______________________

Client Name(s): ______________________

____

Investment Planning Counsel®

FINANCIAL SOLUTIONS FOR LIFE

Personal Information

Client 1

Name ____________________

Full Address ____________________

____

Home Phone ____________________

Cell Phone ____________________

Email Address ____________________

Alternative Address ____________________

____

Birth Date ____________________

Marital Status ____________________

Marriage Date ____________________

Domestic Contract ☐ Yes ☐ No

Employer ____________________

Occupation ____________________

Phone Number ____________________

Fax Number ____________________

SIN ____________________

Driver's License ____________________

Expiration Date ____________________

Province ____________________

Other I.D. ____________________

Client 2

Name ____________________

Full Address ____________________

____

Home Phone ____________________

Cell Phone ____________________

Email Address ____________________

Alternative Address ____________________

____

Birth Date ____________________

Relationship to Client 1 ____________________

Marital Status ____________________

Marriage Date ____________________

Domestic Contract ☐ Yes ☐ No

Employer ____________________

Occupation ____________________

Phone Number ____________________

Fax Number ____________________

SIN ____________________

Driver's License ____________________

Expiration Date ____________________

Province ____________________

Other I.D. ____________________

Children / Grandchildren

Name	Birth Date
Name	Birth Date
Name	Birth Date
Name	Birth Date
Name	Birth Date
Name	Birth Date
Name	Birth Date
Name	Birth Date

All information provided will be kept private and confidential.

Important Contacts *(Please include name & phone number)*

	Client 1	*Client 2*
Financial/Banking		
Accountant		
Lawyer		
Executor		
Continuing Power of Attorney for property		
Power of Attorney for personal care		

Your Affiliations

	Client 1	*Client 2*
1. Which industry associations do you belong to?		
2. Which special interest groups do you belong to?		
3. Which recreational activities do you participate in?		

Tell Us About You

Three things that keep you up at night. Why?

Client 1

1.

2.

3.

Client 2

1.

2.

3.

Top three financial issues you are facing:

Client 1

1.

2.

3.

Client 2

1.

2.

3.

Three things you want to accomplish with your wealth as part of your legacy?

Client 1

1.

2.

3.

Client 2

1.

2.

3.

Your Financial Dreams

For your children:

Client 1

Client 2

For your family:

Client 1

Client 2

For yourself:

Client 1

Client 2

For leaving a legacy:

Client 1

Client 2

For your business interests:

Client 1

Client 2

LIFE GOALS

Life Goals	Annual Amount (after tax)	Start Year	End Year	Index Rate (%)	Importance Rank
i.e. RV to travel Canada	*$100,000 (one-time expense)*	*2014*	*2014*	%	*1*
i.e. Travel each year	*$15,000*	*2012*	*Indefinite*	*2%*	*2*
i.e. Jane's Masters Degree	*$25,000*	*2014*	*2018*	*2%*	*3*
				%	
				%	
				%	
				%	
				%	
				%	
				%	
				%	
				%	

Tell Us About Your Family

1. Which, if any, of your parents are still living?

Client 1

Client 2

2. Do they still live in their own homes?

Client 1

Client 2

3. Will they require financial assistance in the future?

Client 1

Client 2

Personal Balance Sheet

ASSETS

Liquid	Client 1	Client 2	Joint	Financial Institution
Bank Accounts				
CSBs				
Savings Accounts				
Other				
Total Liquid	0	0	0	

Investment	Client 1	Client 2	Joint	Financial Institution
Non-Registered				
RRSPs				
RPPs				
TFSAs				
RESPs				
Managed Accounts				
GICs				
Mutual Funds				
Bonds				
Businesses				
Other				
Total Investment	0	0	0	

Personal	Client 1	Client 2	Joint
Residence			
Furnishings			
Recreational Property			
Collectibles			
Jewellery			
Vehicles			
Other			
Total Personal	0	0	0

Total Assets	0	0	0

LIABILITIES

Short Term	Client 1	Client 2	Joint
Credit Cards			
Accrued Taxes			
Automobile			
Other			
Total Short Term	0	0	0

Long Term	Client 1	Client 2	Joint
Mortgage			
Personal Loans			
Investment Loans			
RRSP Loans			
Other			
Total Long Term	0	0	0

Total Liabilities	0	0	0

NET WORTH	0	0	0

TOTAL COMBINED NET WORTH	$0

Details of your RRSPs

Registered Savings			
	Available Contribution Room	Scheduled Savings Plan	Beneficiary
Client 1	$	$	
Client 2	$	$	

Details of your Educational Savings and RESPs

Educational Savings			
Name of Child	Current Balance	Scheduled Savings Plan	In Trust or RESP
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	

Personal Cash Flow

☐ Monthly ☐ Annually

INCOME

Employment	Client 1	Client 2
Salary		
Bonus		
Non Taxable Income		
Other Taxable Income		
Pension	**Client 1**	**Client 2**
Registered Pension Plan Income		
Old Age Security Benefits		
CPP/QPP Benefits		
Investment	**Client 1**	**Client 2**
Interest		
Dividends		
Capital Gains		
RRIF/LIF Income		
Rental Income		
Miscellaneous	**Client 1**	**Client 2**
Employment Insurance Benefits		
Worker's Compensation		
Alimony / Child Support Received		

TOTAL INCOME	$0	$0

EXPENSES

Accommodation	Client 1	Client 2	Joint
Rent			
Mortgage Payment			
Property Taxes			
Utilities (Heat/Hydro/Water)			
Property Insurance			
Miscellaneous Housing			
Recreational Property Expenses			
Other Accommodation			

Family & Living	Client 1	Client 2	Joint
Groceries			
Clothing			
Home Telephone			
Internet Services			
Cell Phones			
Cable/Satellite TV and Radio			
Dependent Care			
Housekeeping			
Personal Care			
Medical Expenses			
Alimony/Child Support Payments			
Education/Tuition			
Other Family and Living			

Transportation	Client 1	Client 2	Joint
Vehicle Payment			
Gasoline			
Repairs/Maintenance			
Car Insurance			
Public Transit/Parking			
Other Transportation			

Personal Expenditures	Client 1	Client 2	Joint
Personal Loan Payments			
Line of Credit			
Insurance Premiums (Life, Disability, etc.)			
Holidays/Vacations			
Gifts			
Entertainment/Dining Out			
Professional Fees			
Club memberships/Dues			
Cash/Pocket Money			
Credit Card Payments			
Charitable Donations			
Miscellaneous Expenses			
Other Personal Expenditures			

Savings & Investment	Client 1	Client 2	Joint
RRSP Contributions			
Spousal RRSP Contributions			
Open and TFSA Savings			
Education Savings			

Miscellaneous	Client 1	Client 2	Joint
Investment Loan Payment			
RRSP Loan Payments			

Taxes	Client 1	Client 2	Joint
Income tax deducted			
- Other Tax Deductions			
- Provincial Income Reductions			
- Provincial Tax Credit			
- Federal Tax Credit			

TOTAL EXPENSES	$0	$0	$0

TOTAL COMBINED CASH FLOW	$0

How much do you *think* you have each month/year that is currently extra that you could put towards achieving your goals?

____________________ per month/year

FINANCIAL SECURITY

Retirement Goal			
	Name	Annual Income Goal	Age
Client 1		$	
Client 2		$	

Comments:

When and how do you see yourself retiring?

Client 1

Client 2

What do you see 5, 10, 20, 30 years into retirement?

Client 1

Client 2

What lump sum inputs or withdrawals do you see occurring during your retirement, and when?

Client 1

Client 2

Portfolio Management

1. Describe your current portfolio management strategy:

Client 1

Client 2

2. How do you currently select the investments that make up your portfolio?

Client 1

Client 2

3. How often do you rebalance or change your investments and why?

Client 1

Client 2

4. How do you currently measure progress towards your goals? (i.e. Is your strategy working?)

Client 1

Client 2

5. Do you make regular contributions to your investments? (How?)

Client 1

Client 2

1. How would you rate your investment experience?

	Client 1	Client 2
Limited	☐	☐
General	☐	☐
Extensive	☐	☐

2. How would you rate your general investment knowledge?

	Client 1	Client 2
Novice	☐	☐
Fair	☐	☐
Good	☐	☐
Sophisticated	☐	☐

3. Investment Objectives (why do you invest?)

	Client 1	Client 2
Safety	☐	☐
Income	☐	☐
Balanced Approach	☐	☐
Growth	☐	☐
Aggressive Growth	☐	☐
Speculation	☐	☐

Other ______________________________

4. Time horizon
(how long will this money be invested?)

	Client 1	Client 2
1 to 3 years	☐	☐
4 to 5 years	☐	☐
6 to 9 years	☐	☐
10 to 20 years	☐	☐
20 plus years	☐	☐

5. Current income requirements

Client 1	Client 2
☐ Need $ __________	☐ Need $ __________
per ______________	per ______________
of income from portfolio	of income from portfolio

Risk Management Review

	Client 1	Client 2
Do you have a will?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, location of will:		
Last revised:		
Do you have a continuing POA for property?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have a POA for personal care?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, location of POA(s):		
Last revised:		
Do you want to leave money in the estate?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, how much?		
Do you currently have a Risk Management Plan in place?	☐ Yes ☐ No	☐ Yes ☐ No

In the event of the following, do you have the financial resources for you or your family to continue to maintain your current lifestyle?

	Client 1	Client 2
1. Death	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
2. A critical illness	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
3. A prolonged disability (more than 1 year)	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
4. The need for a long term care facility	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Have you currently planned for or insured any of the above risks?	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
If you have purchased insurance in the past - why have you bought it?		

Service

1. How often do you wish to have your Personal Wealth Management Strategy reviewed?

☐ Semi-annually
☐ Annually
☐ Only when a change or review is needed

2. Please rank in order the best way to keep you informed (1 to 6):

____ Phone appointment
____ Personal visit
____ Newsletter
____ Written letter
____ Website
____ Email
____ Conference call

3. Would you like us to set up your own Personal Financial Website?

☐ Yes ☐ No

4. Would you like an invitation to our Portfolio Management conference calls?

☐ Yes ☐ No

5. Would you like to receive our E-Wealth Report?

☐ Yes ☐ No
Please provide preferred email address:

____

6. Other information you might be interested in:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________

7. In our relationship, please list what you expect from our firm:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

8. If we were meeting 5 years from now, tell me what would have to have happened for you to consider our relationship successful?

____
____
____

Notes

____
____
____

Document Checklist

Please provide the most recent copy of the following documents, for each client.	
☐	Last Three Payroll Notices
☐	Employee Benefits Booklet(s)
☐	Employee Benefits Statement(s)
☐	Pension Plan Statement(s) and/or Plan Booklets
☐	Last Two Years Personal Income Tax Returns
☐	Notices of Assessment
☐	Financial Statements (for all Corporate, Proprietor, or Partnership Interests)
☐	CPP/QPP Statement of Contributions
☐	RRSP / RRIF/ LIRA / LIF Statements
☐	GIC Statements
☐	CSB Statements
☐	Stock Portfolio Statements
☐	Mutual Fund Statements
☐	Limited Partnership Offering Memorandum, Executive Summary and most current correspondence
☐	Documentation for all Current Liabilities (Mortgages, Lines of Credit, Credit Card Statements etc.)
☐	Life, Disability, Critical Illness and Long Term Care Insurance Policies
☐	General Insurance Policies (Auto, Homeowners etc.)
☐	Wills and/or Powers of Attorney
☐	Marriage Contract
☐	Divorce/Separation Agreement
☐	Shareholder's/Business Agreements
☐	Family Trust Documentation

Authorization

To: ______________________________:

This will serve as your full authority to release to ______________________________, my Advisor, any information and/or documents concerning my affairs with your organization.

Dated this ____________________ day of ____________________, 20 ______, at ____________________.

______________________________ Client 1 Name *(please print)*

______________________________ Client 2 Name *(please print)*

______________________________ Client 1 Signature

______________________________ Client 2 Signature

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FINANCIAL SOLUTIONS FOR LIFE

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