

### Client Information

	First Name	Last Name	Date of Birth (mm/dd/yy)	Gender	Tax Filing Status (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 (mm/dd/yy)	Relationship (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 (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/PPP?</b>		
<b>Include OAS?</b>		
<b>Benefit Amount</b> (Eligible % or Est. in today's \$)		

### Insurance Coverage

#### Life Insurance Coverage

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

#### Disability Insurance Coverage

Description	Insured	Policy Type (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. <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 (e.g. \$220/mo. or \$24,000/yr.)	Inflation Rate	Start/End	Fixed Expense?	Tfr to Survivor?

#### Retirement Incomes

Description	Income Type (Salary, Self-employed, Other, etc.)	Member	Amount/frequency (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. (\$)		