

Simple Conversation

Completed By: _____

Date: _____

Email: _____

Phone: _____

MY OPINIONS

Please rate these items:

	VI	I	NI
1. Saving and accumulating money on a regular basis is:	☐	☐	☐
2. Providing educational funds for children is:	☐	☐	☐
3. Having a professional advisor involved in my insurance, investment and retirement planning is:	☐	☐	☐
4. Developing and maintaining a strategic financial plan is:	☐	☐	☐
5. Having an up-to-date will and power of attorney is:	☐	☐	☐
6. In the event of my death or my spouse's/partner's premature death:			
• maintaining our family's lifestyle is:	☐	☐	☐
• paying off any outstanding mortgage or debt is:	☐	☐	☐
• providing for our children's post-secondary education is:	☐	☐	☐
7. In the case of a disability or critical illness for me or my spouse/partner:			
• being able to pay off the mortgage and other major bills is:	☐	☐	☐
• maintaining our standard of living and lifestyle is:	☐	☐	☐
• being able to pay for any additional medical expenses is:	☐	☐	☐
8. Minimizing the impact of inflation and taxes is:	☐	☐	☐
9. At retirement, having sufficient funds to retire on my own terms is:	☐	☐	☐

FINANCIAL OVERVIEW

Please check the one most appropriate to you:	Yes	No	Not Sure
1. I have a professional advisor guiding my financial planning:	☐	☐	☐
2. I know what I am entitled to under my (and/or spouse's/ partner's) group benefits and pension plan:	☐	☐	☐
3. I have a regular savings and accumulation program:	☐	☐	☐
4. I have a plan in place to fund my children's post-secondary education:	☐	☐	☐
5. I know how much income I will receive if I become disabled:	☐	☐	☐
6. I am financially prepared for a critical illness diagnosis (e.g., heart attack, cancer) :	☐	☐	☐

RETIREMENT OVERVIEW

Please check the one most appropriate to you:	Yes	No	Not Sure
1. I know what capital I need to fully fund my retirement lifestyle :	☐	☐	☐
2. My pension/retirement fund is structured to maximize its benefits:	☐	☐	☐
3. I maximize my RRSP contributions each year:	☐	☐	☐
4. My current savings rate will meet my retirement goals:	☐	☐	☐
5. I understand what happens to my group benefits at retirement:	☐	☐	☐

ESTATE OVERVIEW

Please check the one most appropriate to you:	Yes	No	Not Sure
1.I/We have listed all important documents and their location:	☐	☐	☐
2. I understand how taxes will affect my estate and the ramifications:	☐	☐	☐
3. I have an up-to-date will and power of attorney:	☐	☐	☐
4. My/Our current life insurance would sustain our family's lifestyle after my death:	☐	☐	☐

IN THE NEAR FUTURE

I plan to or expect to:

Occupationally	Personality	Financially
Change employment ☐	Get married ☐	Buy/Sell a home/property ☐
Start a business ☐	Start a family ☐	Borrow money ☐
Retire ☐	Care for a parent ☐	Buy/Sell a business ☐

I AM INTERESTED IN DISCUSSING / REVIEWING

Please check the items of interest to you:

	Yes	No
1. A review of my savings and investment programs:	☐	☐
2. Ways to maximize my pension and retirement income:	☐	☐
3. Ways to fund post-secondary education for my children or grandchildren:	☐	☐
4. Ways to put an up-to-date financial plan in place:	☐	☐
5. Ways to maintain my family's lifestyle in the event of my death or disability:	☐	☐
6. Ways to maximize charitable gifting:	☐	☐
7. Strategies to reduce taxes:	☐	☐
8. Insurance to pay off the mortgage:	☐	☐
9. Ways to offset the cost of a critical illness:	☐	☐
10. Ways to offset the substantial expense of long term care:	☐	☐
11. Ways to fund Capital Gains and other estate taxes:	☐	☐
12. Ways to ensure the value of my business goes to my family should i die, become disabled or critically ill:	☐	☐
13. Life insurance on (check accordingly) ☐ Myself ☐ My spouse/partner ☐ My children/grandchildren		
14. Income protection (Disability) (check accordingly) ☐ Myself ☐ My spouse/partner ☐ My children/grandchildren		
15. Critical Illness Insurance on (check accordingly) ☐ Myself ☐ My spouse/partner ☐ My children/grandchildren		

GENERAL INFORMATION

Name	Date of Birth DD /MM/YYYY
Email	Phone
Partner's Name	Date of Birth DD /MM/YYYY

EMPLOYMENT

My Occupation	Partner's Occupation
Job Title	Job Title
Ownership Percentage (If applicable) %	% Ownership Percentage (If applicable) %
Business Name	Business Name

ADDITIONAL INFORMATION

My Family	My House
Number of Children Under Age 18	Own Our House
Number of Children Over Age 18	Renting
Other Dependents	Other

FINANCIAL INFORMATION

Annual Income	Mine	Partner's (If Applicable)
Under \$75,000	☐	☐
\$100,000 - \$250,000	☐	☐
Over \$250,000	☐	☐

NOTES, COMMENTS, REFERRALS