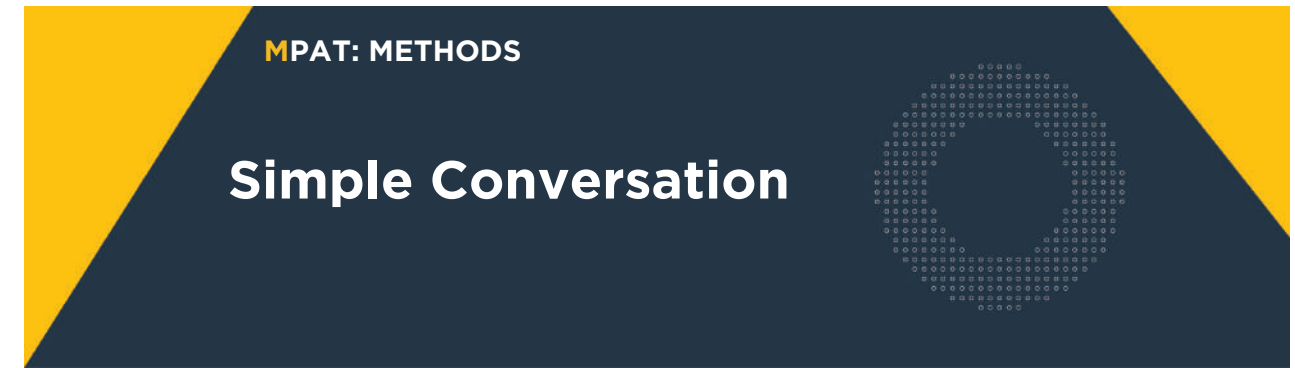


I AM INTERESTED IN DISCUSSING / REVIEWING

Please check the items of interest to you:

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

NOTES, COMMENTS, REFERRALS



Completed By: _____ Date: _____

GENERAL INFORMATION

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

EMPLOYMENT

My Occupation	Spouse's Occupation
Job Title	Job Title
Ownership Percentage (if applicable) %	% Ownership Percentage (if applicable) %
Business Name	Business Name
Address	Address

ADDITIONAL INFORMATION

My Family	My House
Number of Children Under Age 18	<input type="checkbox"/> Own Our House
Number of Children Over Age 18	<input type="checkbox"/> Renting
Other Dependents	<input type="checkbox"/> Other

MY OPINIONS

Please rate these items:

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

IN THE NEAR FUTURE

I plan to or expect to:

Occupationally	Personally	Financially
<input type="checkbox"/> Receive a raise	<input type="checkbox"/> Get married	<input type="checkbox"/> Buy/Sell a home/property
<input type="checkbox"/> Change employment	<input type="checkbox"/> Start a family	<input type="checkbox"/> Borrow money
<input type="checkbox"/> Start a business	<input type="checkbox"/> Care for a parent	<input type="checkbox"/> Pay off a loan
<input type="checkbox"/> Retire	<input type="checkbox"/> Other	<input type="checkbox"/> Buy/Sell a business
<input type="checkbox"/> Other		<input type="checkbox"/> Other

FINANCIAL OVERVIEW

Please check the one most appropriate to you:

	Yes	No	Not Sure
1. I have a professional advisor who guides me in my financial planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I know what I am entitled to under my and/or my spouse's/partner's group benefits and/or pension plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have a regular savings and accumulation program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have plans in place to provide post-secondary education for my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I know how much income I will receive if I become disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In the event of a critical illness (e.g., heart attack, cancer) I have enough money to make the necessary lifestyle adjustments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I/We can afford the costs of long-term care should the need arise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RETIREMENT OVERVIEW

Please check the one most appropriate to you:

	Yes	No	Not Sure
1. I know what capital I need now to be on a permanent vacation during my retirement years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My pension plan/retirement fund is structured to maximize its benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I maximize my RRSP contributions each year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My current rate of savings and investments are sufficient to meet my retirement objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I understand what happens to my group benefits at retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ESTATE OVERVIEW

Please check the one most appropriate to you:

	Yes	No	Not Sure
1. I/We have made a list of all important documents and their location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I understand the full impact of how taxes will be applied to my estate and those ramifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have an up-to-date will and power of attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My/Our current life insurance coverage will sustain our family's lifestyle after my death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>