

Client Questionnaire



PERSONAL INFORMATION

	CLIENT 1	CLIENT 2
Legal First Name		
Salutation (Preferred Name)		
Last Name		
Title (eg Dr., Mr., Mrs., Miss, Ms)		
Date of Birth (DD/MM/YY)		
Home Phone		
Work Phone		
Cell Phone		
Email Address		
Preferred Method of Contact	<input type="checkbox"/> Phone <input type="checkbox"/> Email	<input type="checkbox"/> Phone <input type="checkbox"/> Email
Countries of Citizenship (list all)		
Social Insurance Number		
Employer Name		
Employer Address		
Job Title / Profession		
Years of Service		
Do you file tax returns in any other country? If yes, please list		

ADDRESS

Street Address			
City, Province		Postal Code	

MAILING ADDRESS (if different than above)

Street Address			
City, Province		Postal Code	

PROFESSIONAL ADVISORS

Financial Advisor		Company	
Lawyer		Company	
Accountant		Company	
Other:		Company	
Other:		Company	

HOW DID YOU HEAR ABOUT US?

GOALS

EXPECTATIONS

What is the primary reason you came to see a financial advisor?

Three years from now when you look back on our business relationship what has to have happened for you to be satisfied?

LIQUIDITY GOALS

Are you planning home renovations or property/vehicle purchase? If so please provide details

Will you require a significant lump-sum amount of money for another reason? Please provide details

Are you expecting any significant lump-sum amount now or in the future either from inheritance or any other source?

FINANCIAL GOALS

Examples are mortgage/debt elimination, travel, educations savings for children/grandchildren, specific wealth accumulation target (please include target amount), estate preservation for heirs. Please make each goal as specific as possible.

Short Term Goals (1 to 5 years)

Long Term Goals (5 years+)

RETIREMENT/SEMI-RETIREMENT GOALS

Client 1	Semi-retire at age	Retire at age
Client 2	Semi-retire at age	Retire at age

Total desired after-tax annual retirement income from all sources \$

Will the above income be required at retirement or another date? Retirement Other date:

Please rate the importance of each goal below, 1 being very important and 5 being not important at all

	1	2	3	4	5
PLANNING FOR LONG-TERM DISABILITY/ILLNESS					
To take care of self and family in the event of long-term disability or illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To protect the maximum amount of our current earned income in the event of long-term disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To provide lump-sum funds to pay for medical treatment if diagnosed with a critical illness, such as heart attack or cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To provide funding for medical expenses that may come in the late stages of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the importance of each goal below, 1 being very important and 5 being not important at all

	1	2	3	4	5
ESTATE PLANNING GOALS					
I want to ensure my beneficiaries have immediate access to capital at death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to eliminate my debts at death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to ensure continuity of my income for my dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to provide education funding for my children or grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to simplify my estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to maximize my estate for my beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to ensure a succession plan is in place for my business interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to leave a legacy through charitable giving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FINANCIAL CONCERNS	
What is your primary financial concern?	
Do you have any other financial concerns?	

MORTGAGE DETAILS

	Mortgage 1	Mortgage 2	Mortgage 3
Owner			
Lender			
Rate			
Term			
Renewal Date			
Amortization Period			
Payment Amount			
Payment Frequency			
Current Balance Owing			

LINES OF CREDIT

	Line of Credit 1	Line of Credit 2	Line of Credit 3
Owner			
Lender			
Rate			
Available Credit			
Current Balance Owing			

OTHER PERSONAL DEBT

	Debt 1	Debt 2	Debt 3
Description			
Owner			
Lender			
Rate			
Current Balance Owing			

CURRENT ANNUAL INCOME SOURCES (BEFORE-TAX)

	Client 1	Client 2
Salary		
Income from Business Interests		
Investment Income		
Employer Pension		
Employer Bridge Benefit		
RRIF / LIF Income		
Canada Pension Plan		
Old Age Security		
Rental Income		
Annuity Income		
Support Payments		
Other:		

FUTURE DEFINED BENEFIT (DB) PENSIONS

	DB Pension 1	DB Pension 2	DB Pension 3
Owner			
Pension Start Date			
Monthly Pension Benefit			
Monthly Bridge Benefit			
Single Life or Joint Life			
Commuted value ¹			

¹ The commuted value of your pension is the lump sum value of your plan today. If you are unable to determine please discuss with your advisor.

DEFINED CONTRIBUTION (DC) PENSIONS

	DC Pension 1	DC Pension 2	DC Pension 3
Owner			
Employer Contribution (%)			
Owner Contribution (%)			
Total Monthly Contribution (\$)			
Current Value			

REGISTERED PLAN INFORMATION

	Client 1	Client 2
RRSP contribution room, including carry-forward		
Tax Free Savings Account contribution room, including carry-forward		

LIVING EXPENSES & MONTHLY SAVINGS

Average monthly living expenses	
Average monthly savings (please exclude pension contributions)	

EDUCATION PLANS FOR CHILDREN OR GRANDCHILDREN

Name of Child / Grandchild	Notes (eg. Institution)	Value

TAX CONSIDERATIONS

Do any of your existing investments have unrealized capital gains? If so, please describe and provide financial statements
Are there any other unique tax considerations we should be aware of?

RISK MANAGEMENT

LIFE INSURANCE

Group Coverage (Employer Plans)

	Policy 1	Policy 2
Life Insured		
Insurance Company		
Death Benefit		
Premium Amount		
Premium Frequency		
Primary Beneficiaries		
Secondary Beneficiaries		

Private Coverage

	Policy 3	Policy 4
Lives Insured		
Insurance Company		
Policy Number		
Coverage Type (Single Life or Joint Life)		
Term, Whole Life or Universal Life?		
Death Benefit		
Premium Amount		
Premium Frequency		
Primary Beneficiaries		
Secondary Beneficiaries		
Are any of the beneficiaries minors?		
Trustees named for minor beneficiaries		

	Policy 5	Policy 6
Lives Insured		
Insurance Company		
Policy Number		
Coverage Type (Single Life, Joint Life)		
Term, Whole Life or Universal Life?		
Death Benefit		
Premium Amount		
Premium Frequency		
Primary Beneficiaries		
Secondary Beneficiaries		
Are any of the beneficiaries minors?		
Trustee named for minor beneficiaries		

ADDITIONAL NOTES

DISABILITY INSURANCE

Long-Term Disability - Group Coverage (Employer Plans)

	Policy 1	Policy 2
Insured		
Insurance Company		
Waiting Period		
Benefit Amount		
Premium Amount		

Private Coverage

	Policy 3	Policy 4
Insured		
Insurance Company		
Policy Number		
Waiting Period		
Benefit Amount		
Premium Amount		
Premium Frequency		
Additional Notes (eg. Riders)		

CRITICAL ILLNESS INSURANCE

	Policy 1	Policy 2
Insured		
Insurance Company		
Policy Number		
Benefit Amount		
Premium Amount		
Premium Frequency		
Additional Notes (eg. Riders)		

LONG-TERM CARE INSURANCE

	Policy 1	Policy 2
Insured		
Insurance Company		
Policy Number		
Benefit Amount		
Premium Amount		
Premium Frequency		
Additional Notes (eg. Riders)		

EXTENDED HEALTH & DENTAL INSURANCE

Do you have extended health and dental insurance coverage?

Yes

No

INVESTMENT PROFILE – CLIENT 1

What are your primary questions and concerns about your current investment portfolio?

How familiar are you with investing and the different types of investments available?

- I am starting to learn about the subject
- I know something about investing, but not in depth
- I am reasonably familiar with basic types of investments
- I am fairly knowledgeable about the range of investments
- I am both knowledgeable and experienced

Rank each of these investment goals on a scale of 1 to 3 (1 is very important and 3 is not important at all)

- ___ Capital Preservation
- ___ Income
- ___ Growth

What level of risk are you willing to take with your capital? (Where 1 is a government of Canada T-Bill and 10 is a very speculative stock. A balanced portfolio would be a 5 or 6.)

1	2	3	4	5	6	7	8	9	10
Conservative (low level of risk)				Balanced (moderate level of risk)					Aggressive (high level of risk)

Rate how important each of the following investment characteristics are to you on a scale of 1 to 5. (1 being very important and 5 not at all important)

- ___ The size of a loss in my overall portfolio in any one year
- ___ The quarterly performance of each of my holdings
- ___ The annual performance of my overall portfolio
- ___ Avoiding any loss over a one-year period
- ___ Staying ahead of inflation over the next 5 years
- ___ Variability in monthly value of my portfolio

How important is it for your savings and investments to keep ahead of inflation – that is, to increase in value faster than the increase in the cost of living?

- It is essential that my money grow in value at a rate that exceeds inflation
- My main concern is that I don't lose any of my money
- I would like my money to keep ahead of inflation, but it is more important that I receive steady and consistent returns

How would you react if an investment you made declined in value in a short period of time?

- Look at it as a buying opportunity
- Hold the course and stick to your investment strategy
- Sell the investment

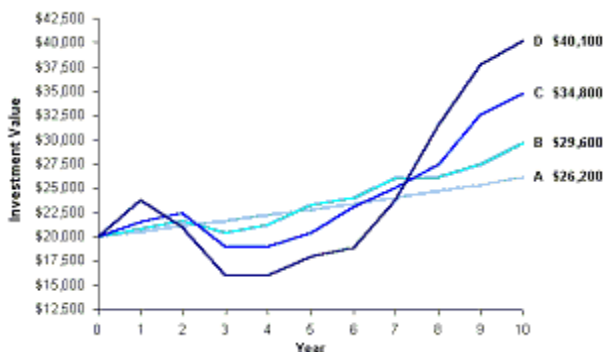
What degree of risk have you taken with your financial decisions in the past?

- Low risk
- Medium risk
- High risk

Investments can go up and down in value, and experts often say you should be prepared to weather a downturn. By how much could the total value of all your investments go down in a given year before you would begin to feel uncomfortable?

- Any decline would make me uncomfortable
- 5%
- 10%
- 20%
- 33%
- 50%

Choose the portfolio that reflects your comfort level relative to variability.



- Portfolio A
- Portfolio B
- Portfolio C
- Portfolio D

If your portfolio fails to achieve the expected returns necessary to fund your goals, what ability do you have to adapt by reducing the goal or funding it from other sources of capital?

- Little to no flexibility
- Some flexibility
- With some planning, I could replace the reduction with other income
- I could easily replace a reduction in value with other income

Do you have any political/social/environmental restrictions on your investment choices?

Do you have a sentimental attachment to any of your investments?

Do you have any accounts that have restrictions as to the type of investments that can be held? If yes, please explain:

ADDITIONAL NOTES

