

FINANCIAL REVIEW

Resources Required: (Confidential)

- Bank Statements
- Mortgage Statements
- Loan Statements
- Employee Benefits Statements
- Pension Statements
- Insurance Policies
- RRSP Statements
- Non-Registered Investment Statements
- Tax Return
- Notice of Assessment

DEFINITIVE WEALTH
MANAGEMENT INC.



E X P E R I E N C E M A T T E R S

Personal Financial Review

Last Name:	First Name:	S.I.N.:	
Address:	City/Province:	Postal Code:	
Telephone # (Home):	Telephone # (Work):	Telephone # (Other):	Birth Date: <i>yyyy / mm / dd</i>
Spouse's Last Name:	Spouse's First Name:	S.I.N.:	
Address:	City/Province:	Postal Code:	
Telephone # (Home):	Telephone # (Work):	Telephone # (Other):	Birth Date: <i>yyyy / mm / dd</i>
E-mail Address:	E-mail Address (other):		

Cash Flow Analysis

Monthly Income Statement (Employment, Pension, Investments)

	Annual	Gross	Net
Self	\$	\$	\$
Spouse	\$	\$	\$
Other Income	\$	\$	\$
	\$	\$	\$

Total Net Monthly Income \$

Monthly Expenses

Regular savings \$

Payments on loans and debts \$

Mortgage (Principle & Interest) \$

Groceries
(Food____, Cleaning supplies____, etc.____) \$

Shelter
(Rent____, Repairs____, Taxes____, Insurance____, Utilities____) \$

Transportation
(Gas____, Repairs____, Insurance____, Parking____, etc.____) \$

Insurance Premiums/Direct Medical/Dental
(Life____, Disability____, Health____) \$

Direct Medical/Dental
(Glasses____, Prescriptions____, etc.____) \$

Recreation/Education
(Holidays____, Hobbies____, Clubs____, Subscriptions____) \$

Miscellaneous
(Donations____, Dues____, Child care____, Alimony____,
Child Support____, Other____) \$

Total Expenses \$

Uncommitted Income \$

AMOUNT WILLING TO COMMIT TO GOALS \$

Advisors

Lawyer: _____

Account: _____

Tax Preparer: _____

Power of Attorney: _____

Employment Information

Self: _____ Title: _____

Employer: _____ () Yrs.

Address: _____

Telephone #: _____ Fax #: _____

Previous Employer: _____ () Yrs.

Spouse: _____ Title: _____

Employer: _____ () Yrs.

Address: _____

Telephone #: _____ Fax #: _____

Previous Employer: _____ () Yrs.

Dependents (Children, Elderly Parents)

Name: _____

Birth Date: *yyyy / mm / dd* Male Female

Name: _____

Birth Date: *yyyy / mm / dd* Male Female

Name: _____

Birth Date: *yyyy / mm / dd* Male Female

Name: _____

Birth Date: *yyyy / mm / dd* Male Female

Name: _____

Birth Date: *yyyy / mm / dd* Male Female

Assets

Deposit Accounts (Note if joint)

Institution:	Type:	Total:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Life Insurance CSV

Company:	Owner:	Total:
_____	_____	\$ _____
_____	_____	\$ _____

Pensions/DPSP

Company:	Owner:	Total:
_____	_____	\$ _____
_____	_____	\$ _____

Non-Registered Investments

(Stocks, Funds, GIC's, CSB's, Mortgages Held, Business Interests)

Institution:	Total:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

RRSP's/RRIF's (Note any spousal RRSP's)

Institution:	Type:	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total		\$ _____

Real Estate (Home, Cottage, Other Real Estate)

Total	\$ _____

Other Assets

(Equipment, Furnishings, Jewelry, Collections, Art, Accounts Receivable)

Total	\$ _____

Total Assets \$ _____

Liabilities

Mortgages

Lender: _____	Rate: _____
Renewal Date: _____	Amortization: _____
Monthly Payments \$: _____	Term: _____ Amount Owing \$ _____
Lender: _____	Rate: _____
Renewal Date: _____	Amortization: _____
Monthly Payments \$: _____	Term: _____ Amount Owing \$ _____
Are the Mortgages Insured? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Loans (Cars, Personal business, Investments)

Lender: _____	Rate: _____
Purpose: _____	
Expires: _____	Term: _____
Monthly Payments \$: _____	Amount Owing \$ _____
Lender: _____	Rate: _____
Purpose: _____	
Expires: _____	Term: _____
Monthly Payments \$: _____	Amount Owing \$ _____
Lender: _____	Rate: _____
Purpose: _____	
Expires: _____	Term: _____
Monthly Payments \$: _____	Amount Owing \$ _____
Lender: _____	Rate: _____
Purpose: _____	
Expires: _____	Term: _____
Monthly Payments \$: _____	Amount Owing \$ _____
Are the Loans Insured? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Accounts Payable (Credit Cards, Outstanding Bills, Taxes)

Monthly Payments \$: _____	Total \$ _____

Other debt (Guarantees, Personal Obligations)

Total	\$ _____

Total Liabilities \$ _____

Total Net Worth

Total Assets – Total Liabilities = \$ _____

Insurance Policies

Life Insurance (Group/Individual)

Insured:	Beneficiary:	Smoker: <input type="checkbox"/>	Non-Smoker: <input type="checkbox"/>	Date Issued:
Issuer:	Type:	Coverage \$:	CSV \$:	Monthly Premium \$:
Insured:	Beneficiary:	Smoker: <input type="checkbox"/>	Non-Smoker: <input type="checkbox"/>	Date Issued:
Issuer:	Type:	Coverage \$:	CSV \$:	Monthly Premium \$:
Insured:	Beneficiary:	Smoker: <input type="checkbox"/>	Non-Smoker: <input type="checkbox"/>	Date Issued:
Issuer:	Type:	Coverage \$:	CSV \$:	Monthly Premium \$:

Disability Insurance (Short-Term Disability/Long-Term Disability) (Group/Individual)

Insured:	Benefit Period:	Waiting Period:	Riders:
Issuer:	Occupation Type:	Coverage \$:	Monthly Premium \$:
Insured:	Benefit Period:	Waiting Period:	Riders:
Issuer:	Occupation Type:	Coverage \$:	Monthly Premium \$:

Property Insurance

Property Insurance Coverage:	Yes <input type="checkbox"/> \$:	No <input type="checkbox"/> Dwelling \$:	Personal Property \$:
Liability \$:	Deductible \$:	Riders \$:	

Tax Planning

Name:	Tax Year:	RRSP contribution limit \$:	Pension Adjustment \$:
RRSP over-contribution balance \$:		RRSP contribution carry forward \$:	
Prior year's earned income \$:		Taxable income:	Other:
Are you a Canadian citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name:	Tax Year:	RRSP contribution limit \$:	Pension Adjustment \$:
RRSP over-contribution balance \$:		RRSP contribution carry forward \$:	
Prior year's earned income \$:		Taxable income:	Other:
Are you a Canadian citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Pension Plans

Client:	Years in Plan:
Defined benefit:	Defined Contribution:
Pension indexed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Market Value:	Monthly payment \$:
Client:	Years in Plan:
Defined benefit:	Defined Contribution:
Pension indexed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Market Value:	Monthly payment \$:

Education Planning—RESP's

Issuer:	Investment:
Beneficiary:	Accumulated Contributions:
Accumulated CESG's:	

Signature

Date

Retirement Planning

Date of retirement:	yyyy / mm / dd	
Annual spending needs at retirement \$:		
RRIF calculations based on age of (name):		
Individual retirement <input type="checkbox"/>	or	Joint retirement <input type="checkbox"/>
Will your home be paid off by the time you retire?	No <input type="checkbox"/>	Yes <input type="checkbox"/> yyyy / mm / dd

Estate Plans

	Self	Spouse
Do you have a will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Where is the will filed?		
Date last revised:		
Who is the executor?		
Are you an executor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have guardians for your children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a guardian?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>