

# Your Personal Financial Review

**Strictly Confidential**

Client Name(s): \_\_\_\_\_

\_\_\_\_\_

Advisor: \_\_\_\_\_

In order to prepare a financial plan for you, we will need to take an in-depth review of your overall financial situation, as well as discuss your goals and objectives. As a first step in this process, we ask that you provide us with the information and documents outlined on the attached. If an item is not applicable, please note so.

To the best of my knowledge, the information provided is complete and accurate. I understand that your review and resulting recommendations will be based solely on this information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A written financial plan containing recommendations for your consideration will follow upon further review and discussions.

## Financial Information

The following checklist will serve as a useful guide for additional information that may be required. For a comprehensive review, most of the following will be required.

As we review your information, we may have additional questions so that we can ensure that we properly understand your financial situation and your goals and objectives.

Document/Information	Client			Co-Client			Notes
	Attached			Attached			
	Yes	No	N/A	Yes	No	N/A	
Most recent tax return including Notice of Assessment							
Latest investment statements							
Registered and Non-registered investment statements							
Latest will							
Latest Powers of Attorney							
Life insurance policies							
Disability insurance policies							
Critical Illness Insurance Policies							
Mortgage statement							
Employment pension							
Other benefit details including stock options							please complete attached schedules
Budget of personal and living expenses - detail or summary form							please complete attached schedules
List of assets and liabilities where not included above or held with us, such as real estate, tax shelters, etc.							
Anticipated changes in current situation such as employment, lifestyle, major purchases, inheritances, etc.							
Details of previous separation or divorce							
CPP Eligibility Statement							
Other							
Partnership Agreement or Shareholder							

## Basic Information

Client	Co-Client
Last Name: _____	Last Name: _____
Given Name: _____	Given Name: _____
Gender: _____	Gender: _____
Date of Birth: (mm/dd/yy)      /      / _____	Date of Birth: (mm/dd/yy)      /      / _____
Citizenship: _____	Citizenship: _____
Occupation: _____	Occupation: _____
Business Phone: _____	Business Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

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Family Structure <small>(eg. married, single, divorced, common law)</small> _____	Number of Dependents: _____
Street: _____	City: _____ Province: _____
Country: _____ Postal Code: _____	Home Phone: _____
Fax: _____	E-mail: _____

Name of Child or Dependent	Gender	Date of Birth	Relationship	Residence

## Basic Information *(...continued)*

Client	Co-Client
<b>Will Information:</b>	
Does the Client have a will? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the Co-Client have a will? Yes <input type="checkbox"/> No <input type="checkbox"/>
Last updated on: _____	Last updated on: _____
Who is your executor? _____	Who is your executor? _____
Residency of Executor: _____	Residency of Executor: _____
Children's Guardian: _____	Children's Guardian: _____
Location of will: _____	Location of will: _____
Are you named executor on an estate? _____	Are you named executor on an estate? _____
<b>Trust:</b>	
Please indicate if you are a Trustee or Beneficiary: _____	
Enduring Power of Attorney	Client   Co-client Yes <input type="checkbox"/> No <input type="checkbox"/>   Yes <input type="checkbox"/> No <input type="checkbox"/>
Personal Directive or Living Will or Power of Attorney Personal Care	Yes <input type="checkbox"/> No <input type="checkbox"/>   Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Professional Advisors</b>	
	May I contact them to discuss your financial situation?
Accountant: _____	Yes   No <input type="checkbox"/>   <input type="checkbox"/>
Lawyer: _____	Phone: _____ <input type="checkbox"/>   <input type="checkbox"/>
Other Financial Advisor(s): _____	Phone: _____ <input type="checkbox"/>   <input type="checkbox"/>
Account Manager: _____	Phone: _____ <input type="checkbox"/>   <input type="checkbox"/>
Insurance Agent: _____	Phone: _____ <input type="checkbox"/>   <input type="checkbox"/>
<b>Carryforward Information:</b>	
Notices of Assessment (or attach statements)	Year: _____
<b>Client</b>	<b>Co-client</b>
Total Income: \$ _____	Total Income: \$ _____
Taxable Income: \$ _____	Taxable Income: \$ _____
Earned Income: \$ _____ PA: _____	Earned Income: \$ _____ PA: _____
RRSP Overcontribution Balance: \$ _____	RRSP Overcontribution Balance: \$ _____
RRSP Deduction Carryforward: \$ _____	RRSP Deduction Carryforward: \$ _____
RRSP Contribution Carryforward: \$ _____	RRSP Contribution Carryforward: \$ _____
RRSP Contribution Limit: \$ _____	RRSP Contribution Limit: \$ _____
Homebuyer's Loan Balance: \$ _____	Homebuyer's Loan Balance: \$ _____
Years Left to Repay: _____	Years Left to Repay: _____

# Client Goals

Please select the appropriate client goals from the list below.

### 1. Investment Goals

- Appropriate asset allocation
- Ease of management
- Reducing portfolio risk
- Tax efficiency
- Enhancing portfolio returns

### 2. Retirement Goals

- Applying retirement income in a tax-efficient manner
- Saving for a comfortable retirement

### 3. Education Goals

- Fully or partially fund children's (grandchildren's) education

### 4. Cash Management Goals & Debt Reduction

- Ensuring assets are adequate throughout your lifetime
- Savings strategies
- Being prepared for unexpected expenses
- Debt consolidation
- Tax efficiency of debt

### 5. Protection Goals

- Replace income in event of death
- Replace income in event of disability
- Protect portfolio in event of life-threatening critical conditions

### 6. Estate Planning

- Transfer your wealth in a tax-efficient manner
- Protect estate against erosion from taxation
- Transfer your wealth according to your wishes
- Provide for your family in the event of physical or mental incapacity
- Minimize impact of probate fees
- Charitable giving

### 7. Other:

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## Goals

## Rank most to least important (1-7)

## Comments

Goals	Rank most to least important (1-7)	Comments
1. Investment Goals	_____	_____
2. Retirement Goals	_____	_____
3. Education Goals	_____	_____
4. Cash Management Goals & Debt Reduction	_____	_____
5. Protection Goals	_____	_____
6. Estate Planning	_____	_____
7. Other:	_____	_____

## Client Goals *(...continued)*

### Retirement Planning

When do you plan to retire (age and/or year)?

What is your desired after-tax retirement income?

Client: \_\_\_\_\_

\_\_\_\_\_

Co-client : \_\_\_\_\_

\_\_\_\_\_

### Estate & Tax Planning

Is leaving an estate important to you? What amount? To whom? (e.g. family, charity, foundation)

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Do you plan on retiring outside of Canada? Do you know where?

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## Assets

### House & Mortgage *(Non-Income Producing Property only - Income Producing Property is entered under Real Estate)*

#### House

Description	Purchase Amount	Owner <small>(Client, Co-Client, Joint)</small>	Purchase Date	Current Market Value	Sale Date
Principal Residence					
Second Residence					

#### Mortgage

Description	Original Principal	Owner <small>(Client, Co-Client, Joint)</small>	Interest Rate	Start Date	Amortization <small>(Years)</small>	Payment Frequency <small>(e.g. Weekly, Monthly)</small>	Payment Amount \$	Outstanding Principal Amount <small>(if available)</small>	Outstanding Principal Date	Insured Life, Disability
Principal Res.										
Second Res.										

#### Real Estate - Investment Property

Name	Owner <small>(Client, Co-Client, Joint)</small>	Purchase Date	Adjusted Cost Base	Rental Income	Frequency <small>(Income to be received Monthly, Yearly, etc.)</small>	Growth Rate	Market Value

#### Mortgage

Description	Original Principal	Owner <small>(Client, Co-Client, Joint)</small>	Interest Rate	Start Date	Amortization <small>(Years)</small>	Payment Frequency <small>(e.g. Weekly, Monthly)</small>	Payment Amount \$	Outstanding Principal Amount <small>(if available)</small>	Outstanding Principal Date	Insured Life, Disability



## Incorporated Entities

	Incorporated Entity 1	Incorporated Entity 2	Incorporated Entity 3
Name ( <i>identity property</i> ):			
Type ( <i>OpCo, HoldCo</i> ):			
Owner ( <i>Client, Co-Client</i> ):			
Purchase Date:			
Adjusted Cost Base:			
Growth Rate:			
Market Value:			
Business Income:			
Portfolio Dividends:			
Capital Gains ( <i>Gross</i> ):			
Closely Held Dividends:			
Business Expenses:			
Small Business Deduction ( <i>Yes/No</i> ):			
Dividend Payout Amount:			

### Additional Notes

*(Use this section to enter any Incorporated Entity information that you feel would be relevant to your client's financial plan.)*

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## Incomes

Name	Owner (Client, Co-Client, Joint)	Amount (Annual)	Applicable Period (While Working, While Retired, Both, Other - e.g. Jan. 2000 - Dec. 2011)	% While Retired	Index Rate
Employment Salary	Client				
Employment Salary	Co-Client				
Employment Bonus					
Self-Employed Earned					
Self-Employed Commission					
Professional Fees					
Tax-Free Income					
Royalty Income Received					
Alimony Payments Received					
Taxable Benefits					
Defined Benefit Pension					
Company Pension Currently Received					

### Defined Contribution Pension Plan

Contributor	Account #	Amount	Frequency
1. _____	_____	_____	_____
2. _____	_____	_____	_____

### Defined Benefit Pension Plan

	Client	Co-client
Expected Annual Pension	\$ _____	\$ _____
Formula used to calculate pension	_____	_____
Years of enrollment	_____	_____
Pension Indexed to Inflation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pension integrated with CPP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Government Benefits

	Client	Co-client
CPP Age to begin (60-70)	\$ _____	\$ _____
Eligibility (0-100%)	_____	_____
OAS Eligibility (0-100%)	_____	_____

## Liabilities *(not including mortgage)*

Description	Owner <small>(Client, Co-Client, Joint)</small>	Insured <small>(Life, Disability, Both or None)</small>	Start Date	Interest Rate	Payment Type <small>(e.g. Interest Only, PI)</small>	Pmt. Frequency <small>(e.g. Weekly, Monthly)</small>	Outstanding Principal Amount	Outstanding Principal Date	Payment Amount

Are any loans tax-deductible?

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Are any insurance premiums deductible?

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**Expenses** *(If you share common lifestyle expenses, just enter the total for one person)*

**Periodic (Expenses may be combined or broken down into sub-categories)**

Expense Description	Amount (Monthly)	Tax Deductible (Yes/No)	Start Date	End Date	% While Retired
<b>Necessities</b>					
Food					
Clothing					
Medical/Dental					
Telephone					
Other					
<b>Transportation</b>					
Vehicle loan/lease payments					
Gas/oil					
Repairs					
Parking					
Vehicle Insurance					
Other					
<b>Personal</b>					
Entertainment					
Club Memberships					
Sports/Lessons					
Pers. Grooming					
Education/Tuition					
Gifts					
Vacation					
Other					
<b>Child/Dependent Care</b>					
Childcare/Daycare					
Children's Activities					
Child Support Payments <small>(if not tax-deductible)</small>					
Alimony Expenses					
Other					
<b>Shelter Cost(s)</b>					
Property Taxes					
Property Insurance					
Rent					
Condo Fees					
Housekeeping					
Yard & House Maintenance					
Renovations					
Utilities, Heat, Water					
Cable, Electricity, Internet					

## Expenses (...continued)

Expense Description	Amount (Monthly)	Tax Deductible (Yes/No)	Index Rate (Internal Use Only)	Start Date	End Date	% While Retired
Personal Effects Insurance						
Other						
<b>Other</b>						
Charitable Contributions						
Political Contributions						
Pet Care Expenses						
Other						
<b>Savings Strategies</b>						
RRSP Savings-Individual						
RRSP Savings-Spousal						
Registered Educations Savings						
Registered Home Ownership						
Non-Registered Savings						
Lump Sum Mortgage Payments						
Other						

## Semi-Regular Expenses

Expense Description	Amount (Monthly)	Tax Deductible (Yes/No)	Index Rate (Internal Use Only)	Start Date	End Date	% While Retired
Auto Purchase						

## Lump Sum Expenses

Expense Description	Owner (Client, Co-Client, Joint)	Tax Deductible (Yes/No)	Annual Amount	Index Rate	Date Applicable

## Education Expenses

Description (e.g. Billy's College Fund)	Member (For whom the expense is incurred)	Type (e.g. Tuition Fees, Room and Board)	Amount (e.g. \$5,000 per year)	Start Age (When student begins education)	Years (# of years expense will be incurred)	Linked Assets (Asset(s) used to fund this expense)	Market Value

Date of last insurance review? \_\_\_\_\_

## Insurance Coverage

Please use Insurance Questionnaire for additional in-depth insurance perspectives.

### Life Insurance

In the event of your death, could your family maintain the standard of living to which they are accustomed? Yes  No  Don't know

In the event of your death, assuming all debts were paid off, what % of pre-tax family income would you want to be paid to your family? \_\_\_\_\_ %

How much income do you estimate will be able to be earned by your co-client?

Client: \$ \_\_\_\_\_ Co-client: \$ \_\_\_\_\_

Current Life Insurance policies (attach):

	Insured	Beneficiary	Coverage	Company	Type	Policy Number	Issue Date	CSV	Group/Personal
1.	_____								
2.	_____								
3.	_____								
4.	_____								

Reason for insurance: Income protection  Education  Business

Other \_\_\_\_\_

### Disability Insurance

In the event of an extended disability, could your family maintain the standard of living to which they are accustomed? Yes  No  Don't know

In the event of an extended disability, what % of current family income would be required to meet expenses? \_\_\_\_\_ %

How much income do you estimate will be able to be earned by your spouse?

Client: \$ \_\_\_\_\_ Co-client: \$ \_\_\_\_\_

Current Disability Insurance policies (attach):

	Insured	Beneficiary	Coverage	Company	Type	Policy Number	Issue Date	Group/Personal	Premium
1.	_____								
2.	_____								

Do you have any health issues (current conditions, recent experiences, family history, smoking habit, etc) that could possibly affect your ability to obtain insurance coverage?

Client: Yes  No  Comments \_\_\_\_\_

Co-client: Yes  No  Comments \_\_\_\_\_

## Insurance Questionnaire – Personal Use

A. Rank the following in terms of importance

	Not				Very
	①	②	③	④	⑤
1. Knowing that my debts are paid off when I die	①	②	③	④	⑤
2. Allowing my family to maintain their lifestyle when I die	①	②	③	④	⑤
3. Minimizing my estate costs, such as probate and tax	①	②	③	④	⑤
4. Maximizing the value of my estate	①	②	③	④	⑤
5. Passing on some of my estate to my family	①	②	③	④	⑤
6. Having funds available to deal with a life-altering family medical emergency	①	②	③	④	⑤
7. Creating additional sources of retirement income	①	②	③	④	⑤
8. Being able to protect my personal assets from creditors	①	②	③	④	⑤
9. Creating tax efficiencies within my asset base	①	②	③	④	⑤

B. Choose the appropriate response that reflects your situation

	Yes	No	Don't Know	NA
10. I have a will that is current and aligned with my estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I understand how my employee benefits integrate with my personal plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I understand how my life insurance works, its costs and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I understand how taxes and other costs will impact my estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I have more assets than I will need to sufficiently provide income during my lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I have considered the benefits of, or implemented, an estate freeze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My financial plan includes a creditor protection strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am taking full advantage of tax-sheltering opportunities within a life insurance strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Insurance Questionnaire – Business Use

A. Rank the following in terms of importance

	Not				Very
	①	②	③	④	⑤
1. Having family members involved in my business	①	②	③	④	⑤
2. The ability to generate retirement income from my business	①	②	③	④	⑤
3. Passing on my business to a family member at the right time	①	②	③	④	⑤
4. Maximizing the value of my estate	①	②	③	④	⑤
5. Knowing that my family will get value out of the business when I die	①	②	③	④	⑤
6. Having a well thought out “exit” strategy for my business	①	②	③	④	⑤
7. Knowing that my succession plans for my business are tax-efficient	①	②	③	④	⑤
8. Attempting to protect my non-business assets from potential creditors	①	②	③	④	⑤
9. Having a clear, complete understanding of my financial objectives	①	②	③	④	⑤

B. Choose the appropriate response that reflects your situation

	Yes	No	Don't Know	NA
10. I am well informed about succession planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My succession plan involves next generation family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I have an agreement with my partners outlining how shares are redistributed in the event of death, disability, or retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My insurance optimizes planning opportunities including use of the Capital Dividend Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My business meets CRA's definition of a Canadian Controlled Private Corporation (CCPC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I am bonusing myself income each year to get down to the small business limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My business has unused capital gains exemption room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. My business is currently generating non-active business income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I have an exit strategy that will “unlock” the value of my shares when I die	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Investment Risk Profile

The following questions are designed to assess your risk tolerance - the critical ingredient in setting investment objectives that are realistic and attainable. Check the answer that best describes your situation.

As a percentage, over the next 5 years, what is your household's annual income requirement (if any) from your investment portfolio?

- 0%    1-3%    4-6%    7-9%    10%+

What is your investment time horizon (the period for which the recommended portfolio will be appropriate) in years?    1 to 2 years    3 to 5 years    6 to 10 years    More than 10 years

What is your primary investment objective?

- Capital preservation: preservation of capital is your primary goal and you would sacrifice some income & return potential to protect existing capital
- Income: the provision of a steady income (interest and dividends) is of primary importance, rather than growth of income or capital preservation
- Growth & income (balanced): income requirements are low and the emphasis is on total portfolio return from both capital appreciation and income
- Moderate growth: your primary objective is growth of capital primarily through an equity portfolio
- Maximum growth: your goal is to generate maximum long-term capital growth

Assume you have just invested a sum of money and intend to leave it where it is for 10 years. When you review your first quarterly statement, you see that the value of your investment has dropped by 10%. What would you do?

- Take advantage of the lower prices and invest more money if possible, since I am interested in the long-term value of my investment and I'm confident that I have made the right choice
- Leave my money where it is, since some changes in value are a normal part of investing
- Monitor my investment closely and sell if the value has not recovered in 3-4 months
- Sell my investment immediately, since I'm not comfortable with any decline in value

Will you need to liquidate a portion of your investment portfolio over the next 5 years?

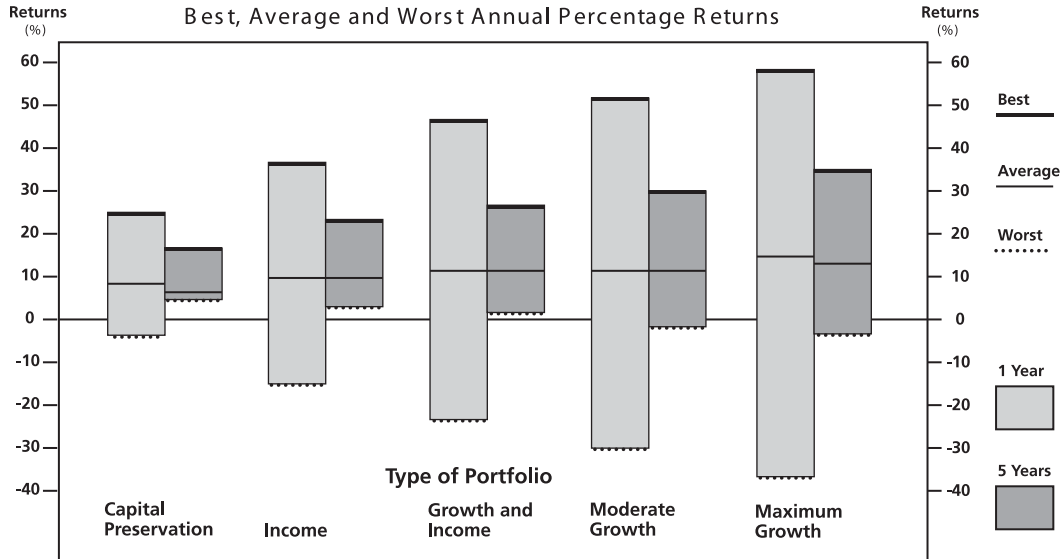
- No requirement to liquidate any portion of the portfolio within 5 years
- Liquidate between 0% and 10% within 5 years
- Liquidate between 11% and 20% within 5 years
- Liquidate more than 20% within 5 years

Given your financial objective, how much volatility (risk) are you willing to assume to achieve your portfolio's expected return?

- I can only tolerate low volatility, since I require positive returns each year
- I can tolerate low to medium volatility, such as negative returns 1 in every 8 years
- I can tolerate medium volatility, such as negative returns 1 in every 6 years
- I can tolerate medium to high volatility, such as negative returns 1 in every 5 years
- I can tolerate high volatility, such as negative returns 1 in every 4 years

## Investment Risk Profile *(...continued)*

Which of the following investment portfolios in the chart best matches your risk tolerance?



- Capital Preservation   
  Income   
  Growth & Income   
  Moderate Growth   
  Maximum Growth

What is your level of investment knowledge?

- Low   
  Moderate   
  High   
  Advanced

Over the long-term (10+ years), what do you think is a realistic overall return on your investment portfolio?

- 4% to 6%   
  5% to 7%   
  7% to 9%   
  8% to 10%   
  9% to 11%

Is there anything else I should know about you?

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# Building Relationships for Life



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