Personal Financial Review

Home Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Home Phone: _____ - _____ - _____

Business Phone _____ - _____ - _____

Prepared by _____

Date prepared _____

Client: _____

SIN: _____ Date of Birth: _____

Employer: _____

Address: _____

_____

Type of Business: _____

Occupation: _____

Spouse: _____

SIN: _____ Date of Birth: _____

Employer: _____

Address: _____

_____

Type of Business: _____

Occupation: _____

DEPENDANTS

Name	*D.O.B.*	*Age*	*Monthly Savings*	*Total Savings*

HOBBIES/INTERESTS — Interests outside work? Club? Association?

_____

_____

_____

_____

ADVISORS

Lawyer: _____ Firm: _____

Accountant: _____ Firm: _____

Bank: _____

Bank: _____

Personal Financial Review

LIFE INSURANCE

Company	Type of Policy	Amount	Cash Value	Premium	Beneficiary	Owner

LIVING BENEFITS

Company	Type of Policy	Amount	Cash Value	Premium	Beneficiary	Owner

INVESTMENTS

Company	Registered/Non-Registered	Start Date	Book Value	Market Value
			$	$
			$	$
			$	$

FINANCIAL INFORMATION

Cash Flow — How comfortable are you with your day-to-day cash flow? Are you saving on a regular basis?

Credit — Is your debt structured to provide flexibility and minimize interest costs? Are there any debts you wish to repay in the short term?

Do you have a will? Yes No

Last Revised: _____

Do you have a power of attorney Yes No

Last Revised: Yes No

Do you want to leave money in your estate? Yes No

Amount: _____

Do you have a will: Yes No

Last Revised: _____

Do you have a power of attorney Yes No

Last Revised:

Do you want to leave money in your estate? Yes No

Amount: _____

Personal Financial Review

NET WORTH

ASSETS	***Husband***	***Wife***	***Joint***
Chequing Account			
Savings Account			
Bonds			
Treasury Bills			
Life Insurance C.V.			
Stocks			
Mutual Funds			
GIC's			
Term Deposits			
Other Securities			
Home			
Other Real Estate			
Cars (Vehicles)			
Jewellery			
Furnishings			
Boats			
Other Assets			
Business Interests			
RRSP's			
Savings Accounts			
Bonds			
Treasury Bills			
Stocks			
Mutual Funds			
GIC'S			
Term Deposits			
Other Securities			
RRIF's			
Employer Pension			
DPSP's/ESOP			
LIABILITIES			
Credit Card Debt			
Car Loans			
Demand Loans			
Line of Credit			
Other Debts			
Mortgage on Home			
Investment Loans			
Other Mortgages			

Personal Financial Review

CASH FLOW STATEMENT

INCOME	***Husband***	***Wife***	***Joint***
Employment			
Self-employment			
Investment (Interest)			
Investment (Dividends)			
Investment (Rents)			
Annuities			
Pension			
Child Tax Benefit			
Alimony/Client Support			
Other Income			
DEDUCTIONS AND EXPENSES			
Federal/Provincial Tax			
CPP/QPP			
Unemployment Insurance			
Other Deductions			
Mortgage/Rent			
Property Taxes			
Hydro			
Water			
Heat			
Cable TV			
Telephone			
Other Housing			
Instalment Loans			
Car Loan			
Car Insurance			
Life/Disability Insurance			
Property/Casualty Insurance			
Children Day Care			
Children Education			
Alimony/Child Support			
Club Memberships			
Other Miscellaneous			
Retirement Savings			
Investment Loans			
Pension Plan			
Regular Savings			
Other Savings			
Food			
Clothing			
Car Maintenance			
Medical/Dental			
Gifts			
Entertainment			

Personal Financial Review

GOAL PLANNING

Please choose 3-5 goals and objectives from the list and prioritize in order of importance.

- ☐ Reduce taxes
- ☐ Retire early (by age _____)
- ☐ Retire comfortably
- ☐ Keep ahead of inflation
- ☐ Buy a home
- ☐ Buy a second property (cottage, condo, etc.)
- ☐ Pay off mortgage
- ☐ Reduce or eliminate debt
- ☐ Protect family/dependants
- ☐ Have an emergency reserve
- ☐ Travel
- ☐ Child's/Children's Education
- ☐ New car
- ☐ Take a sabbatical
- ☐ Renovate home
- ☐ Create an estate
- ☐ Own a business
- ☐ Other _____

	Goal	*Time Horizon*	*Today's Cost*	***Considerations***
1.				
2.				
3.				
4.				