

PERSONAL INFORMATION

	Client	Spouse
Complete name		
SIN		
Birthdate and gender	[] M [] F	[] M [] F
Marital status	[] Married [] Single [] Divorced [] Separated [] Common law spouse [] Civil union [] Widowed Since:	[] Married [] Single [] Divorced [] Separated [] Common law spouse [] Civil union [] Widowed Since:
Address	Home: Office: Other:	
Phone number	Home: Office: Mobile: Other:	Home: Office: Mobile: Other:
Email address	Main: Second:	Main: Second:
Job title	Since:	Since:
Employer		

	Client	Spouse
Children and dependents <i>(Only check the box if you are responsible for this person)</i>	Complete name	Complete name
	Birthdate	Birthdate

ADDITIONAL INFORMATION

	Client	Spouse
Yearly revenue	Estimated tax rate: [] % Yearly gross revenue: \$[] Biweekly net revenue: \$[]	Estimated tax rate: [] % Yearly gross revenue: \$[] Biweekly net revenue: \$[]
Other income		
Unused RRSP	\$([]) Updated:	\$([]) Updated:
Unused TFSA	\$([]) Updated:	\$([]) Updated:
Language	[] French [] English [] Other:	[] French [] English [] Other:
Mandate in case of incapacity	[] Yes [] No	[] Yes [] No
Marriage contract	[] Yes [] No Matrimonial regime: [] Partnership of acquests [] Separation as to property [] Community of property [] Other Notary:	
Will	[] Yes [] No Review: Type: [] Holograph [] Before witnesses [] Notarial Notary:	[] Yes [] No Review: Type: [] Holograph [] Before witnesses [] Notarial Notary:

COMMENTS

INVESTMENT PORTFOLIO

Investment	
Owner	
Description	
Plan	<input type="checkbox"/> Registered <input type="checkbox"/> Non-registered <input type="checkbox"/> TFSA
Locked-in	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asset class	
Amount	Maturity:
Note:	

Investment	
Owner	
Description	
Plan	<input type="checkbox"/> Registered <input type="checkbox"/> Non-registered <input type="checkbox"/> TFSA
Locked-in	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asset class	
Amount	Maturity:
Note:	

Investment	
Owner	
Description	
Plan	<input type="checkbox"/> Registered <input type="checkbox"/> Non-registered <input type="checkbox"/> TFSA
Locked-in	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asset class	
Amount	Maturity:
Note:	

Investment	
Owner	
Description	
Plan	<input type="checkbox"/> Registered <input type="checkbox"/> Non-registered <input type="checkbox"/> TFSA
Locked-in	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asset class	
Amount	Maturity:
Note:	

Investment	
Owner	
Description	
Plan	<input type="checkbox"/> Registered <input type="checkbox"/> Non-registered <input type="checkbox"/> TFSA
Locked-in	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asset class	
Amount	Maturity:
Note:	

INSURANCE POLICIES

Life, critical illness, long term care and disability insurance policies

Insured		Amount	
Policy type		Annual premium	
Company		Maturity	
Beneficiary			

Note:

Life, critical illness, long term care and disability insurance policies

Insured		Amount	
Policy type		Annual premium	
Company		Maturity	
Beneficiary			

Note:

Life, critical illness, long term care and disability insurance policies

Insured		Amount	
Policy type		Annual premium	
Company		Maturity	
Beneficiary			

Note:

Life, critical illness, long term care and disability insurance policies

Insured		Amount	
Policy type		Annual premium	
Company		Maturity	
Beneficiary			

Note:

Life, critical illness, long term care and disability insurance policies

Insured		Amount	
Policy type		Annual premium	
Company		Maturity	
Beneficiary			

Note:

Life, critical illness, long term care and disability insurance policies

Insured		Amount	
Policy type		Annual premium	
Company		Maturity	
Beneficiary			

Note:

Balance sheet

Assets		Total
Can be converted to liquid at death ✓ Can be converted to liquid at death ✓		
Non-registered investments		
Mutual funds		
Segregated funds		
Stocks		
GIC		
Bank account		
Other non-registered		
Bonds		
Total non registered investments		
Registered investments		
RRSP, LIRA, RRIF, LIF		
TFSA		
Pension plan		
Group plan		
Total registered investments		
Capital assets		
Main residence		
Second residence		
Real property		
Business		
Total capital assets		
Other assets		
Furniture		
Vehicle		
Total other assets		
Total assets		
Liabilities		Total
Insured ✓ Insured ✓		
Mortgage		
Car loan		
Personal loan		
Credit card/Line of credit		
Guarantee		
Commercial liabilities		
Tax		
Total liabilities		
Net worth		

BUDGET

Income	Total
Net income	
Other net incomes	
Total income	
Savings	Total
Emergency fund	
RRSP	
RESP	
TFSA	
Special projects	
Other savings	
Total savings	
Expenses	Total
Housing	
Rent/Mortgage	
Municipal taxes	
School taxes	
Home insurance	
Condo fees	
Furniture, accessories, tools	
Other housing expenses	
Total housing	
Utilities	
Electricity	
Heating	
Telephone	
Cellphone	
Cable	
Internet	
Other utilities	
Total utilities	
Transportation	
Public transit	
Car loan/Lease	
Gas	
Car insurance	
Registration	
Driver's licence	
Parking	
Maintenance and repairs	
Taxi	
Other transportation fees	
Total transportation	

Food

Groceries

Restaurants

Alcohol

Other food expenses

Total Food**Recreation and education**

Cultural activities

Sports

Newspapers, magazines, music

Movie and game rentals

Lottery tickets

Travel

Courses

School fees

School supplies

Other recreation and education expenses

Total recreation and education**Health care**

Pharmacy

Dentist

Optometrist

Other healthcare expenses

Life insurance

Other insurance

Total health care**Debt repayment**

Credit card 1

Credit card 2

Line of credit

Personal loan

Student loan

RRSP loan

HBP

Other loans

Total debt repayment**Personal**

Clothing

Hairdresser

Esthetician

Gifts

Pets

Tobacco

Children's allowance

Banking fees

Alimony or child support

Childcare

Other personal expenses

Total personal**Total expenses****Results**

COST OF LIVING

Net income	\$	\$
Plus: Other income	\$	\$
Minus: Yearly savings <i>Annual savings</i>	\$	\$
COST OF LIVING	\$	\$

FINANCIAL GOALS

Blank area for entering financial goals.

RECEIPT

Receipt for insurance policies, investment statements and other financial documents				
Document type	Number	Comments	Date of return	Client initials

All documents will be returned to you upon FNA Report delivery.

THE CLIENT AUTHORIZES THE REPRESENTATIVE TO BORROW AND USE THE DOCUMENTS MENTIONED ABOVE FOR FINANCIAL ANALYSIS.

Received on (date)

Client name (print)

Representative name (print)

Client signature

Representative signature



DOCUMENT RETURN (all documents will be returned to you upon FNA Report delivery)

Delivery date

Client name (print)

Representative name (print)

Client signature

Representative signature