



**PERSONAL DATA**

|  | Client                       |                             | Spouse                       |                             |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Complete name  |                              |                             |                              |                             |
| Address  |                              |                             |                              |                             |
|  | Postal Code:                 |                             | Postal Code:                 |                             |
| Phone number   | Home:                        | Work:                       | Home:                        | Work:                       |
|  | Cell:                        | Fax:                        | Cell:                        | Fax:                        |
| Email address  |                              |                             |                              |                             |
| Birthdate and gender   | [ ] M [ ] F                  |                             | [ ] M [ ] F                  |                             |
| SIN  |                              |                             |                              |                             |
| <input type="checkbox"/> Driver's License<br><input type="checkbox"/> Passport<br><input type="checkbox"/> Birth Certificate<br><input type="checkbox"/> AB Health<br><input type="checkbox"/> Govt ID | #: _____                     | Expiry: _____               | #: _____                     | Expiry: _____               |
| Job title  |                              | Since:                      |                              | Since:                      |
| Employer   |                              |                             |                              |                             |
| Annual Gross Income  |                              |                             |                              |                             |
| Children and dependents<br><i>(Only check the box if you are responsible for this person)</i>  | Complete name                | Birthdate                   | SIN                          |                             |
|  |                              |                             |                              |                             |
|  |                              |                             |                              |                             |
| Smoker   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**ADDITIONAL INFORMATION**

|                    | Client                       |                             | Spouse                       |                             |
|--------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Will               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Personal Directive | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Power of Attorney  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**ASSETS & LIABILITIES**

|  | Value | Bal Owing | Payment | Time Remaining | Client | Spouse |
|--|-------|-----------|---------|----------------|--------|--------|
|  |       |           |         |                |        |        |
|  |       |           |         |                |        |        |
|  |       |           |         |                |        |        |
|  |       |           |         |                |        |        |
|  |       |           |         |                |        |        |
|  |       |           |         |                |        |        |
|  |       |           |         |                |        |        |
|  |       |           |         |                |        |        |
|  |       |           |         |                |        |        |



**EXPENSES**

|                          |  |
|--------------------------|--|
| Rent/Mortgage            |  |
| Condo Fees               |  |
| Property Taxes           |  |
| Home Insurance           |  |
| Utilities                |  |
| Electricity              |  |
| Heating                  |  |
| Phone                    |  |
| Cable/Internet           |  |
| Car Insurance            |  |
| Food                     |  |
| Entertainment/Recreation |  |
| Credit cards             |  |
|                          |  |
|                          |  |
|                          |  |

**INVESTMENTS**

|              | Client | Spouse | Provider |
|--------------|--------|--------|----------|
| TFSA         |        |        |          |
| RRSP         |        |        |          |
| RRIF         |        |        |          |
| LIRA/LIF     |        |        |          |
| Group Plan   |        |        |          |
| Pension Plan |        |        |          |
| RESP         |        |        |          |
| Other        |        |        |          |

*Notes:*

**INSURANCE POLICIES**

|      | Type | Client | Spouse | Child | Coverage | Company |
|------|------|--------|--------|-------|----------|---------|
| Life |      |        |        |       |          |         |
|      |      |        |        |       |          |         |
|      |      |        |        |       |          |         |
| CI   |      |        |        |       |          |         |
| DI   |      |        |        |       |          |         |
| H&D  |      |        |        |       |          |         |
| PHSP |      |        |        |       |          |         |

**FINANCIAL GOALS**

General

In Case of Disability

At Death

**NOTES**