

NAME _____ DATE _____

Please take 20 minutes to complete this PFR & return to us to develop smart tax & investment strategies, to reduce your taxes or investment risk. We do require full disclosure to assist your retirement planning. Please update annually but preferably prior to our phone, email or next meeting review. 6/05

P. F. R.

- 1 PFR - Personal Financial Review "gray joint
- 2 Update Dreams/Goals "yellow" each
- 3 Statement Copies - RRSP & investments each
- 4 Investment Policy Statements (previous advisor?)
- 5 Asset Allocation Risk Profile (previous advisor?)
- 6 Updated STAR Risk Analysis - to do
- 7 Last Tax Assessment w RRSP limits (each)
- 8 Copy of Photo ID - Passport or Drivers License
- 9 Wills: does it include Enduring Power of Attorney (financial) or Personal Health Directive? Date will updated with above _____ No will _____

PERSONAL

FINANCIAL

REVIEW

PLEASE UPDATE YOUR NET WORTH AND RETURN THIS PFR with copies of Canadian \$ - current real estate value, investments, RRSP and Pension statements

TRACKING YOUR NET WORTH EVERY 2 YEARS WILL HELP YOU BUDGET AND PLAN FOR RETIREMENT

This PFR also assists us to complete security compliance updates (every 2 years) on investments managed through Assante Financial Management

WE OFFER STRATEGIC SOLUTIONS TO REDUCE TAXES & INVESTMENT RISK but we need your PFR & statements

Our philosophy is to simplify and offer peace of mind for the lives of each client through integrated **tax, investment and life management** services to match your dreams and values through our **ONE-STOP** service.

Again, please complete and mail or fax back to 403-294-1222. Keep one copy for yourself. More information can be obtained on our website www.Expat.ca, scan & email invest@expat.ca or tel. N. America (toll-free 1-888 232-8561). Clients can view tax forms, and newsletters through our client on-line web service. We embrace technology to service our clients in Canada & world-wide.

"THANK YOU FOR YOUR PLANNING!"

Confidential Financial Review

Prepared For: _____
 Name: _____
 Home address: _____ #years _____
 Employer _____ # years _____
 Spouses Name _____
 Spouses Employer _____

Date: _____
 Birthdate: month day year SIN _____
 Telephone Res. _____ business _____
 Occupation _____
 If retired give date _____
 Spouses _____
 Birthdate month day year _____
 Occupation _____
 WEDDING ANNIVERSARY DATE: _____

Net Worth Statement

Assets Please split assets by Name, Account

Deposit Accounts

Banks; Trust Co; Credit Union (Chequing & Savings); Cash

Institution	Account #	Address	\$US	\$ (Cdn equivalent)
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Sub Total				\$

Liquid Assets - stocks, bonds, certificates, mortgages held, RRSP, investment funds. Owner's initials (single or joint), name and account, attach statement copies.

owner/initial	US\$	\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Subtotal		\$

Fixed Assets - other assets like house, rental property, cars (yr & model), jewelry, furniture, motor home, art, computer.

Home	US\$	\$
Rental property		\$
		\$
Other		\$
		\$
		\$
		\$
Subtotal		\$

Total Assets (A) \$ _____

Liabilities

Mortgages on real estate (residence & rental)

Type; Lender; Rate; Renewal Date; Retirement Date ...	Monthly Payments	Total Amount owing
	\$	\$
		\$
		\$
		\$

Loans (note: RRSP Home buyers loans)
 Car; Furniture; personal; business; investments; consolidation...

	\$
	\$
	\$

Accounts Payable

credit purchases; revolving credit accounts; outstanding bill; taxes ...

Visa	\$
MasterCard	\$
American Express	\$
Other	\$

Other Debts

Guarantees; Family or personal debts; obligations ...

	\$
	\$
	\$

Total Liabilities (B) \$ _____

Net Worth \$ _____ **Date:** _____

A - B

Insurance Held

Life Insurance TOTAL COVERAGE \$

Insured; coverage; co.; type; CSV (personal & group);

Beneficiary; issue date	Monthly premiums	Total coverage
Life (husband)	\$	\$
	\$	\$
Life (spouse)	\$	\$
	\$	\$
	\$	\$
	\$	\$

Disability Insurance (note insurance Company)

Insured; coverage; Co.; benefit period; waiting period (personal and group)

	Monthly premiums	Total coverage
	\$	\$
	\$	\$

Children

Name (s)	birthdate	income
		\$
		\$
		\$
		\$

Professional Advisors & telephone number

Lawyer

Accountant

Financial Advisor date last visited

Do you have a will? yes no

Does your spouse? yes no

Where are the wills filed?

Date or last updated

References: your referrals are gratefully accepted.

Name	Address	Tel #

We will be forwarding more information by email. Please note your email addresses ie home and office. Please specify which email we should use for personal information & list priority #1, #2

Email home: _____
 Email office: _____

Operating Statements - new location

Income at new location

Employment; commission; bonus; pension; CTB, rental; interest & investment; self employment; other ...

Self	Gross Annual income	Monthly take home
	\$	\$
	\$	\$
Spouse		
	\$	\$
Other		
	\$	\$
Total Income (A)	\$	\$
Gross Annual Income x .35 =		
Total Debt Ratio (ref. mortgage)	\$	

Committed Expenditures at new location

	Monthly Pymts
Savings (cash/mo)	\$
Investments (RSP/Invest/RESP)	\$
Payments on loans and debts	\$
Food	\$
Clothing	\$
Shelter: Rent; mortgages; repairs; taxes; insurance; utilities; (oil, gas, electric, water, telephone)	\$
Transportation - automobile (gas, oil, maintenance, parking, insurance)	\$

Health, Protections, Security

Insurance premium; (health, life, disability); direct health cost (doctor, dentist, nursing, prescriptions) ...

	\$
Recreation and Education	
Entertainment; subscriptions, TV, tuition fees, holidays, hobbies ...	\$
Holidays (\$2,000 - \$3,000 per year) each??	\$
	\$

Miscellaneous Expenses

Club dues; Church tithes; gifts; lotteries, childcare ...

	\$
Total Expenditures (B)	\$
Uncommitted Income (A-B)	\$

Money Priorities

Notes

Q. Which individual or firm do you get your tax planning advice from?

Are you satisfied with him/her?

Q. Who besides yourselves makes your final investment decisions?

1. Amount of time devoted weekly to managing investments?

2. Primary Savings goals

3. Are funds presently being allocated on a systematic basis (annual/monthly) to achieve this priority?

YES NO Amount \$ _____ per mo

4. What are your priorities? (1,2,3,4,5)

- | | |
|--|---|
| <input type="checkbox"/> save income tax | <input type="checkbox"/> retire comfortably |
| <input type="checkbox"/> enjoy travel, recreation | <input type="checkbox"/> beat the cost of living |
| <input type="checkbox"/> have a business reserve | <input type="checkbox"/> insure my mortgage |
| <input type="checkbox"/> education | <input type="checkbox"/> review my will & estate |
| <input type="checkbox"/> have my own business | <input type="checkbox"/> learn to manage money |
| <input type="checkbox"/> buy a home or cottage | <input type="checkbox"/> retire early |
| <input type="checkbox"/> pay off mortgage early | <input type="checkbox"/> learn to invest wisely |
| <input type="checkbox"/> pay off debts | <input type="checkbox"/> have a financial reserve |
| <input type="checkbox"/> assure my family's income | |

5. Are major expenditures planned in the near future which will impact on proposed or existing savings plans?

YES NO

Explain

6. Will your spouse be quitting work in the near future and if so will this impact on proposed or existing savings plans?

YES NO

Explain

7. Your primary financial objective is:

8. What do you like most about present savings/investments?

9. In acquiring a new plan what features would you alter or improve?

10. What reasonable rate of return do you anticipate?

11. How can your current advisor (including us) improve?
