Client Questionnaire

Name: ____________________ Date: ____________

Address: ____________________

City: ____________ Province: ____________ Postal code: ____________

Telephone: home (_____) ____________ work (_____) ____________ cell (_____) ____________

Email: ____________________

Rate your financial objectives/priorities (1 – low, 5 – high)	1	2	3	4	5
Buy or upgrade your home					
Buy an expensive item e.g., car, boat					
Maintain estate for loved ones					
Maintain an investment/savings plan					
Start/maintain education fund for children/grandchildren					
Evaluate/initiate an insurance plan					
Reduce debt					
Retire early					
Change your job/career					
Reduce taxable income					
Maximize the growth of your money					
Develop a retirement plan					
Ensure your funds last through retirement					

Assets	Value
Registered investments (RRSPs, RRIFs)	$
Non registered investments/savings	$
Home	$
RESPs	$
Cottage	$
Pension plan(s)	$
Total assets:	$0
Liabilities	**Value**
Mortgage owing	$
Other (auto, credit card, line of credit)	$
Total liabilities:	$0
Net worth:	$0

Insurance	Value
Life insurance	$
Disability insurance	$
Income & Expenses	**Value**
Family income before taxes	$
Monthly expenses	$
Difference:	$0

Estate Planning

Do you have a Will? ☐ Yes ☐ No

Name and address of Executor:

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