| PERSONAL FII | NANCIAL PLANNIN | IG CONFIDEN | ITIAL D | ATA | DATED: |
|----------------------------------|-----------------|---------------|-----------------|------------------|-------------------------|
| Name | | | | Social Insurance | No. |
| Home Address | | | | | |
| Place of Birth | | Date of Birth | | Res. Phone | |
| Title | | <u> </u> | | Bus. Phone | |
| Company Name Business Address | | | | | |
| Organizational Structure | | | | | |
| Close Business Associates | | | | | |
| Education History | | | | | |
| Employment History | | | | | |
| Plans for Future | | | | | |
| Employment | | | | | |
| Hobbies, Interests | | | | | |
| Clubs, Sports, etc. | | | | | |
| Name of Spouse | | | | Formerly | |
| Place of Birth | | Date of Birth | | Social Insuranc | e No. |
| Marriage | Date: | Place | | Matrimonial Re | egime |
| Education | | | | | |
| History | | | | | |
| Employment | | | | | |
| History | | | | | |
| Plans for Future | | | | | |
| Employment | | | | | |
| Close Friends | | | | | |
| Children | | | | Birthdate | Birth Cert. Received |
| | | | | | |
| Guardians & | | | | | <u>.</u> |
| Special | | | | | |
| Considerations | | | | | |
| Wills | His: Dated: | Place | Hers: Dated: | | Place |
| Name of | | | | | |
| Executor(s) | | | | | |
| Trusts | | | | | |
| Trustee(s) | | | | | |
| Location (s) of | | | | | |
| Family | | | | | |
| Documents | | | | | |

| Income | Sour | .ce | 20 | 20 | 20 | 20 | 20 |
|----------------|----------------------|----------|-----------|---------|-------------|------------|-------------|
| Self | 3001 | CE | 20 | 20 | 20 | 20 | 20 |
| And | | | | | | 1 | |
| Spouse | | | | | | | |
| | | | | | | | |
| INVESTMEN | NT PHILOSO | DPHY | | | I | | |
| Savings Plar | ns | | | | | | |
| And | | | | | | | |
| Methods | | | | | | | |
| ASSETS N | IOT AVA | ILABLE T | O PRODUC | EINCOME | | | |
| Cash, Bank | Chequing | | | | | | |
| Residence | , , | | | | | | |
| Household I | Furnishing | S | | | | | |
| Automobile | | | | | | | |
| Recreation | & Hobby e | quipment | | | | | |
| Other | | | | | | | |
| Total | | | | | | | |
| ASSETS A | VAILAB | LE TO PR | ODUCE INC | OME | | | |
| Cash, Bank | Savings | | | | | | |
| Real Estate | | | | | | | |
| Securities, e | etc. | | | | | | |
| RRSP's | | | | | | | |
| Company Pe | | sted) | | | | | |
| Business Int | terest | | | | | | |
| Other | | | | | | | |
| Total Availa | | 3 | | | | | |
| LIABILITII | ES | | | | | | |
| Mortgage | | | | | | | |
| | | | | | | | |
| Loans, Bank | Loans, Bank & Others | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Takalitishili | +i.o.o | | | | | | |
| Total Liabilit | ties Life | Company | Amount | Plan | Date Issued | Premium | Beneficiary |
| Insurance | Assured | Company | Amount | ridii | Date 188060 | Fielliulli | Deficition |
| Personal | Assureu | | | | | | |
| Including | | | | | | | |
| Family | | | | | | | |
| | | | | | | | |
| Lump | | | | | | | |
| Sum | | | | | | | |
| Death | | | | | | | |
| Benefit | | | | | | | |
| | | | | | | | |
| C.P.P./ | | | | | | | |
| Q.P.P. | | | | | | | |

| Disability | Insured | CO. & NO. | Monthly Benefit | / | Payment Period | Elimin Period | | Lifetime Injury | Partial Disability | A.D.B. | R.P. | Benefi | ciary |
|--|---------------|--------------|--------------------|--------|-------------------|------------------|------------------|--------------------|-----------------------|--------|------|--------|-------|
| Income | | | | | | | | | | | | | |
| Insurance | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | Group | Life | | | | | | | | | | |
| | | Disabil | ity Plan | | | | | | | | | | |
| Employee Medical Pla | | al Plan | | | | | | | | | | | |
| | | Pension Plan | | | | | | | | | | | |
| | | D.P.S.F | D.P.S.P.'s | | | | | | | | | | |
| Dental | | | | | | | | | | | | | |
| R.R.S.P.'s | | | | | | | | | | | | | |
| FAMILY B | UDGET | | | INCOME | | | CAPITAL ANALYSIS | | | | | | |
| Net Income, | Self | | | | | | YOUR OBJECTIVES | | | | | | |
| ŕ | | | | | | | CASH NEEDS | | | | | | |
| Net Income, | Spouse | | | | | | | | | | | | |
| , | • | | | | | | Last E | xpenses | | | | | |
| Total Net Inc | ome Fam | ily | | \$ | | (A) | Mortgage Fund | | | | | | |
| EXPENSES | | - | | T | | V 7 | Other Debts | | | | | | |
| Housing (P.I.T. | | | | 1 | | | | gency Fund | | | | | |
| Utilities (Heat, | | ρ. | | - | | | | ation Fund | | | | | |
| etc.) | Ligiti, i non | С, | | | | | Luuci | acioni i ana | | | | | |
| Food | | | | | | | TOTA | AL CASH NE | EDS | \$ | | | |
| Clothing | | | | | | | Famil | y Income Ne | eeded | | | \$ | |
| Auto (gas, Expe | nses, INSCE | ., | | | | | Less: | C.P.P. Survi | vor's | | | | |
| etc.) | | | | | | | Bene | fits | | | | | |
| Insurance, Life | j | | | | | | | (| Other Income | | | | |
| Family (Lessons | | | | | | | | Total Inco | me Provided | \$ | | \$ | |
| Entertainment Clubs | t, Vacation | , | | | | | | Balance | Still Needed | | | \$ | |
| Miscellaneous | ; | | | | | | SUM | MARY | | | | | |
| Debt Reductio | n | | | | | | Total | Assets & Ins | surance | | | | |
| Savings, Excluding Insurance | ding Life | | | | | | Less | Cash Needs | | | | | |
| | | | | | | | Availa | able to Prod | uce Income | \$ | | | |
| Total Expense | es | \$ | | | \$ | (B) | | | | | | | |
| | | | | | | | Incon | ne Provided | by this @ | | | | _ |
| | | | | | | | | | | | % | \$ | |
| | | | | | | | | ne Shortage | | | | \$ | |
| | | | | | | | New | Capital Still | Needed @ | | | | |
| Income Available (A-B) \$ | | | | (C) | | | | % | \$ | | | | |
| | | | | | INTERE | ST AS | SUM | IPTIONS | | | | | |
| INTEREST EARNED ON INVETMENT AFTER TAXES | | | | | | | | | | | % | | |
| EXPECTED RATE OF INFLATION | | | | | | | | | | | % | | |
| NET INTEREST AVAILABLE | | | | | | | | | | | % | | |
| INET INTERES | I AVAILA | RFF | | | | | | | | | | | |

| Parents, Ages, | |
|------------------------------|--------------------|
| Addresses | |
| Health, Occupations, etc. | |
| Brothers and | |
| Sisters | |
| Devents of | |
| Parents of Spouse | |
| | |
| Brothers and Sisters | |
| Of Spouse | |
| Potential | |
| Dependents | |
| Bequests – Charitable | |
| Religious, etc. | |
| Medical History, | Non-Smoker/Smoker |
| Self and Family | |
| Aviation, Racing, Special | |
| Avocations, Hobbies, etc. | |
| | Physician |
| | Dentist |
| | Banker |
| | Lawyer |
| PROFESSIONAL | Accountant |
| ADVISERS | Stock Broker |
| | Trust Officer |
| | |
| | General Ins. Agent |
| | Personal Advisor |
| OBJECTIVES | Other |
| | |
| MEDIUM RANGE 2 TO 5 YEARS | |
| | |
| OBJECTIVES | |
| MEDIUM RANGE | |
| 6 TO 15 YEARS | |
| OBJECTIVES | |
| LONG RANGE | |
| 16 YEARS OR MORE | |
| | |
| RETIREMENT | |
| PLANS OTHER | |