
PERSONAL & FAMILY DISCOVERY

Your wealth, on one page.

The information you share here becomes the starting point for every recommendation your advisor makes— what to keep, what to change, and what to plan for next. Skip what does not apply; leave anything you are unsure about for the conversation.

PREPARED FOR

ADVISOR

DATE

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STRICTLY CONFIDENTIAL

01 YOU & YOUR FAMILY

Start with you.

The basics about you, your spouse or partner, and anyone who depends on you. Anything that doesn't apply, leave blank — your advisor will fill in the gaps with you.

YOU & YOUR SPOUSE / PARTNER

Your full name

Spouse / partner full name

Your date of birth

Spouse / partner date of birth

Your citizenship

Spouse / partner citizenship

Your employment status

Spouse / partner employment status

Marital status

Target retirement age (you / spouse)

DEPENDANTS

| NAME | DATE OF BIRTH | RELATIONSHIP | YEARS OF TUITION | SPECIAL NEEDS |
|----------------------|----------------------|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Y <input type="checkbox"/> N |

02 GOALS & PRIORITIES

What matters to you.

Sort your priorities into *must haves* (non-negotiables) and *nice to haves* (the things that would make life better). Short term means within five years; long term is beyond that.

MUST HAVES · SHORT TERM
Within 5 years

e.g. replace the furnace, pay down credit card

MUST HAVES · LONG TERM
Beyond 5 years

e.g. fund retirement, pay off mortgage

NICE TO HAVES · SHORT TERM
Within 5 years

e.g. take a vacation, renovate kitchen

NICE TO HAVES · LONG TERM
Beyond 5 years

e.g. buy a cottage, leave a legacy

A FEW QUESTIONS TO SET THE STAGE

The top financial issue you currently face

What you most want from a financial advisor

03 INCOME

Where your money comes from.

Annual gross figures, before tax. Include only what applies. If you own a corporation or have executive compensation, flag the box at the bottom of the page and we'll cover it in the meeting.

| INCOME SOURCE | YOU (\$/YR) | SPOUSE / PARTNER (\$/YR) |
|----------------------------------|----------------------|--------------------------|
| Employment — base salary | <input type="text"/> | <input type="text"/> |
| Employment — bonus / commission | <input type="text"/> | <input type="text"/> |
| Self-employment / partnership | <input type="text"/> | <input type="text"/> |
| Dividends from your corporation | <input type="text"/> | <input type="text"/> |
| CPP / QPP | <input type="text"/> | <input type="text"/> |
| OAS | <input type="text"/> | <input type="text"/> |
| Workplace pension | <input type="text"/> | <input type="text"/> |
| Annuity | <input type="text"/> | <input type="text"/> |
| Rental property (net) | <input type="text"/> | <input type="text"/> |
| Spousal / child support received | <input type="text"/> | <input type="text"/> |
| Disability or insurance benefit | <input type="text"/> | <input type="text"/> |
| Other | <input type="text"/> | <input type="text"/> |

FLAG FOR ADVISOR — LET'S DISCUSS IN THE MEETING

Tick anything that applies. These situations need a deeper conversation than a form can capture.

- I own an operating company (OPCO)
- I own a holding company (HOLDCO)
- I have stock options, RSUs, PSUs, or DSUs
- I receive equity granted in the U.S.
- I have a defined benefit pension
- I have foreign-source income

04 NET WORTH

What you own, what you owe.

Approximate market values are fine — your advisor will pull exact figures from statements later. Combine joint amounts; we'll split them in the meeting if needed.

| Assets | | Liabilities | |
|--------------------------------|----------------------|--------------------------------|----------------------|
| Cash, savings, GICs | <input type="text"/> | Mortgage — principal residence | <input type="text"/> |
| RRSP / RRIF | <input type="text"/> | Mortgage — other property | <input type="text"/> |
| TFSA | <input type="text"/> | Line of credit (HELOC) | <input type="text"/> |
| RESP | <input type="text"/> | Personal line of credit | <input type="text"/> |
| RDSP | <input type="text"/> | Car loan / lease | <input type="text"/> |
| Non-registered investments | <input type="text"/> | Student loan | <input type="text"/> |
| Workplace pension / group RRSP | <input type="text"/> | Credit card balances | <input type="text"/> |
| Principal residence | <input type="text"/> | Investment loan | <input type="text"/> |
| Other real estate | <input type="text"/> | Other personal loan | <input type="text"/> |
| Business / corporation equity | <input type="text"/> | Tax owing | <input type="text"/> |
| Vehicles, art, collectibles | <input type="text"/> | Shareholder loan owed | <input type="text"/> |
| Other | <input type="text"/> | Other | <input type="text"/> |
| TOTAL ASSETS | <input type="text"/> | TOTAL LIABILITIES | <input type="text"/> |

ANNUAL SAVINGS & EXPENSES

| | | |
|----------------------|-------------------------|--------------------------------------|
| Annual savings (you) | Annual savings (spouse) | Estimated household expenses (\$/yr) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

05 INSURANCE & ESTATE

Protection & legacy.

What's already in place — and what's been put on paper. Bring policies and your will to the meeting if you have them.

LIFE INSURANCE — DEATH BENEFIT IN FORCE

Group / employer (you)

Group / employer (spouse)

Personally owned (you)

Personally owned (spouse)

OTHER COVERAGE IN PLACE

| COVERAGE TYPE | YOU | SPOUSE / PARTNER |
|---------------------------------|---|---|
| Disability — short or long term | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Critical illness | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Long-term care | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Health & dental | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Home / auto / property | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

ESTATE & LEGACY

| ITEM | YOU | SPOUSE / PARTNER |
|--|---|---|
| Up-to-date will (reviewed in last 3 yrs) | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Power of Attorney — property | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Power of Attorney — personal care | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Established a trust | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Specific legacy or charitable wishes | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

ANYTHING ELSE YOUR ADVISOR SHOULD KNOW