

TIME OUT

PERSONAL FINANCIAL ANALYSIS

CONFIDENTIAL

Client: _____

Representative: _____

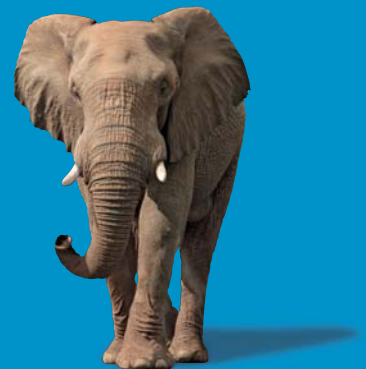
Date: _____

**Who offers you
a complete analysis
of your financial
situation?**



A partner you can trust.

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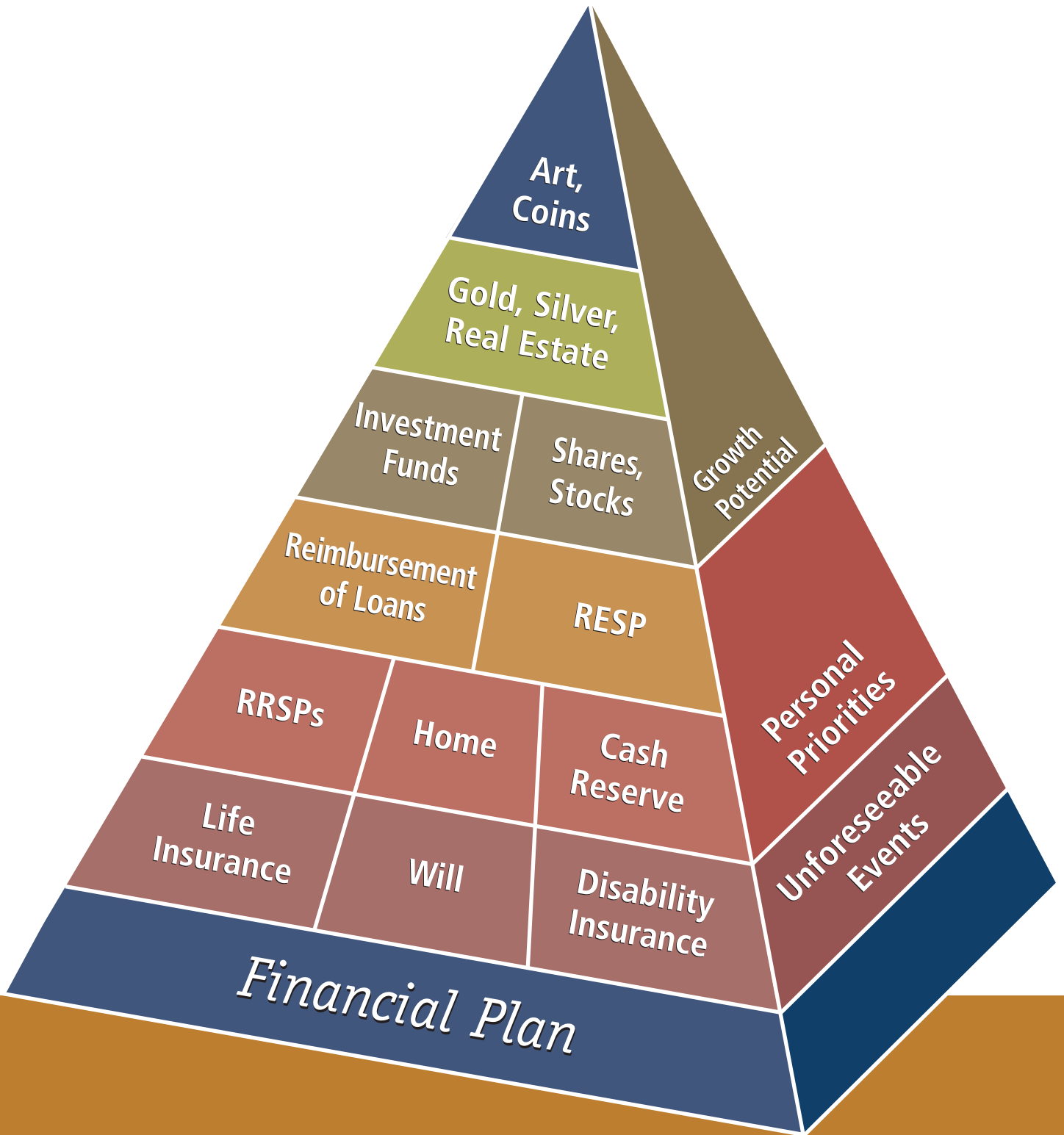


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Getting to know you!

1- YOU

Last name _____ First name _____ Initial _____
Address _____ Postal code _____
Home phone _____ Cellphone _____ Email _____
Date of birth

Y	M	D
---	---	---

 Marital status _____
Owner Co-owner Tenant Since _____
Smoker Non-smoker Since _____
Employer _____ Since _____ Occupation _____
Address _____
Work phone _____ Fax _____
Employment income \$ _____ Other income \$ _____

2- YOUR SPOUSE

Last name _____ First name _____ Initials _____
Home phone _____ Cellphone _____ Email _____
Date of birth

Y	M	D
---	---	---

 Marital status _____
Owner Co-owner Tenant Since _____
Smoker Non-smoker Since _____
Employer _____ Since _____ Occupation _____
Address _____
Work phone _____ Fax _____
Employment income \$ _____ Other income \$ _____

3- CHILDREN

First and last name	Date of birth	Address and telephone			
_____	<table border="1"><tr><td>Y</td><td>M</td><td>D</td></tr></table>	Y	M	D	_____
Y	M	D			
_____	<table border="1"><tr><td>Y</td><td>M</td><td>D</td></tr></table>	Y	M	D	_____
Y	M	D			
_____	<table border="1"><tr><td>Y</td><td>M</td><td>D</td></tr></table>	Y	M	D	_____
Y	M	D			
_____	<table border="1"><tr><td>Y</td><td>M</td><td>D</td></tr></table>	Y	M	D	_____
Y	M	D			
_____	<table border="1"><tr><td>Y</td><td>M</td><td>D</td></tr></table>	Y	M	D	_____
Y	M	D			

Getting to know you!

4- DEPENDENTS

First and last name	Relationship	Comments
_____	_____	_____
_____	_____	_____

5- SAVINGS AND INSURANCE COVERAGE

DO YOU HAVE:	YOU		YOUR SPOUSE	
	Yes	No	Yes	No
• Personal life insurance? (Provide details.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Group insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Disability insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Critical illness insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mortgage insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Business life insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• An individual RRSP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A pension fund (RPP)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A Home Buyer's Plan (HBP)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A group RRSP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• An RESP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A TFSA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Investment funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Individual annuities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Income property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6- GENERAL INSURANCE - MORTGAGE LOAN

DO YOU HAVE:	Renewal date													
• Fire insurance? - Do you have a non-smoker rate?	<table border="1"> <tr><td>Y</td><td>M</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Y	M	D				<table border="1"> <tr><td>Y</td><td>M</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Y	M	D			
Y	M	D												
Y	M	D												
• Automobile insurance?	<table border="1"> <tr><td>Y</td><td>M</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Y	M	D				<table border="1"> <tr><td>Y</td><td>M</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Y	M	D			
Y	M	D												
Y	M	D												
• A mortgage loan?	<table border="1"> <tr><td>Y</td><td>M</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Y	M	D				<table border="1"> <tr><td>Y</td><td>M</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Y	M	D			
Y	M	D												
Y	M	D												

WOULD YOU LIKE TO OBTAIN AN INSURANCE QUOTE? Yes No Yes No

• If yes, when is the best time to reach you?

Getting to know you!

7- LEGAL INFORMATION*

DO YOU HAVE A:	YOU		YOUR SPOUSE	
	Yes	No	Yes	No
Marriage contract? • Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cohabitation agreement? • Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil union agreement? • Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce decree/certificate? • Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal separation decree/deed? • Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will? • Date • Executor/Administrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandate in case of inability? • Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sale/Purchase agreement? • Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial commitment to another person? • Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial advisor (life ins./investments)? • Since	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other • Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8- CONTACT PEOPLE

*For more information, consult the *Keeping Track* brochure (F13-165A).

1- FAMILY

1- Marriage 2- Common-law spouse 3- Children 4- Education 5- Buying a first or second property 6- Standard of living in case of death, disability or critical illness 7- Special projects

2- WORK

1- Satisfaction 2- Promotion 3- Change 4- Retirement - Return to job market 5- Purchase/Sale of a business 6- Special projects

3- FINANCES

1- Satisfaction 2- Income breakdown (short, medium, long-term) 3- Savings methods 4- a) Current investments b) Future investments
5- a) Purchase/Sale of a property, company or business b) Depreciation and capital gains (sale/death) 6- Anticipated repayment of loans (mortgage)
7- Inheritance (receive/bequeath) 8- Planned gifts 9- Special projects

4- LEISURE

1- Vacations 2- Sports 3- Hobbies 4- Travel 5- Associations 6- Volunteer work 7- Special projects

5- RETIREMENT

1- Age 2- Standard of living 3- Inflation 4- Occupation 5- Conservation, sale or transfer of property 6- Special projects

BREAKDOWN OF ASSETS UPON DEATH

Your Assets

1- LIFE INSURANCE				
	YOU		YOUR SPOUSE	
	LIQUID ASSETS* \$	NON-LIQUID ASSETS**	LIQUID ASSETS* \$	NON-LIQUID ASSETS**
Personal (Provide details.)	_____	_____	_____	_____
Group	_____	_____	_____	_____
Mortgage	_____	_____	_____	_____
Credit (See F13-704A(1) for disability.)	_____	_____	_____	_____
Death benefits (CPP/QPP)	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
SUBTOTAL				

2- SAVINGS AND INVESTMENTS (NON-REGISTERED)				
Bank accounts	_____	_____	_____	_____
Investment certificates	_____	_____	_____	_____
Stocks	_____	_____	_____	_____
Bonds	_____	_____	_____	_____
Mutual or segregated funds	_____	_____	_____	_____
Accounts receivable	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
SUBTOTAL				

3- REGISTERED PLANS				
Registered Pension Plan (RPP)	_____	_____	_____	_____
Registered Retirement Savings Plan (RRSP)	_____	_____	_____	_____
Registered Education Savings Plan (RESP)	_____	_____	_____	_____
Stock savings plan (SSP)	_____	_____	_____	_____
Deferred compensation plan (DCP)	_____	_____	_____	_____
Tax-Free Savings Account (TFSA)	_____	_____	_____	_____
Other (DPP, IPP, DPSP): _____	_____	_____	_____	_____
SUBTOTAL				

4- REAL ESTATE				
Principal residence	_____	_____	_____	_____
Secondary residence(s)	_____	_____	_____	_____
Income property	_____	_____	_____	_____
Companies } Land }	See Commercial Section.			_____
Other: _____	_____	_____	_____	_____
SUBTOTAL				

5- OTHER ASSETS				
Furniture	_____	_____	_____	_____
Automobile(s)	_____	_____	_____	_____
Valuables	_____	_____	_____	_____
Personal effects	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
SUBTOTAL				
TOTAL				

*LIQUID ASSETS: Assets that will be converted into cash. **NON-LIQUID ASSETS: Assets that will remain intact.

BREAKDOWN OF LIABILITIES UPON DEATH

Your debts

1- SHORT-TERM		
	YOU	YOUR SPOUSE
	\$	\$
Bank loans	_____	_____
Credit cards	_____	_____
Lines of credit	_____	_____
Income taxes	_____	_____
Property taxes	_____	_____
Loans on insurance policies	_____	_____
Other:	_____	_____
SUBTOTAL	_____	_____

2- LONG-TERM		
Mortgage	_____	_____
Rent/purchase of a house or condo	_____	_____
IOUs	_____	_____
Guarantee bond	_____	_____
Home Buyer's Plan (HBP)	_____	_____
Other:	_____	_____
SUBTOTAL	_____	_____

3- EXPENSES UPON DEATH		
Final illness expenses (lodging, services, care, etc.)	_____	_____
Final expenses (funeral service, plot, etc.)	_____	_____
Estate settlement costs (notary, trust, accountant)	_____	_____
Income taxes	_____	_____
Emergency/transition funds	_____	_____
Education	_____	_____
Valuation and sales fees	_____	_____
Capital gains tax	_____	_____
Recapture of depreciation	_____	_____
Charitable donations made upon death	_____	_____
Other:	_____	_____
SUBTOTAL	_____	_____
TOTAL	_____	_____

4- NET LIQUID ASSETS AVAILABLE UPON DEATH		
AVAILABLE ASSETS (liquid assets)	_____	_____
LESS		
LIABILITIES	_____	_____
TOTAL	_____	_____

 RECORD THESE RESULTS ON PAGE 9

For Your Family

USE PRE INCOME TAX AMOUNTS ONLY

1- CURRENT MONTHLY INCOME

	YOU	YOUR SPOUSE
	\$	\$
TOTAL	_____	_____

2- MONTHLY INCOME REQUIRED UPON DEATH

Amount (including household expenses) (Refer to <i>Budget upon Death</i> , page 11, if needed.)	_____	_____
For a period of: _____ years	_____ years	_____ years
<input type="checkbox"/> for life	<input type="checkbox"/> for life	<input type="checkbox"/> for life

3- AVAILABLE MONTHLY INCOME

Surviving spouse's pension (CPP/QPP)	_____	_____
Orphan's annuity	_____	_____
Family allowance	_____	_____
Annuities (RRSP, RPP, LIF, RRIF)	_____	_____
Other income _____	_____	_____
TOTAL	_____	_____

4- ADDITIONAL MONTHLY INCOME REQUIRED

$$\left(\boxed{2} - \text{TOTAL of } \boxed{3} \right)$$

_____	_____
-------	-------

5- CAPITAL REQUIRED DEPENDING ON TERM

Inflation: _____ % Interest rate: _____ %

Inflation Capital required (see page 10)

<input type="checkbox"/> With	<input type="checkbox"/> With: $\boxed{4} \times 12 \div (\text{interest rate} - \text{inflation}) \times 100$	_____	_____
	<input type="checkbox"/> Without: $\boxed{4} \times \text{factor} (\text{interest rate} - \text{inflation})$	_____	_____
<input type="checkbox"/> Without	<input type="checkbox"/> With: $\boxed{4} \times 12 \div (\text{interest rate}) \times 100$	_____	_____
	<input type="checkbox"/> Without: $\boxed{4} \times \text{factor} (\text{interest rate})$	_____	_____

CAPITAL REQUIRED FOR A MONTHLY INCOME OF \$1

1- WITH CAPITAL CONSERVATION

Term	Factor					
	4.00%	5.00%	6.00%	7.00%	8.00%	9.00%
LIFE	300.00	240.00	200.00	171.43	150.00	133.33

2- WITHOUT CAPITAL CONSERVATION

Term	Factor					
	3.00%	4.00%	5.00%	6.00%	7.00%	8.00%
10	103.56	98.77	94.28	90.07	86.13	82.42
15	144.81	135.19	126.46	118.50	111.26	104.64
20	180.31	165.02	151.53	139.58	128.98	119.55
25	210.88	189.45	171.06	155.21	141.49	129.56
30	237.19	209.46	186.28	166.79	150.31	136.28
35	259.84	225.85	198.14	175.38	156.53	140.79
40	279.34	239.27	207.38	181.75	160.92	143.82
45	296.13	250.26	214.59	186.47	164.01	145.85
50	310.58	259.26	220.20	189.97	166.20	147.22
55	323.02	266.64	224.57	192.56	167.74	148.13
60	333.73	272.68	227.98	194.49	168.83	148.75

RATE OF RETURN ON CANADA SAVINGS BONDS (10 YEAR) AND THE CONSUMER PRICE INDEX

Period	Interest (%)	CPI (%)	Net rate of return (%)
Last 5 years (2003 - 2008)	4.14	2.11	2.03
Last 10 years (1999 - 2008)	4.77	2.25	2.52
Last 15 years (1994 - 2008)	5.52	1.95	3.57
Last 20 years (1989 - 2008)	6.4	2.38	4.02

For the Surviving Spouse

1- RESIDENCE	AFTER DEATH		
	CURRENT	YOU	YOUR SPOUSE
Rent or mortgage payments	_____	_____	_____
Electricity, heating	_____	_____	_____
Telephone (home, cell)	_____	_____	_____
Repairs and improvements (paint, plumbing, etc.)	_____	_____	_____
Furniture	_____	_____	_____
Taxes	_____	_____	_____
Other: _____	_____	_____	_____
SUBTOTAL	_____	_____	_____
2- ESSENTIALS			
Food	_____	_____	_____
Clothing (purchase, cleaning)	_____	_____	_____
Tuition and school-related fees	_____	_____	_____
Medical expenses	_____	_____	_____
Daycare	_____	_____	_____
Household maintenance	_____	_____	_____
Other: _____	_____	_____	_____
SUBTOTAL	_____	_____	_____
3- AUTOMOBILE			
Payments/leasing costs	_____	_____	_____
Gasoline and maintenance	_____	_____	_____
Licence and registration	_____	_____	_____
Other: _____	_____	_____	_____
SUBTOTAL	_____	_____	_____
4- INSURANCE AND SAVINGS			
Life insurance	_____	_____	_____
Disability/critical illness insurance	_____	_____	_____
Property insurance	_____	_____	_____
Automobile insurance	_____	_____	_____
Savings and investments	_____	_____	_____
Retirement plans	_____	_____	_____
Other: _____	_____	_____	_____
SUBTOTAL	_____	_____	_____
5- MISCELLANEOUS			
Personal and business expenses	_____	_____	_____
Recreation and vacations	_____	_____	_____
Gifts (birthdays, etc.)	_____	_____	_____
Debt repayment	_____	_____	_____
Other: _____	_____	_____	_____
SUBTOTAL	_____	_____	_____
TOTAL NET MONTHLY INCOME AFTER INCOME TAXES	_____	_____	_____
TOTAL GROSS MONTHLY INCOME BEFORE INCOME TAXES*	_____	_____	_____

 RECORD THESE RESULTS IN NUMBER 2 ON PAGE 8.

*To obtain your monthly income before income taxes: Total monthly income after income taxes ÷ (100 - tax rate) X 100.

In Case of Accident or Illness

1- INSURANCE

ARE YOU ENTITLED TO:	YOU	YOUR SPOUSE
• Employment insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• CSST benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DO YOU HAVE:		
• Group insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Long-term <input type="checkbox"/> Short-term	<input type="checkbox"/> Long-term <input type="checkbox"/> Short-term
- Waiting period	<input type="checkbox"/> None <input type="checkbox"/> 30 days <input type="checkbox"/> 120 days <input type="checkbox"/> Other _____	<input type="checkbox"/> None <input type="checkbox"/> 30 days <input type="checkbox"/> 120 days <input type="checkbox"/> Other _____
- Indexed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Term	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> To age 65 <input type="checkbox"/> Other _____	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> To age 65 <input type="checkbox"/> Other _____
- Monthly benefit	\$ _____	\$ _____
• Individual insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Long term <input type="checkbox"/> Short-term	<input type="checkbox"/> Long-term <input type="checkbox"/> Short-term
- Waiting period	<input type="checkbox"/> None <input type="checkbox"/> 30 days <input type="checkbox"/> 120 days <input type="checkbox"/> Other _____	<input type="checkbox"/> None <input type="checkbox"/> 30 days <input type="checkbox"/> 120 days <input type="checkbox"/> Other _____
- Indexed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Term	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> To age 65 <input type="checkbox"/> Other _____	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> To age 65 <input type="checkbox"/> Other _____
- Monthly benefit	\$ _____	\$ _____
• Critical illness insurance?	<input type="checkbox"/> 10 years R <input type="checkbox"/> 75 years <input type="checkbox"/> 100 years	<input type="checkbox"/> 10 years R <input type="checkbox"/> 75 years <input type="checkbox"/> 100 years
	<input type="checkbox"/> With ref. of prem. \$ _____ <input type="checkbox"/> Without ref. of prem.	<input type="checkbox"/> With ref. of prem. \$ _____ <input type="checkbox"/> Without ref. of prem.
• Other income?	\$ _____	\$ _____

2- INCOME

• Last 2 calendar years (T4)	\$ _____	\$ _____	\$ _____	\$ _____
	a) Year _____	b) Year _____	a) Year _____	b) Year _____
• Average monthly income	_____ ÷ 24 = \$ _____		_____ ÷ 24 = \$ _____	
	Total a + b	c	Total a + b	c
	\$ _____	\$ _____	\$ _____	\$ _____
	c x 70%	insurance in-force	c x 70%	insurance in-force
• Eligible benefit	\$ _____	\$ _____		

In case of Accident or Illness

3- PROPOSED COVERAGE

	YOU	YOUR SPOUSE
	<input type="checkbox"/> Regular <input type="checkbox"/> Enhanced <input type="checkbox"/> Other _____	<input type="checkbox"/> Regular <input type="checkbox"/> Enhanced <input type="checkbox"/> Other _____
Amount	\$ _____	\$ _____
Taxable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4- WAITING PERIOD

<input type="checkbox"/> None <input type="checkbox"/> 30 days <input type="checkbox"/> 120 days	<input type="checkbox"/> None <input type="checkbox"/> 30 days <input type="checkbox"/> 120 days
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

5- TERM

<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> To age 65	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> To age 65
Indexed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6- RIDERS

• Illness, regular coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Individual <input type="checkbox"/> Family
• Business overhead expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount	\$ _____	\$ _____
	<input type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Individual <input type="checkbox"/> Family
• Hospitalization	Daily amount \$ _____	\$ _____
	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150

7- COST

\$ _____	\$ _____	\$ _____	\$ _____
Monthly	Annual	Monthly	Annual

Future Projects

1- MONTHLY INCOME		
	YOU/YOUR SPOUSE BEFORE RETIREMENT	YOU/YOUR SPOUSE UPON RETIREMENT
A) Employment	\$	\$
• Salary	_____	_____
• Bonuses	_____	_____
• Employment insurance	_____	_____
• Other earned income	_____	_____
SUBTOTAL	_____	_____
B) Retirement income		
• Old Age Security benefits	N/A	_____
• Guaranteed income supplement	N/A	_____
• CPP/QPP	N/A	_____
• War Veterans Allowance	_____	_____
• Surviving spouse's allowance	_____	_____
• Employer pension plan (RPP)	N/A	_____
• Deferred compensation plan	N/A	_____
• Private annuity plans (annuities, RRIF, RREGOP, LIRA, LIF, IA, etc.)	N/A	_____
SUBTOTAL	_____	_____
C) Savings and investments		
• Bank accounts	_____	_____
• Certificates, bonds, etc.	_____	_____
• Dividends	_____	_____
• Interest	_____	_____
• Business income	_____	_____
• Rental income	_____	_____
• Stocks	_____	_____
• Mutual/segregated funds	_____	_____
SUBTOTAL	_____	_____
Other		
• Alimony	_____	_____
• _____	_____	_____
SUBTOTAL	_____	_____
TOTAL MONTHLY INCOME (GROSS)	_____	_____

Future Projects

2- MONTHLY EXPENSES		
	YOU/YOUR SPOUSE BEFORE RETIREMENT	YOU/YOUR SPOUSE UPON RETIREMENT
A) Housing	\$	\$
• Rent/mortgage	_____	_____
• Condo fees	_____	_____
• Electricity/heating	_____	_____
• Telephone/cable/Internet	_____	_____
• Insurance (fire, theft, liability)	_____	_____
• Property and city taxes	_____	_____
• Furniture/purchases/repairs	_____	_____
• Home maintenance and repairs	_____	_____
• Secondary residence	_____	_____
• Other _____	_____	_____
SUBTOTAL	_____	_____
B) Personal expenses		
• Food	_____	_____
• Insurance (life, disability, etc.)	_____	_____
• Medication	_____	_____
• Dental care	_____	_____
• Prostheses and orthopedic devices (glasses, contact lenses, hearing aids, orthopedic footwear, etc.)	_____	_____
• Toiletries	_____	_____
• Hairdresser/barber	_____	_____
• Clothing	_____	_____
• Other _____	_____	_____
SUBTOTAL	_____	_____
C) Debts and income taxes		
• Credit cards	_____	_____
• Lines of credit	_____	_____
• Personal loans	_____	_____
• Federal income taxes/Provincial income taxes	_____	_____
• Guarantee bonds	_____	_____
• Other _____	_____	_____
SUBTOTAL	_____	_____

Future Projects

	YOU/YOUR SPOUSE BEFORE RETIREMENT	YOU/YOUR SPOUSE UPON RETIREMENT
D) Transportation	\$	\$
• Automobile:		
- Loan payments	_____	_____
- Insurance	_____	_____
- Licence and registration	_____	_____
- Gasoline	_____	_____
- Maintenance and repairs	_____	_____
- Parking	_____	_____
• Taxis/bus	_____	_____
• Other	_____	_____
SUBTOTAL	_____	_____
E) Recreation		
• Travel/travel insurance	_____	_____
• Entertainment (subscriptions, concerts, theatre, etc.)	_____	_____
• Memberships in clubs or associations	_____	_____
• Sports and equipment	_____	_____
• Books, magazines, newspapers, CDs, etc.	_____	_____
• Other _____	_____	_____
SUBTOTAL	_____	_____
F) Other		
• Tobacco/ alcohol/lottery	_____	_____
• Gifts, etc.	_____	_____
• Other	_____	_____
SUBTOTAL	_____	_____
TOTAL NET MONTHLY EXPENSES	_____	_____

GROSS MONTHLY INCOME NECESSARY DURING RETIREMENT

GROSS MONTHLY INCOME ON PAGE 16	_____	_____
LESS		
GROSS MONTHLY EXPENSES* ON PAGE 18	_____	_____
TOTAL SURPLUS/(DEFICIT)	_____	_____

*To obtain the conversion in gross amounts: Total monthly expenses after taxes ÷ (100 - tax rate) X 100.

1- DO YOU HAVE ONE OR MORE CONTRACTS...

	YES	NO	CONTRACT NO.
• That have lapsed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• With a policy loan?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Compromised by a withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Set up with extra premiums/exclusions?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Assigned to guarantee a loan?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Whose classification needs to be revised? (smoker/non-smoker, hazardous sports)	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Whose beneficiary designation has not been recently revised?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• For which you would like to obtain explanations?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• That no longer correspond to your needs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Other?	<input type="checkbox"/>	<input type="checkbox"/>	_____

2- DO YOU HAVE ONE OR MORE CONTRACTS...

Whose ownership you wish to transfer to:

• A spouse?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• A child?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• A grandchild?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Another person?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• A charity?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Someone else?	<input type="checkbox"/>	<input type="checkbox"/>	_____

3- DO YOU HAVE ONE OR MORE CONTRACTS...

That you would like to purchase to answer specific needs such as:

• Education savings plan?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Going into business?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Transferring ownership of your assets to avoid taxes?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Paying taxes at the 1 st or 2 nd death (building, business, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Preserving the full value of your savings?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Bequesting particular gifts by will (spouse, children, grandchildren, other)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Creating a trust fund (spouse, children, grandchildren, other)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Maximizing return on:	<input type="checkbox"/>	<input type="checkbox"/>	_____
- Non-registered investments	<input type="checkbox"/>	<input type="checkbox"/>	_____
- Retirement income	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Charity donations?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Specialized long-term institutional care?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Critical illness?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Other?	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Client name	Contract no.	Financial institution
Life insurance	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Disability	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Annuities	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Investments	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Income tax returns (last 3 years)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Income tax returns (1994 tax year — crystallization)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Business financial statements (last 3 years)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other (specify)	_____		

All documents will be returned to you when the report is delivered.

Documents returned with the delivery of report.

ACKNOWLEDGEMENT OF RECEIPT

I confirm having received the above-mentioned documents.

TO BE SIGNED WHEN DOCUMENTS ARE RETURNED

I confirm that the above-mentioned documents were returned to me.

Representative signature

Client signature

Date

Date

Client signature

Representative signature

PERSONAL FINANCIAL ANALYSIS

CONFIDENTIAL



The elephant,
symbol of our 100 years
of strength and longevity.