

## PERSONAL FINANCE PROFILE

### Preparing for your financial consultation

To help you plan for the future, you need to know where you are now. Completing this profile is the first step. Refer to recent pension, tax, bank and investment statements for the details.

Personal Information - Self	
Full Legal Name:	
Date of Birth:	Citizenship:
Number of years a resident in Canada since age 18:	
Previous Marriages:    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dependent Children: Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

Personal Information – Partner	
Full Legal Name:	
Date of Birth:	Citizenship:
Number of years a resident in Canada since age 18:	
Previous Marriages:    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dependent Children: Name	Date of Birth
<i>(other than above)</i> Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

Employment Information		
	Self	Partner
Job Title		
Gross Salary	\$	\$
Net Salary	\$	\$
# of years in position		
Will you receive a pension from a previous employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

*As you fill in these sheets, you will get a clearer picture of financial matters that need to be addressed. Note questions you want answered.*

## Personal Balance Sheet: WHAT YOU OWN

	Self	Partner	Combined
<b>Liquid Assets</b> <i>(Use current market value.)</i>			
Cash			
Chequing accounts			
Savings accounts			
Short term deposits			
Life insurance (cash value)			
Canada Savings bonds			
<b>Subtotal</b>			
<b>Semi-liquid Assets</b>			
Stocks			
Bonds			
Mutual funds			
Medium term deposits (up to 5 years - e.g. GICs)			
Money owed to you			
<b>Subtotal</b>			
<b>Retirement Assets</b>			
Registered pension plan (company RRP)			
Registered retirement savings plan (RRSP)			
<b>Subtotal</b>			
<b>Personal Property</b>			
Vehicles			
Art, antiques, jewellery			
Household furnishings			
Other			
<b>Subtotal</b>			
<b>Real Estate</b>			
Principal Residence			
Vacation home or other properties			
<b>Subtotal</b>			
<b>TOTAL ASSETS</b>			

## Personal Balance Sheet: WHAT YOU OWE

	Self	Partner	Combined
<b>Liabilities (Use outstanding balance.)</b>			
Loans			
Personal loans			
Life insurance Loans			
Mortgage on principal residence			
Mortgages on other properties			
Credit card debt			
Income tax owing			
Margin accounts			
Charitable pledges			
Other			
<b>TOTAL LIABILITIES</b>			

## NET WORTH

Total Assets (from page 2)			
Total Liabilities (from above)			
<b>TOTAL NET WORTH</b>			

## Mortgage and consumer credit details

<b>Mortgages</b>			
	Mortgage 1	Mortgage 2	Mortgage 3
Lender			
Is mortgage insured? For how much?	Yes <input type="checkbox"/> No <input type="checkbox"/> \$	Yes <input type="checkbox"/> No <input type="checkbox"/> \$	Yes <input type="checkbox"/> No <input type="checkbox"/> \$
Terms of current mortgage last renewal date number of years			
Current interest rate variable or fixed	% V. <input type="checkbox"/> F. <input type="checkbox"/>	% V. <input type="checkbox"/> F. <input type="checkbox"/>	% V. <input type="checkbox"/> F. <input type="checkbox"/>
Total years remaining			
Payment Is it monthly, bi-weekly or weekly?	\$ M. <input type="checkbox"/> B. <input type="checkbox"/> W. <input type="checkbox"/>	\$ M. <input type="checkbox"/> B. <input type="checkbox"/> W. <input type="checkbox"/>	\$ M. <input type="checkbox"/> B. <input type="checkbox"/> W. <input type="checkbox"/>
includes	P. <input type="checkbox"/> I. <input type="checkbox"/> T. <input type="checkbox"/>	P. <input type="checkbox"/> I. <input type="checkbox"/> T. <input type="checkbox"/>	P. <input type="checkbox"/> I. <input type="checkbox"/> T. <input type="checkbox"/>
Early renewal penalty	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Outstanding balance	\$	\$	\$
Do you have latest mortgage statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



Consumer Debt						
		Type of loan				
		Credit Card	Car Loan	Line of Credit	Other	
<b>Creditor 1:</b>						
Self <input type="checkbox"/>	Partner <input type="checkbox"/>	Balance Owing				
Mo. pmt.: \$		Past due: \$				
Interest rate: %		Due date:				
<b>Creditor 2:</b>						
Self <input type="checkbox"/>	Partner <input type="checkbox"/>	Balance Owing				
Mo. pmt.: \$		Past due: \$				
Interest rate: %		Due date:				
<b>Creditor 3:</b>						
Self <input type="checkbox"/>	Partner <input type="checkbox"/>	Balance Owing				
Mo. pmt.: \$		Past due: \$				
Interest rate: %		Due date:				
<b>Creditor 4:</b>						
Self <input type="checkbox"/>	Partner <input type="checkbox"/>	Balance Owing				
Mo. pmt.: \$		Past due: \$				
Interest rate: %		Due date:				
<b>Creditor 5:</b>						
Self <input type="checkbox"/>	Partner <input type="checkbox"/>	Balance Owing				
Mo. pmt.: \$		Past due: \$				
Interest rate: %		Due date:				
<b>Creditor 6:</b>						
Self <input type="checkbox"/>	Partner <input type="checkbox"/>	Balance Owing				
Mo. pmt.: \$		Past due: \$				
Interest rate: %		Due date:				
<b>Creditor 7:</b>						
Self <input type="checkbox"/>	Partner <input type="checkbox"/>	Balance Owing				
Mo. pmt.: \$		Past due: \$				
Interest rate: %		Due date:				
<b>Creditor 8:</b>						
Self <input type="checkbox"/>	Partner <input type="checkbox"/>	Balance Owing				
Mo. pmt.: \$		Past due: \$				
Interest rate: %		Due date:				
<b>Creditor 9:</b>						
Self <input type="checkbox"/>	Partner <input type="checkbox"/>	Balance Owing				
Mo. pmt.: \$		Past due: \$				
Interest rate: %		Due date:				
<b>Creditor 10:</b>						
Self <input type="checkbox"/>	Partner <input type="checkbox"/>	Balance Owing				
Mo. pmt.: \$		Past due: \$				
Interest rate: %		Due date:				
<b>TOTAL - Self</b>						
<b>TOTAL - Partner</b>						



## ESTATE PLANNING

	Self	Partner
Do you have a will? When was it done?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a power of attorney &/or representation agreement? When done?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## INSURANCE

	Self	Partner
<b>Life Insurance</b>		
Group Coverage Details:	\$	\$
Private Coverage Details:	\$	\$

<b>Disability Insurance</b>		
Private Coverage Details:	\$	\$

## INCOME SOURCES

	Self	Partner	Combined
Annual Employment Income Gross			
Net			
Net Self-employment Income			
Net Rental Income			
Child Tax Benefit			
Child Support			
Spousal Support			
Other -			
Other -			
<b>TOTAL INCOME</b>			

## LIVING EXPENSES

MONTHLY EXPENSES <i>(Estimate cost per month)</i>			
	A		B
<b>Food</b> Groceries Restaurants/fast foods		<b>Personal Care</b> Supplies/equipment Toiletries/cosmetics Personal care services	
<b>Shelter</b> Rent/mortgage Condo fees/taxes Utilities		<b>Recreation</b>  Use of recreational facilities Movies/performances	
<b>Household Operation</b> Telephone Cell phone Internet Cable Writing materials/postage Cleaning supplies Pet expenses Garden supplies/services		<b>Reading</b> Newspapers/subscriptions Books/magazines	
<b>Clothing</b> Monthly purchases Dry cleaning/laundry		<b>Child care</b> Child support Regular child care Baby sitting	
<b>Transportation</b> Car loan/lease Gas/oil Parking Bus/taxi/ferry Car insurance (monthly)		<b>Security</b> Life/disability insurance	
		<b>Miscellaneous</b> Bank service charges Lottery tickets/ bingo/ gambling Alcohol and tobacco	
		<b>Credit Card Payments</b>	
		<b>Savings and Investments</b>	
<b>Total Column A</b>		<b>Total Column B</b>	

Monthly Expenses	
Column A Total	
Column B Total	
<b>Total Monthly Expenses</b>	
<b>ANNUAL Total of Monthly Expenses</b> <i>(Monthly Expenses times 12 months)</i>	

<b>ANNUAL &amp; OCCASIONAL EXPENSES</b> <i>(Estimate cost per year)</i>			
	<b>A</b>		<b>B</b>
<b>Shelter</b> Property tax Home insurance premium Maintenance/repairs Travel accomodation		<b>Recreation</b> Sports equipment Toys/games/hobbies Photo goods/services Computer equipment/services Recreation vehicles/boats	
<b>Furnishings and Equipment</b> Furniture/appliances  Decorating		Home entertainment equipment/services Packaged travel tours Club dues	
<b>Clothing</b> Irregular purchases		<b>Education</b> Fees/school supplies	
<b>Transportation</b> Insurance Maintenance/repairs Travel/air fare		<b>Gifts and Contributions</b> Birthdays/gifts/celebrations Charities/religious institutions	
<b>Health Care</b> MSP Extended health premiums  Dental Eye care Prescriptions		<b>Miscellaneous</b> Union/Professional dues Prof. services (e.g. lawyer, vet)	
		<b>Savings</b> RRSPs	
<b>Total Column A</b>		<b>Total Column B</b>	

<b>Annual Expenditures</b>	
<b>Annual and Occasional Expenses</b>	
Column A Total	
Column B Total	
<b>Annual and Occasional Expenses Total</b>	
<b>Monthly Expenses Annual Total (from page 6)</b>	
<b>TOTAL ANNUAL EXPENDITURES</b> <i>(Annual Expenses plus Annual Monthly Expenses Total)</i>	
<b>Average Monthly Expenses</b> <i>(Total Annual Expenditures divided by 12)</i>	