

Financial Profile Questionnaire

Along with the questionnaire included herein, we ask that you provide the following documents, if applicable, so that we may have the precise numbers and details for all aspects of your financial profile. If there are any documents you believe would be useful to us in our analysis, please include these as well.

Retirement Planning

- Statement of current investments (RRSPs, TFSAs, RESPs, Non-Reg, etc.)
- Statement for current liabilities (Mortgage statement & other loan statements)
- Monthly Budget, Cash flow statements or any other documents you deem useful
- Employer sponsored savings plans or Pension Plan
 - Detailed statement of current investments
 - Plan information (Stock option plan limits, etc.)

Risk Management and Estate Planning

- Insurance coverage through work, including amount you pay from paystub
- Private Policies for Life Insurance, Disability Insurance, Critical Illness (if any)
- Any additional information regarding family health history that may be useful

Income Tax

- Income Tax Documents from most recent tax year, two years if you have a rental property of a small business
- Notice of assessment from most recent tax year (Blue/Gray document from Canada Revenue Agency showing available RRSP room)
- Estimate on how much you have contributed to Tax-Free Savings Accounts



The following document is a questionnaire to help us get to know you and your family’s financial profiles. We understand that you may not be able to provide all the information listed below, or that some terms may be foreign to you. We simply ask that you provide as much information as you are comfortable providing us so that we may prepare the most comprehensive and tailored recommendations we can. Thank you!

Part 1- Personal Information

Name:	Client A	Client B
Date Of Birth:		
Home Address:		

Dependants/Children information

<u>Name</u>	<u>Date of birth</u>	<u>Notes</u>

Employment (or Former) Information

Occupation:		Years of Experience		Years of Experience
Employer :		Years of Service		Years of Service
How would you rate the stability of your employment?				

If you are contemplating a change in career or position, please notify us of any additional information which may be helpful.

Current Assets

Assets	Description	Market Value	
		Client A	Client B
Home			
Recreational Property (Cottage)			
Investment/Rental Property			
Vehicle 1			
Vehicle 2			
Other fixed Assets		Client A	Client B
RRSPs, Locked-in RSP, etc.		Client A	Client B
Work Pension*		Client A	Client B
Tax-Free Savings Account		Client A	Client B
Non-Registered Savings		Client A	Client B
Education Savings (RESPs)		Client A	Client B
Bank Account		Client A	Client B
Other Liquid Assets (please describe)		Client A	Client B

*Do you have a Pension through your former employer? If so, please provide us with details below. A detailed statement and summary of your pension is required for retirement planning.

	Client A	Client B
Type of Pension? (Defined Contribution, Defined Benefit?):		
Estimated Benefits:		

Current Liabilities

Liabilities:	Carrier or Description:	Outstanding Amount:	Payment Amount:	Frequency (Monthly, bi-weekly, weekly?)	Rate:	Maturity Date:	Type: (Open-Variable, Closed-fixed, Closed-Variable)
Mortgage 1							
Mortgage 2							
Mortgage 3							
Car Loan 1							
Car Loan 2							
Line of Credit 1							
Line of Credit 2							
Credit Card 1							
Investment Loan							

Current Budget: Income & Expenses

Current Income

Income Source (Describe):	Annual Gross Amount	Annual Net Amount
Client A Pension Income		
Client B Pension Income		
Business Income		
Rental Income 1		
Rental Income 2		
Other:		
Other:		

Current Expenses

Housing Expenses	Weekly	Monthly	Consumer Staples	Weekly	Monthly
Rent or Property Tax			Groceries		
Home Insurance			Cleaning Supplies		
Heat (Oil or Gas)			Health Care		
Hydro (Electricity)			Alcohol/Tobacco		
Water			Clothing		
TV/Phone/Internet			Entertainment		
Security/Lawn/Snow			Restaurants		
Maintenance			Leisure		
Interest on Debt			Shopping		
Other			Other		
Auto Expenses	Weekly	Monthly	Discretionary	Annually	Monthly
Petrol			Gifts		
Auto Insurance			Travel		
Licensing			Luxury Items		
Maintenance			Non-Essential Shopping		
Replacement Frequency	5 , 7 , 10 , 15 years		Clubs & Memberships		
Number of Vehicles	1 , 2 , 3 vehicles		Other Discretionary		



Risk Management

Do you currently have any insurance policies in place? If so, please fill out the following information. Please make sure to also add any insurance that might be offered through your work.

<u>Type of Insurance</u> <small>(Life, Disability, Critical Illness)</small>	<u>Name of Insured</u>	<u>Carrier</u>	<u>Coverage Amount</u>	<u>Monthly Payment</u>	<u>Renewal Date</u>

Do you believe you and your family are adequately covered if something was to happen? If not, where do you feel it is lacking?

Estate Planning

Do you have a will in place, and if so, is it up to date? _____

Do you plan on leaving an inheritance? _____

Do you have a specific amount in mind that you'd like to leave your benefactors? If so, please describe.

Would you be interested in developing a savings plan dedicated solely to maximizing the inheritance you will leave?



Part 2 – Goals & Objectives

Please summarize goals and objectives that you have for your family. You may want to include things that you would like to accomplish before you retire, during your retirement or even your target inheritance.

Goal 1

Goal 2

Goal 3

Retirement Planning:

Active retirement is defined as the years when you are more likely to be travelling, doing leisure activities, etc. while a passive retirement is more financially conservative. Please use today's dollars for all amounts.

What is your anticipated Active Retirement Age? Client A: _____ Client B: _____

How much money per month would you like/need during your "Active" retirement years? \$ _____/month

What is your anticipated Passive Retirement Age? Client A: _____ Client B: _____

How much money per month would you like/need during your "Passive" retirement years? \$ _____/month

If you remain in good health, what is your Anticipated Life Expectancy?

Client A: 65 to 75 75 to 85 85 to 95 95 to 105+

Client B: 65 to 75 75 to 85 85 to 95 95 to 105+



Please tell us what you see yourself doing in active and in passive retirement, how you see yourself spending time, etc. The more details you can provide, and the potential costs associated, the better. (E.g. Travel, ~\$10,000 per year)

If there are any other details you believe would further help us in our analysis, please provide it in any manner you deem fit.

Thank you very much for your time and for trusting us with this confidential information. We promise to make good use of this data and to provide you with a comprehensive analysis of our findings, all while keeping your private information secure.

Sincerely,

A handwritten signature in black ink that reads "Jean-François Démoreé". The signature is written in a cursive, flowing style.

Jean-François Démoreé
and the Innova Wealth Team