

CONFIDENTIAL

## FINANCIAL OUTLINE

### YOU

Last Name \_\_\_\_\_ First name \_\_\_\_\_ Init. \_\_\_\_\_

Address \_\_\_\_\_ Postal code \_\_\_\_\_

Home telephone \_\_\_\_\_ Cellular \_\_\_\_\_ E-mail \_\_\_\_\_

Date of birth \_\_\_\_\_ Marital status \_\_\_\_\_ SIN (optional) \_\_\_\_\_

YEAR / MONTH / DAY

Owner  Co-owner  Tenant Since \_\_\_\_\_

Smoker  Non smoker Since \_\_\_\_\_

Employer \_\_\_\_\_ Since \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Office telephone \_\_\_\_\_

### YOUR SPOUSE

Last Name \_\_\_\_\_ First name \_\_\_\_\_ Init. \_\_\_\_\_

Address \_\_\_\_\_ Postal code \_\_\_\_\_

Home telephone \_\_\_\_\_ Cellular \_\_\_\_\_ E-mail \_\_\_\_\_

Date of birth \_\_\_\_\_ Marital status \_\_\_\_\_ SIN (optional) \_\_\_\_\_

YEAR / MONTH / DAY

Owner  Co-owner  Tenant Since \_\_\_\_\_

Smoker  Non smoker Since \_\_\_\_\_

Employer \_\_\_\_\_ Since \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Office telephone \_\_\_\_\_

### YOUR CHILDREN AND/OR DEPENDENT

First name and Last name

Date of birth  
YEAR / MONTH / DAY

_____	_____
_____	_____
_____	_____
_____	_____

PERSONAL BALANCE SHEET AS OF: \_\_\_\_\_

ASSETS		
Liquidities	_____	_____
	_____	_____
Investments	_____	_____
	_____	_____
Vehicles	_____	_____
	_____	_____
Furniture and personal effects	_____	_____
	_____	_____
Commercial assets	_____	_____
	_____	_____
	_____	_____
Real estate	_____	_____
	_____	_____
	_____	_____
Other	_____	_____
	_____	_____
	_____	_____
<b>TOTAL ASSETS</b>	_____	_____

LIABILITIES		
<b>LINE OF CREDIT</b>		
authorized	_____ \$ _____ %	_____
authorized	_____ \$ _____ %	_____
<b>LOANS</b>		
payments	_____ \$ _____ %	_____
payments	_____ \$ _____ %	_____
<b>CREDIT CARDS</b>		
authorized	_____ \$ _____ %	_____
authorized	_____ \$ _____ %	_____
authorized	_____ \$ _____ %	_____
authorized	_____ \$ _____ %	_____
<b>MORTGAGE</b>		
payments	_____ \$ _____ %	_____
term	_____	maturity date _____
other	_____	_____
	_____	_____
	_____	_____
	_____	_____

**TOTAL LIABILITIES** \_\_\_\_\_

**NET WORTH** \_\_\_\_\_

SOURCES OF INCOME		
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
<b>TOTAL INCOME</b>	_____	_____

EXPENSES		
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
<b>TOTAL EXPENSES</b>	_____	_____
<b>BUDGET EXCESS</b>	_____	_____



# PLANNING OBJECTIVES

## FAMILY

marriage / children / education / buying a first or second property / special projects

## INTERESTS

vacations / sports / hobbies / travel / associations / volunteer work / special projects

## CAREER

satisfaction / training / promotion / change / retirement or return to work / purchase of a business / special projects

## FINANCES

Incomes / expenses / savings methods / current and future investments / mortgage / loans / inheritance

## RETIREMENT

age / occupation / residence / leisure / sports / activities / travel

## ESTATE

Planned giving, will, bequest

## COMPANY

Shareholder agreement, Income Loss Replacement Plan, corporate disbursement

## NOTES

### DO YOU HAVE

Marriage Contract

yes  no

yes  no

Incapacity mandate

yes  no

yes  no

Common law contract

yes  no

yes  no

Financial commitment

yes  no

yes  no

Divorce decree

yes  no

yes  no

Notary

\_\_\_\_\_

\_\_\_\_\_

Will

yes  no

yes  no

Financial advisor

\_\_\_\_\_

\_\_\_\_\_