

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Own  Rent   
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business e-mail \_\_\_\_\_  
Business Address: \_\_\_\_\_

If Married:  
Spouse: \_\_\_\_\_  
Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business e-mail \_\_\_\_\_  
Business Address: \_\_\_\_\_

Children:	Name	Age	Sex
	_____	____/____	_____
	_____	____/____	_____
	_____	____/____	_____
	_____	____/____	_____

## PERSONAL PLANNING PROFILE

	Yes	No	?
My assets are protected from large lawsuits....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the income my family will receive from my estate assets....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a current Will consistent with my estate distribution wishes....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My executor is familiar with my estate plan....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A guardian has been appointed for my minor children....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have reviewed my life insurance program in the last two years....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I participate in a tax-favored retirement plan....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the impact of inflation on my retirement plan....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I maximize my annual tax-favored plan contributions....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current investment returns....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I save on a weekly or monthly basis....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My income is protected in the event I am sick or hurt and cannot work....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am fully covered for health care costs....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am sure my home has adequate insurance coverage....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am sure my homeowners coverage will fully rebuild my home....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fully understand and have checked my CPP benefits....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## AUTOMOBILE

	Yes	No	?
1. Have you considered increasing your deductible to lower your premiums?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are your liability limits adequate to protect your income and assets from a negligent lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you presently insure all of the vehicles you own, including recreational vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all your vehicles insured with the same insurance company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all the licensed drivers in your household listed on your automobile policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do any of your vehicles contain any customized equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a non-factory installed stereo system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a vehicle, not your own, furnished for your use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have rental car coverage in the event your car is damaged in an accident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you reviewed your auto insurance in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you currently have Accident Forgiveness Coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you require Optional Accident Benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## HOMEOWNERS/RENTERS

	Yes	No	?
1. Do you own any antiques, fine art, or paintings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you own any jewelry, furs, or silverware valued over \$500?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you own any guns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have replacement cost contents coverage added to your policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you presently have either a burglar, fire or smoke alarm in your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you remodeled your home recently? Do you plan to in the near future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Would you like an estimate of your home's replacement cost at today's prices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you own a second home or any other real property such as a cottage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you conduct any business or give private lessons in your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you own any rental or investment property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have an Excess Liability (umbrella) policy which extends your automobile and homeowners liability coverage to \$2,000,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Would you like us to send a form to assist you in making an inventory of your personal property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you reviewed your homeowners coverage in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you currently have a photo inventory of your personal property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Would you like a review of your current homeowners coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## OTHER PERSONAL INSURANCE

- |  | Yes                      | No                       | ?                        |
|--|--------------------------|--------------------------|--------------------------|
| 1. Do you have disability income insurance in case you are disabled?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you own a boat? If so, what horsepower? _____ size? _____<br>Where used? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a Mortgage Cancellation Insurance policy?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are all members of your family protected by life insurance?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are your beneficiaries and ownership of your life insurance policies up to date?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a retirement savings plan or pension plan?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you currently have extended warranties on all my automobiles?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you interested in discussing life insurance within the next year?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you plan to start a new business in the near future?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you purchase out of Country medical insurance when you travel?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## FINANCIAL INFORMATION

### INCOME:

Your Annual Income

- |                          |                       |
|--------------------------|-----------------------|
| <input type="checkbox"/> | Less than \$25,000    |
| <input type="checkbox"/> | \$25,001 to \$50,000  |
| <input type="checkbox"/> | \$50,001 to \$75,000  |
| <input type="checkbox"/> | \$75,001 to \$100,000 |
| <input type="checkbox"/> | More than \$100,000   |

Spouse's Annual Income

- |                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

**ASSETS** (Excluding home):

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$50,000     | <input type="checkbox"/> \$250,000 to \$600,000   |
| <input type="checkbox"/> \$50,000 to \$150,000  | <input type="checkbox"/> \$600,000 to \$1,200,000 |
| <input type="checkbox"/> \$150,000 to \$250,000 | <input type="checkbox"/> More than \$1,200,000    |

**LIABILITIES** (Excluding home mortgage):

- |  |   |
|--|---|
| <input type="checkbox"/> Less than \$25,000    | <input type="checkbox"/> \$150,000 to \$250,000 |
| <input type="checkbox"/> \$25,000 to \$75,000  | <input type="checkbox"/> \$250,000 to \$500,000 |
| <input type="checkbox"/> \$75,000 to \$150,000 | <input type="checkbox"/> More than \$500,000    |

**Mortgage Balance** \_\_\_\_\_

**Market Value of Home** \_\_\_\_\_

### CURRENT SAVINGS AND INVESTMENTS:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Savings and CDs   | <input type="checkbox"/> Stocks                    | <input type="checkbox"/> RRSP                        |
| <input type="checkbox"/> Bonds             | <input type="checkbox"/> Tax Deferred Annuity      | <input type="checkbox"/> Pension/Profit Sharing Plan |
| <input type="checkbox"/> Mutual Funds      | <input type="checkbox"/> Life Insurance Cash Value | <input type="checkbox"/> Tax Free Savings Account    |
| <input type="checkbox"/> Money Market Fund | <input type="checkbox"/> Other _____               | <input type="checkbox"/> Other _____                 |

## CURRENT LIFE INSURANCE:

Your Total

Spouse's Total

- |                          |                        |                          |
|--------------------------|------------------------|--------------------------|
| <input type="checkbox"/> | Less than \$50,000     | <input type="checkbox"/> |
| <input type="checkbox"/> | \$50,000 to \$150,000  | <input type="checkbox"/> |
| <input type="checkbox"/> | \$150,000 to \$500,000 | <input type="checkbox"/> |
| <input type="checkbox"/> | More than \$500,000    | <input type="checkbox"/> |

## FINANCIAL PLANNING PRIORITIES

H = High Priority   M = Medium Priority   L = Low Priority   N/A = Not Applicable

- |  |   |   |   |     |
|--|---|---|---|-----|
| Planning for my retirement is a  | H | M | L | N/A |
| Protecting my family's lifestyle in the event of my death is a                 | H | M | L | N/A |
| Saving and investing on a regular basis are a                                  | H | M | L | N/A |
| Providing educational funds for my children is a                               | H | M | L | N/A |
| Protecting my income in the event of sickness or accident is a                 | H | M | L | N/A |
| Providing funds to pay off my mortgage and debts in the event of my death is a | H | M | L | N/A |
| Protecting against the costs of long-term nursing care is a                    | H | M | L | N/A |
| Investing money in tax-favored plans is a                                      | H | M | L | N/A |
| Low risk investments are a   | H | M | L | N/A |
| Investments that offer high growth potential are a                             | H | M | L | N/A |
| An overall financial plan is a   | H | M | L | N/A |
| Involvement of my spouse in our financial planning is a                        | H | M | L | N/A |

## CURRENT PRIORITIES

Please check or complete all that may apply within the next two years

- |  |  |
|--|--|
| <input type="checkbox"/> Long Term Care Coverage   | <input type="checkbox"/> Tax-favored investment/annuities      |
| <input type="checkbox"/> A systematic savings plan   | <input type="checkbox"/> Planning for retirement               |
| <input type="checkbox"/> Life insurance on my spouse   | <input type="checkbox"/> Existing policy review                |
| <input type="checkbox"/> How to pay estate taxes   | <input type="checkbox"/> Converting temporary insurance        |
| <input type="checkbox"/> Life insurance on my children/grandchildren   | <input type="checkbox"/> Ways to protect my family's lifestyle |
| <input type="checkbox"/> My homeowners insurance   | <input type="checkbox"/> My automobile insurance               |
| <input type="checkbox"/> Insurance on myself   | <input type="checkbox"/> Mortgage protection coverage          |
| <input type="checkbox"/> Ways to protect my income in the event of sickness or accident (disability insurance) | <input type="checkbox"/> Home warranty Insurance:              |

## FUTURE PLANS

Please check all that may apply within the next two years.

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> New Home      | <input type="checkbox"/> Change job     | <input type="checkbox"/> Lose weight   | <input type="checkbox"/> Stop smoking    |
| <input type="checkbox"/> Marriage      | <input type="checkbox"/> Children       | <input type="checkbox"/> Save more     | <input type="checkbox"/> Retirement      |
| <input type="checkbox"/> Pay off loans | <input type="checkbox"/> Start business | <input type="checkbox"/> Bonus         | <input type="checkbox"/> Salary increase |
| <input type="checkbox"/> Inheritance   | <input type="checkbox"/> Sell business  | <input type="checkbox"/> Sell property | <input type="checkbox"/> Other: _____    |



PERSONAL & CONFIDENTIAL

An overview of your life,  
estate, risk management and  
insurance Planning...  
from your perspective.

January 8, 2009