



**BROTHERS  
& COMPANY**  
FINANCIAL



**“REAL LIFE  
FINANCIAL  
SOLUTIONS”™  
DISCOVERY  
EXERCISE**

**CONFIDENTIAL  
INFORMATION**

**PERSONAL INFORMATION**

	Client	Spouse	Notes
First name			
Last name			
Social Insurance Number			
Date of Birth			
Retirement Age			
Date of Retirement			
Address			
City			
Province / Postal Code			
Occupation / Job title			
Employer / Company			
Home phone			
Business phone			
Business fax			
Mobile phone			
E-mail			
Dependant's name	Date of birth	Relationship	

To what extent do you want to be involved in the financial lives of your children, either during your lifetime, or as legacies to them? May include education, weddings, home purchases, etc.

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**Goals & Objectives**

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# INVESTMENT PERSONALITY

## Financial Position

1. What is your current Net Worth?

- 0 - \$50 K       \$50 K - \$100 K       \$100 K - \$250 K       \$250 K - \$500 K       \$500 K +

2. What is your current annual income excluding investment income?

- < \$25 K       \$25 - \$50 K       \$50 - \$75 K       \$75 - \$100 K       \$100 K +

## Investor Style

1. If the media were to suggest that a decline in the stock market was imminent, would you move all your investments to cash?

- Definitely       Probably       Maybe       Probably not       No

2. If one of your investments earned 20% or more within a 12 month period or less, would you sell it to lock in the gain?

- Definitely       Probably       Maybe       Probably not       No

3. In a typical year, what percentage of your portfolio would you routinely reposition?

- 80% to 100%       60% to 80%       40% to 60%       20% to 40%       20% or less

4. Do you choose investments that are highly rated based on recent performance?

- Definitely       To some extent       Not a key factor

## Your Outlook

1. How would you describe your level of investment knowledge?

- Extensive       Good       Fair       Limited       Nil

2. Do you read the financial papers and make investment decisions on the basis of a variety of economic indicators?

- Definitely       To some extent       Not at all

3. Certain types of investments fluctuate in value. To achieve potentially higher returns, what level of fluctuation are you willing to accept?

- Dramatic       Moderate       No losses at all

4. What is the worst 1 year return you could tolerate?

- 0% - 5%       1% - 5% loss       5% - 10% loss       10% - 20% loss       > 20% loss

5. What is the worst 1 year return you ever experienced?

- 0% - 5%       1% - 5% loss       5% - 10% loss       10% - 20% loss       > 20% loss

6. How frequently do you review the performance of your investments?

- Monthly       Quarterly       Annually       Occasionally       Rarely

7. What percentage of your portfolio must not be subject to any negative fluctuations?

- Non-registered*  80% to 100%       60% to 80%       40% to 60%       20% to 40%       20% or less  
*Registered*  80% to 100%       60% to 80%       40% to 60%       20% to 40%       20% or less

8. What percentage of your portfolio do you feel that you need access to for emergencies or opportunities?

- Non-registered*  80% to 100%       60% to 80%       40% to 60%       20% to 40%       20% or less  
*Registered*  80% to 100%       60% to 80%       40% to 60%       20% to 40%       20% or less

# INVESTMENT PERSONALITY

## Time Horizon

1. What percentage of your investment portfolio will be needed to fund anticipated expenses, major purchases, or other needs over the next five years?

- Non-registered*  80% to 100%     60% to 80%     40% to 60%     20% to 40%     20% or less  
*Registered*     80% to 100%     60% to 80%     40% to 60%     20% to 40%     20% or less

2. If you were to experience a sudden reduction in income, would you liquidate investments before reducing your standard of living?

- Non-registered*  Definitely     Probably     Maybe     Probably not     No  
*Registered*     Definitely     Probably     Maybe     Probably not     No

## Goals

1. How many years do you expect it to be before these investments will be required to produce income?

- Non-registered*  Required now     1 - 5 years     5 - 10 years     10 - 20 years     > 20 years  
*Registered*     Required now     1 - 5 years     5 - 10 years     10 - 20 years     > 20 years

2. What percentage of your total retirement income do you anticipate will come from investments?

- Non-registered*  80% to 100%     60% to 80%     40% to 60%     20% to 40%     20% or less  
*Registered*     80% to 100%     60% to 80%     40% to 60%     20% to 40%     20% or less

## SOURCES OF INCOME - Provide pay stub or complete the following:

	Client	Spouse	Notes
Employment Income	_____	_____	_____
Employment expenses	_____	_____	_____
Health Care	_____	_____	_____
Union Dues	_____	_____	_____
Benefits	_____	_____	_____
Other deductible expenses	_____	_____	_____
CPP benefits	_____	_____	_____
Begin CPP at age	_____	_____	_____
OAS benefits	_____	_____	_____
Other taxable income sources	_____	_____	_____
Other taxable income sources	_____	_____	_____
Other non-taxable income sources	_____	_____	_____

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## INVESTMENT ASSETS

Please include the most recent statements of any RRSP's, GIC's, Term Deposits, Mutual Funds, Bank Accounts, Life Insurance Cash Savings Value, Brokerage Accounts, Mutual Funds or any other investments. If you do not have statements please list the investments on a separate page.

### SAVINGS - How much do you save annually?

	Client	Spouse
RRSP's	\$ _____	\$ _____
Spousal RRSP	\$ _____	\$ _____
Other Savings	\$ _____	\$ _____
Education Savings	\$ _____	\$ _____

### PENSION PLANS

	You	Your Spouse
Are you a member of a company pension plan?	_____	_____
Is your pension plan a) Defined Benefit	_____	_____
b) Defined Contribution	_____	_____
c) Don't Know	_____	_____
What are your years of service for pension calculations	_____	_____
Have you ever worked elsewhere where you were a member of a pension plan and not transferred your pension out?	_____	

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**Please include your latest pension statement from your employer.**

### CANADA PENSION PLAN BENEFITS

Call 1(800)277-9914

Choose options #1 and #0

Have your SIN available

Request your CPP benefit

	Client	Spouse
Age you wish to start receiving CPP:	_____	_____
Month/Year you will stop contributions:	_____	_____
Amount provided by CPP office:	_____	_____

Canada Pension Plan benefits (CPP) are a significant component of retirement income in most financial plans. In order for us to accurately calculate the value it will have in your plan, we require you to contact the office at the phone number above and request a calculation of your expected benefit. This information will only be given to the owner of the information so you will need to have your social insurance number handy. Request the benefit you are entitled to on the date you plan to retire. If you have a spouse, please have him/her request the information as well.

## LIFESTYLE NEEDS DETAILS

Shelter	Current	Retirement	Notes	
			<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
Rent	_____	_____		
Property Taxes	_____	_____		
Property Insurance	_____	_____		
Maintenance & Improvements	_____	_____		
Utilities	_____	_____		
Misc. Shelter	_____	_____		
<b>Basic Personal</b>				
Food	_____	_____		
Clothing	_____	_____		
Personal Care	_____	_____		
Medical & Dental	_____	_____		
Life & Disability	_____	_____		
Cleaning & Supplies	_____	_____		
Misc. Basic Personal	_____	_____		
<b>Discretionary Personal</b>				
Entertainment & Restaurants	_____	_____		
Self Improvement	_____	_____		
Clubs & Memberships	_____	_____		
Hobbies	_____	_____		
Gifts	_____	_____		
Charitable Contributions	_____	_____		
Misc. Discretionary Personal	_____	_____		
<b>Travel &amp; Vacation</b>				
Travel & Vacation	_____	_____		
Travel Insurance	_____	_____		
RV Depreciation & Payments	_____	_____		
RV Insurance & Maintenance	_____	_____		
Cottage Taxes & Insurance	_____	_____		
Cottage Utilities & Maintenance	_____	_____		
<b>Transportation</b>				
Depreciation or Payments	_____	_____		
Auto Insurance & Registration	_____	_____		
Maintenance	_____	_____		
Fuel & Oil	_____	_____		

**PRINCIPAL RESIDENCE**

	Notes
Property Value	
Mortgage amount	Life insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly payment	
Interest rate	
Date of mortgage	Tax deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No

**RECREATIONAL PROPERTY**

Property value	
Adjusted cost base (ACB)	
Mortgage amount	Life insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly payment	
Interest rate	
Date of Mortgage	Tax deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No

**COMMERCIAL PROPERTY**

Property value	
Adjusted cost base (ACB)	
Cost base of building	
Current CCA	
Mortgage amount	Life insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly payment	
Interest rate	
Date of Mortgage	Tax deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No

Net rental income	
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Property value	
Adjusted cost base (ACB)	
Cost base of building	
Current CCA	
Mortgage amount	Life insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly payment	
Interest rate	
Date of Mortgage	Tax deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No

Net rental income	
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**OTHER ASSETS**

	Notes
Household and personal assets	
Vehicle #1	
Vehicle #2	
Arts, Antiques and Collectibles	

**OTHER DEBTS**

Household debt amount	Life insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payment			
Interest rate	Tax deductible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicle #1 debt amount	Life insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payment			
Interest rate	Tax deductible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicle #2 debt amount	Life insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payment			
Interest rate	Tax deductible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**INDIVIDUAL LIFE INSURANCE** Please include policies or complete:

	Client	Spouse	Notes
Face amount	_____	_____	
Cash value	_____	_____	
Type of insurance	_____	_____	
Premium	_____	_____	
Face amount	_____	_____	
Cash value	_____	_____	
Type of insurance	_____	_____	
Premium	_____	_____	

**JOINT LIFE INSURANCE**

	Joint 1st.	Joint last	Notes
Face amount	_____	_____	
Cash value	_____	_____	
Type of insurance	_____	_____	
Premium	_____	_____	

			Notes
<b>Disability Income</b> please include policies or complete	Client	Spouse	
Monthly benefit amount	_____	_____	_____
Cost of living allowance (COLA)	_____	_____	_____
Elimination period (# days)	_____	_____	_____
Benefit period	_____	_____	_____
Pension rider amount	_____	_____	_____
<b>Survivor Capital Needs</b>	Client	Spouse	
Provide income to age	_____	_____	_____
% of lifestyle need provided	_____	_____	_____
Monthly child dependency needs	_____	_____	_____
Employment income maintained	_____	_____	_____
<b>Lump Sum Needs</b>	Client	Spouse	
Funeral & final expenses	_____	_____	<input type="checkbox"/> Index
Emergency fund	_____	_____	<input type="checkbox"/> Index
Charitable bequests	_____	_____	<input type="checkbox"/> Index
Other bequests	_____	_____	<input type="checkbox"/> Index
<b>Wills</b>	Client	Spouse	Notes
Do you have wills	_____	_____	_____
When were your wills last reviewed	_____	_____	_____
Which lawyer prepared the will	_____	_____	_____
Do you have powers of attorney	_____	_____	_____
Do you have a health care directive (living will)	_____	_____	_____

**NOTES**

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**AREAS OF CONCERN**

		Notes
Will and trust planning		3 = Very Important
Estate planning		2 = Important
Charitable giving		1 = Not Important
Dependant survivor income needs		0 = N/A
Investment allocation / risk		
Retirement income planning		
Children's education (RESP)		
Income splitting / tax planning		
Major purchases		
Debt elimination / management		
Life insurance needs		
Disability insurance needs		
Other		

**PROFESSIONAL ADVISORS**

	Name	Firm or Relationship
Lawyer		
Accountant or tax preparer		
Broker/Mutual Fund Salesperson		
Life insurance agent		
Disability insurance agent		
Property insurance agent		
Banker		
Trust officer		
Executor		

**ATTACHED DOCUMENTS**

Will & Trust documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To follow
Living Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To follow
Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To follow
Last years tax return	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To follow
Current tax assessment notice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To follow
Investment / RRSP statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To follow
Pension statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To follow
Mortgage / loan documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To follow
Insurance policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To follow
Corporate financial statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To follow



# CONGRATULATIONS

You have just completed the first step in planning your financial future. The next step is to have your financial report prepared and meet with a consultant to review your situation.

You may mail, drop off, or fax the information to:

Brothers & Company Financial  
2300 Smith Street  
Regina, Sask.  
S4P 2P6

**PHONE: 337-4500**

**TOLL FREE: 1-866-317-4500**

**FAX: 337-4505**

**EMAIL: [info@brothersandco.ca](mailto:info@brothersandco.ca)**

Please feel comfortable to call us if you have any questions or concerns

**All information is kept strictly confidential.**