



EXPERT FINANCIAL ANALYSIS

"BUILDING FINANCIAL FOUNDATIONS
FOR FAMILIES TO EMPOWER THEM TODAY
& LEAVE A LEGACY FOR TOMORROW"

Proper Protection, Debt Freedom, Financial Independence

Prepared On:

Prepared for:

Your Expert Associate:



To the Advisor: you can save your client time if you collect their statements and fill this out yourself

Personal Information

Client 1

First Name:	
Last Name:	
Preferred First Name:	
Gender:	MALE FEMALE
Birth Date:	
Email:	
Phone:	
Address:	
Country:	
State:	
City:	
Zip Code:	

Client 2

First Name:	
Last Name:	
Preferred First Name:	
Gender:	MALE FEMALE
Birth Date:	
Email:	
Phone:	
Address:	
Country:	
State:	
City:	
Zip Code:	



Child 1

Child 2

First Name:

Last Name:		
Preferred First Name:		
Gender:	MALE	FEMALE
Birth Date:		

Child 3

Child 4

First Name:

Last Name:		
Preferred First Name:		
Gender:	MALE	FEMALE
Birth Date:		

If you need to add more children, please add an additional page

Debts & Mortgage

Debt 1:

Debt 2:

Type:		
Payment Type:		
Payment Frequency:		
Next Payment Date:		
Interest Rate:		
Balance Owing:		
Minimum Payment:		
Actual Payment:		
Is the client paying for protection on this product?		





Debt 3:

Debt 4:

Type:	
Payment Type:	
Payment Frequency:	
Next Payment Date:	
Interest Rate:	
Balance Owing:	
Minimum Payment:	
Actual Payment:	
Is the client paying for protection on this product?	

If you need to add more debt, please add an additional page

Mortgage 1:

Name:	
Payment Type:	
Current Home Value:	
Purchase Price:	
Monthly Property Tax:	
Condo Fees:	
Current Mortgage	
Start Date:	
Next Payment Date:	
Starting Balance (at the time of renewal/ Current Mortgage):	
Interest Rate:	
Mortgage Term in Years:	
Amortization Period:	
Payment Frequency:	
Payment:	
Current Balance:	

If you need to add more mortgages, please add an additional page





Savings for Retirement

<u>Goals</u>	<u>Client 1</u>	<u>Client 2</u>
Gross Income:		
Retirement Age:		
Life Expectancy Age:		
Current Monthly Net Income:		
Monthly Gross Income:		
Percentage of Income:		
Inflation Rate:		

<u>Benefits:</u>	<u>Client 1</u>		<u>Client 2</u>	
<u>Include government pension benefits</u>				
Government Pension Benefits:	YES	NO	YES	NO
Employer Pension Benefits	YES	NO	YES	NO
What type of employer pension do you have?				
<u>Defined Contribution</u>				
Balance:				
Monthly Contribution – your:				
Monthly Contribution – employer:				
ROR:				
It is for current or past employer?				
If “Past”, please answer the questions below:				
Did You Move It?	YES	NO	YES	NO
<small>*If “Yes”: These numbers would already be included in their current investment amounts, and therefore will not be added to the total investments available for retirement.</small>				
<u>Defined Benefit Plan</u>				
Age:				
Years Worked for this employer:				
Monthly Salary:				
% of salary taken to the plan:				
If “Yes”:				
What %?				



Industry Experts say people should budget **10%** of their monthly gross income for financial and retirement planning. **10%** of your monthly income is \$ _____
 Do you feel that you can **increase to 10%** of your **gross monthly income**? **YES** **NO** or is there an amount that you could feel comfortable setting aside
 each month over and above what you are currently doing? **\$100 per month** **\$200 per month** **\$500 per month** **Other:** _____

Investments (Client 1):	<u>Number 1</u>	<u>Number 2</u>	<u>Number 3</u>
Title:			
Owner:			
Investment Type:			
Amount Saved:			
Current ROR:			
Investment Frequency: *Dropdown*			
Contribution:			

Investments (Client 2):	<u>Number 1</u>	<u>Number 2</u>	<u>Number 3</u>
Title:			
Owner:			
Investment Type:			
Amount Saved:			
Current ROR:			
Investment Frequency: *Dropdown*			
Contribution:			

Education Needs

Dependents

Can include children who may not be your direct dependents but are still children you would like to support such as grandchildren or nieces and nephews.

	<u>Child 1</u>	<u>Child 2</u>	<u>Child 3</u>	<u>Child 4</u>
Years before the Education starts: <small>*Hint: The number of years depends on the period that should pass until the child starts Post-Secondary Education. For example, if the child is 5 years old now and is going to enter the University at the age of 18 then you should put in 13 years</small>				
Years of Education: <small>*Hint: The number of years spent on the Post-Secondary Education (it depends on the University and the Department the Child is going to study at)</small>				
Estimated Annual Cost:				
Current Amount Saved:				



Education Inflation Rate: *Hint: Educational inflation rates have historically far exceeded regular inflation. The recent typical rate of 5% will be used for these calculations by default: Assumed 8% for investment periods of 10 years or longer. Assumed 5% for investment periods of 5 to 10 years. Assumed 1.5% for investment periods of less than 5 years.				
Percentage from Total Education Cost to cover:				
Monthly Contribution:				
Rate of Return:				

If you need to add more children/ dependents, please add an additional page

Life Insurance

Goals:

Client 1:

Client 2:

Client's Gross Income (\$):				
Inflation Rate (%):				
Survivor Income Goal (%):				
Years for Survivor Income:				
Funeral and Final Expenses (\$): *Average is \$7500 to \$10,000				
Would you like to include Client`s Debts in the Life Insurance Calculation?	Yes	No	Yes	No
Would you like to include Client`s Mortgage in the Life Insurance Calculation?	Yes	No	Yes	No
-Is the Client currently paying rent for the residence?	Yes	No	Yes	No
-What is the Client`s monthly payment for the rent (\$)				
Does Client currently have Mortgage Life Insurance?	Yes	No	Yes	No
-Enter the amount they pay monthly for their coverage (\$) *Get statement*				
Would you like to include Children`s Education costs?	Yes	No	Yes	No
Does Client currently have any Life Insurance? *Get statement*	Yes	No	Yes	No
-What kind of Life Insurance is it?				
Coverage Amount Client currently has (\$):				
Amount paying per month (\$):				



Do you own personal life insurance other than through work? Yes No
 IF NO: When people do not have life Insurance it is usually for a couple different reasons
 Did not see the need Could not afford it Never got around to it Other

IF YES: Do you feel that you are over-insured or under insured, right now?
 Over-insured Under-insured Don't Know

Has the Client ever been diagnosed with a serious health condition? -Health Diagnosis:	Yes No	Yes No
-Is the Client currently taking any medication? -Medication	Yes No	Yes No
Does the Client smoke or use any nicotine products? -What type of product?	Yes No	Yes No
Quantity per (relevant to each type of product):		

If you were to consider a change in benefits, what interests you most? Lower cost More protection More savings (check all that apply)
 (If they have protection) If we put together a plan that improves your current plan, would you change if it were better? Yes No
 (If NO protection) If we put together a plan that will protect your family and it is within you budget, would you get the protection? Yes No

Financial Situation

Applicant's other income that has not be included:

Client 1

Client 2

Collecting Child Support:		
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Monthly Spending Needs

<u>Home</u>	<u>Budget</u>	<u>Actual</u>
Property Taxes:		
Condo Fees:		
Home Insurance:		
Heating:		
Hydro:		
Telephone:		
Cable/Satellite:		
Internet:		
Repairs:		
Groceries:		
Other:		

<u>Life/ Health</u>	<u>Budget</u>	<u>Actual</u>
Medical Care:		
Medicine:		
Other:		



<u>Transportation/ Car</u>	<u>Budget</u>	<u>Actual</u>
Transit Pass:		
Car Loan Payment:		
Licensing and Registration:		
Car Insurance:		
Gas:		
Parking:		
Repairs:		
Car Wash:		
Car Accessories:		
Other:		

Monthly Spending Wants

<u>Entertainment/Wants</u>	<u>Budget</u>	<u>Actual</u>
Restaurants/Bars/Take-out:		
Gym/Club Memberships:		
Clothing:		
Hair Care:		
Gifts:		
Movies:		
Vacations:		
Daily Coffees/Snacks:		
Tobacco:		
Alcohol:		
Other:		

Do you have a will? YES NO

(If they have protection) If we put together a plan that improves your current plan, would you change if it were better?

Yes
No

(If NO protection) If we put together a plan that will protect your family and it is within you budget, would you get the protection?

Yes
No

Are you be interested in Disability, Health and Dental, or Critical Illness Insurance Coverage?





Goals & Dreams

Goal/ Dream 1

Goal/Dream Name:

Current Goal Cost:	
Current Amount Saved:	
Monthly Contribution:	
Desired Saving Amount:	
Years to Goal Date:	
Months to Goal Date:	
Inflation Rate:	
Rate of Return:	

Goal/ Dream 2

Goal/Dream Name:

Current Goal Cost:	
Current Amount Saved:	
Monthly Contribution:	
Desired Saving Amount:	
Years to Goal Date:	
Months to Goal Date:	
Inflation Rate:	
Rate of Return:	

If you need to add more goal/ dreams, please add an additional page

Checklist of statements collected:

Before leaving the clients home or online meeting, please make sure to collect the following documents listed below. This will help you do a proper job for them:

- Debt Statements
- Life Insurance Statements
- Mortgage Statements
- Children's Education Statements
- Any Savings Statements
- Paystubs

Collect any other statements or documents that will help you do a full analysis including pictures of their goals (i.e., If it is a specific boat).

I authorize my representative, insurer, and authorized personnel to use the personal information contained in this document to review my financial needs and make appropriate recommendations. I authorize my Experior Financial Group representative to share all the above with any affiliated company required to develop and complete a comprehensive financial analysis of my situation including those recommendations. The personal information provided in this document is strictly for the purpose of analyzing financial needs and will remain confidential in accordance with the agent/Experior's privacy and disclosure policies. Only the representative, insurer and their authorized personnel will have access to the information in this file. If required by law, my information may be disclosed only to persons duly authorized by the client.

To the best of my knowledge, the above information is accurate and consistent with my situation.

Client Signature X

Date:

Associate Signature X

Date:



Referrals

Referrals are my fee for service. It lets me know I am doing a good job and is much appreciated. I will not jeopardize our relationship and call your referrals if they do not want me to, so please check before putting their information down. Thank you.

NAME:	PHONE NUMBER:
Children:	Married or Common-Law:
Own a home:	Employed or Self-employed:

NAME:	PHONE NUMBER:
Children:	Married or Common-Law:
Own a home:	Employed or Self-employed:

NAME:	PHONE NUMBER:
Children:	Married or Common-Law:
Own a home:	Employed or Self-employed:

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