



The first step  
toward creating  
a **custom**  
**financial plan.**

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## Helping you understand how your money can work for you requires the right information.

We interact with money every single day. Getting a grip on the basics — where your money comes from, where it goes, and how to manage it — just makes good sense. Creating a custom financial plan is the first step on the road to wherever you want to go. All you need is the right information: imagine if you could paint a picture of your financial life that told you where you stood, where you were headed in the future, and what you could achieve along the way. How helpful would that be?

**My Wealth Facts** is an interactive document — click the side tabs to navigate, and complete the sections in any order you like. You can also print this document and fill it in by hand. Don't worry about how many pages there are; you will only have to complete a small percentage of this questionnaire. Skip any sections that don't apply to you, and if you aren't sure about a section, leave a blank and we can complete it together. **We're here to help.**

### Documents you may need.

If possible, gather copies of the following documents to help you complete **My Wealth Facts**. You can share your documents with your advisor when you meet, or send copies by email.

- ☐ Copy of current financial plan
- ☐ Recent tax return and notice of assessment
- ☐ Employee benefit statement
- ☐ Corporate financial statements
- ☐ Pension and/or most recent company savings plan statements and policies
- ☐ CPP/QPP pension statement
- ☐ Net worth statement
- ☐ Account statements from financial institutions (e.g. banks, investment firms)
- ☐ Mortgage, credit card and loan statements
- ☐ Corporate-owned insurance policy statement
- ☐ Insurance policies

“Wealth is the ability to fully experience life”

– Henry David Thoreau

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Let's start with **you.**

**9 in 10 Canadians**  
feel financial planning  
is important.

Only **35%** have a  
financial plan.\*

Tell us about yourself

Tell us about your spouse/partner

Name		
Date of birth		
What is your citizenship?		
Employment status		
Marital status		
At what age do you hope to retire?		
Do you expect any major expenses or purchases in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details	\$ Amount/Date	\$ Amount/Date

Tell us about your family and dependents

Name	
Date of birth	
Gender	
What is their citizenship?	
What is their relationship to you and/or your spouse/partner?	
Is this person a dependent?	
Do they have any special requirements?	
Are there education costs/tuition related to this dependent?	
How many more years of tuition?	

Additional comments:

--



## Define what's important to **you**.

Great financial planning helps you build a deeper understanding of your money. The questions below will help you think about where you are now and where you would like to be in the future. We will take time together to discuss your goals and ensure we capture what's most important to you.

Your situation today and goals for the future	You	Your spouse/partner
I know exactly where my money goes each month	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No
I have a well-defined investment strategy	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No
I clearly understand my company retirement plan and other benefits	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No
What are the top three financial issues you currently face?	1. 2. 3.	1. 2. 3.

Your goals for financial advice	You	Your spouse/partner
Who do you rely on for financial advice?	Enter text here	Enter text here
What do you expect from a financial advisor?	Enter text here	Enter text here
What is the most important service an advisor provides?	Enter text here	Enter text here

Your personal and professional goals	You	Your spouse/partner
What are the passions in your life?	Enter text here	Enter text here
Do you see yourself buying or starting a business in the next 5 years?	Enter text here	Enter text here
What would be the nature of the business if you were to proceed?	Enter text here	Enter text here

Additional comments:

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## Rank your **financial priorities**.

Being clear about financial priorities is important when building your personalized financial plan. This page is divided into four boxes. The top two boxes relate to your “**must have**” financial priorities. Use the left box to list shorter-term priorities (e.g., replace old furnace), and the right box for longer-term priorities (e.g., fund my retirement). The bottom two boxes relate to your “**nice to have**” financial priorities. Use the left box to list shorter-term priorities (e.g., take a vacation), and the right box for longer-term priorities (e.g., buy a cottage).

### MUST HAVES

SHORTER TERM

<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

### NICE TO HAVES

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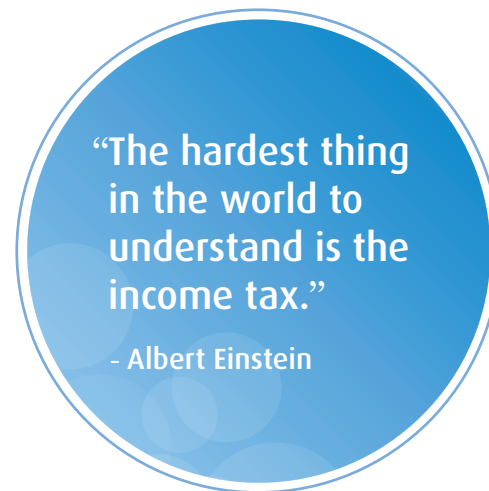
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## Let's talk about **income**.

**Click on the categories below that apply to you.** As you provide the information for each category, you will be brought back to this page to select another category. Please continue with this process until we have gathered all your income information.



**Employment  
income**

>

**Self-employment  
income**  
(sole proprietor or partnership)

>

**Income from  
a corporation  
you own**

>

**CPP, OAS,  
Pension and/or  
Annuity income**

>

**Income from  
child and/or  
spousal support**

>

**Current  
insurance  
benefit**

>

**Rental  
income**

>

**Other  
income**

>

Please include your most recent tax Notice of Assessment, T1 General from your tax filing plus Employer Benefit Statement when submitting the completed PDF, or bring the statements to your next meeting.

Have we gathered all your **income** information?

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## This section is all about your **employment income**.

This section gives you an opportunity to outline your employment income details. The Total income line will automatically calculate the total based on the numbers you enter for yourself and your spouse/partner. **Fill in all that apply.**

Employment Income				
Details	You	Annual change	Your spouse/partner	Annual change
Before tax annual base salary	Enter \$ amount	+/- %	Enter \$ amount	+/- %
Annual commission	Enter \$ amount	+/- %	Enter \$ amount	+/- %
Annual bonus	Enter \$ amount	+/- %	Enter \$ amount	+/- %
Annual car allowance	Enter \$ amount	+/- %	Enter \$ amount	+/- %
Other employment income: (Define)	Enter \$ amount	+/- %	Enter \$ amount	+/- %
Total income	Enter \$ amount	+/- %	Enter \$ amount	+/- %

Additional comments:

**Benefits and executive compensation** are two other components of employment income. Click on the sections below that apply to you:

**Defined contribution plan, group RRSP, employee share ownership or defined benefit plan**



**Variable equity, executive compensation/RSU/PSU/stock options**



### TIPS

Please include your Employer Benefit, Employee Share Ownership or Executive Compensation Statement when submitting the completed PDF, or bring the statements to your next meeting.

Have we gathered all your **employment income** information?

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This section focuses on **employment benefits**.

Employment benefits				
Defined contribution plan: Set amounts/unknown pension	You		Your spouse/partner	
Employee contribution	Enter %/\$ amount	Mthly/Annually/Per pay	Enter %/\$ amount	Mthly/Annually/Per pay
Employer contribution	Enter %/\$ amount	Mthly/Annually/Per pay	Enter %/\$ amount	Mthly/Annually/Per pay

Group RRSP	You		Your spouse/partner	
Employee contribution	Enter %/\$ amount	Mthly/Annually/Per pay	Enter %/\$ amount	Mthly/Annually/Per pay
Employer contribution	Enter %/\$ amount	Mthly/Annually/Per pay	Enter %/\$ amount	Mthly/Annually/Per pay

Employee share ownership program	You		Your spouse/partner	
Employee contribution	Enter %/\$ amount	Mthly/Annually/Per pay	Enter %/\$ amount	Mthly/Annually/Per pay
Employer contribution	Enter %/\$ amount	Mthly/Annually/Per pay	Enter %/\$ amount	Mthly/Annually/Per pay

Defined benefit plan: Known pension benefit	You		Your spouse/partner	
Voluntary employee contribution	Enter %/\$ amount	Mthly/Annually/Per pay	Enter %/\$ amount	Mthly/Annually/Per pay
Estimated pension benefit at retirement	Enter \$ amount	Mthly/Annually/Per pay	Enter \$ amount	Mthly/Annually/Per pay
Effective date when pension benefit begins	Enter date here		Enter date here	
Do you plan to take the lump sum value?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Is pension benefit at retirement indexed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	

Additional comments:

#### TIPS

Please include your Employment Benefit, Employee Share Ownership or Executive Compensation Statement when submitting the completed PDF, or bring the statements to your next meeting.

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This section is about **variable equity/executive compensation** for you.

SPOUSE/PARTNER

Ticker symbol

## Executive compensation in addition to salary

Do you have to hold a minimum amount of shares? ☐ Yes ☐ No If yes, enter amount

Annual perks (car/club) (enter \$ amount)

RSU/PSU*	Date granted	# of shares	Current amt. vested	Vesting rules details
Previous RSU granted	Enter date here	Enter # of shares here	Enter amount here	Enter vesting rules details here
Previous RSU granted	Enter date here	Enter # of shares here	Enter amount here	Enter vesting rules details here
Previous RSU granted	Enter date here	Enter # of shares here	Enter amount here	Enter vesting rules details here
Previous RSU granted	Enter date here	Enter # of shares here	Enter amount here	Enter vesting rules details here
Current year's amt. (approx.)	(enter \$ amount)	Enter # of shares		
Granted in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

LTIP (stock options)**	# of shares granted	Issued date	Current amt. vested	Planned exercise date	Option price	Vesting rules details
Previous year options granted	Enter # of shares	Enter date here	Enter amount here	Enter date here	Enter \$	Enter vesting rules details here
Previous year options granted	Enter # of shares	Enter date here	Enter amount here	Enter date here	Enter \$	Enter vesting rules details here
Previous year options granted	Enter # of shares	Enter date here	Enter amount here	Enter date here	Enter \$	Enter vesting rules details here
Previous year options granted	Enter # of shares	Enter date here	Enter amount here	Enter date here	Enter \$	Enter vesting rules details here
Current year's amt. (approx.)	(enter \$ amount)	Enter # of shares				
Granted in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No					

Deferred Share Units (DSU)	\$	# of shares	Share price used
DSU balance	Enter \$ amount here	Enter # of shares here	Enter \$ here
Portion of bonus directed to DSU	Enter \$ amount here		

Additional comments:

## TIPS

Please include your Employment Benefit, Employee Share Ownership or Executive Compensation Statement when submitting the completed PDF, or bring the statements to your next meeting.

\*RSU = Restricted Stock Units. PSU=Performance Share Units. \*\*LTIP = Long-term Incentive Plan.

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Enter **variable equity/executive compensation** for your spouse/partner.

Ticker symbol

Executive compensation in addition to salary

Do you have to hold a minimum amount of shares? ☐ Yes ☐ No If yes, enter \$ amount

Annual perks (car/club) (enter \$ amount)

RSU/PSU*	Date granted	# of shares	Current amt. vested	Vesting rules details
Previous RSU granted	Enter date here	Enter # of shares here	Enter amount here	Enter vesting rules details here
Previous RSU granted	Enter date here	Enter # of shares here	Enter amount here	Enter vesting rules details here
Previous RSU granted	Enter date here	Enter # of shares here	Enter amount here	Enter vesting rules details here
Previous RSU granted	Enter date here	Enter # of shares here	Enter amount here	Enter vesting rules details here
Current year's amt. (approx.)	(enter \$ amount)	Enter # of shares		
Granted in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

LTIP (stock options)**	# of shares granted	Issued date	Current amt. vested	Planned exercise date	Option price	Vesting rules details
Previous year options granted	Enter # of shares	Enter date here	Enter amount here	Enter date here	Enter \$	Enter vesting rules details here
Previous year options granted	Enter # of shares	Enter date here	Enter amount here	Enter date here	Enter \$	Enter vesting rules details here
Previous year options granted	Enter # of shares	Enter date here	Enter amount here	Enter date here	Enter \$	Enter vesting rules details here
Previous year options granted	Enter # of shares	Enter date here	Enter amount here	Enter date here	Enter \$	Enter vesting rules details here
Current year's amt. (approx.)	(enter \$ amount)	Enter # of shares				
Granted in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No					

Deferred Share Units (DSU)	\$	# of shares	Share price used
DSU balance	Enter \$ amount here	Enter # of shares here	Enter \$ here
Portion of bonus directed to DSU	Enter \$ amount here		

Additional comments:

TIPS

Please include your Employment Benefit, Employee Share Ownership or Executive Compensation Statement when submitting the completed PDF, or bring the statements to your next meeting.

Complete this section if you are self-employed as a **sole proprietor** or **partnership**.

Self-employment income: Sole proprietor				
	You	Annual % change	Your spouse/partner	Annual % change
Net self-employment/partnership income	(enter \$ amount)	+/- %	(enter \$ amount)	+/- %
Annual car allowance and other taxable benefits	(enter \$ amount)	+/- %	(enter \$ amount)	+/- %
Total income	(enter \$ amount)	+/- %	(enter \$ amount)	+/- %

Additional comments:

#### TIPS

Please include your Notice of Assessment and T-1 General Tax Return form when submitting the completed PDF, or bring it with you to your next meeting.

**91%** of entrepreneurs  
with a financial plan felt  
confident that they would  
reach their goals.

BMO Wealth Institute, Entrepreneurs: Definitely not  
your ordinary business owner, October 2014

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Please include documents pertaining to the corporation, including financial statements of OPCO and HOLDCO when submitting the completed PDF, or bring the statements to your next meeting.

Complete this section if you own a **corporation**.

Income from Active Business (OPCO) or Professional Corporation (all figures annual)						
	You	Annual % change	Family member	Annual % change		
Before tax salary	(enter \$ amount)	+/- %	(enter \$ amount)	+/- %		
Annual dividends	(enter \$ amount)	+/- %	(enter \$ amount)	+/- %		
Annual bonus	(enter \$ amount)	+/- %	(enter \$ amount)	+/- %		
Annual perks (car/club)	(enter \$ amount)	+/- %	(enter \$ amount)	+/- %		

Income from Investment Holding Company (HOLDCO) (all figures annual)						
	You	Start date/end date	Annual % change	Your spouse/partner	Start date/end date	Annual % change
Dividend income	(enter \$ amount)	Start date/end date	+/- %	(enter \$ amount)	Start date/end date	+/- %
Total income	PDF to calculate total	Start date/end date	+/- %	PDF to calculate total	Start date/end date	+/- %

Annual long term savings (e.g., intercorporate dividends*)		Start date/end date	Annual % change
In OPCO	(enter \$ amount)	Start date/end date	+/- %
In HOLDCO	(enter \$ amount)	Start date/end date	+/- %

\*Excluding funds intended for operating business.

Additional comments:

Note: Regular dividends are assumed to come from general revenue of the company. Investment dividends are withdrawn from the investment portfolio of the company and are paid out to the extent that there are available assets.

**56%** of business owners are concerned about whether there are better ways to pay themselves from their business.

BMO Wealth Institute, Are your business and personal finances on solid ground?, October 2013

Have we gathered all your **corporation** information?

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**TIPS**

Please include documents pertaining to the corporation, including financial statements when submitting the completed PDF, or bring the statements to your next meeting.

## Let's talk about your **professional corporation structure.**

Corporation details		Name of corporation and province of incorporation	
May we contact your accountant?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name & contact number	
Common shares	Number of shares	Paid-up capital	ACB <sup>1</sup>
You	# of shares	\$	Enter ACB here
Your spouse/partner	# of shares	\$	Enter ACB here
Family trust	# of shares	\$	Enter ACB here
Other shareholders	# of shares	\$	Enter ACB here
Preferred shares	Number of shares	Paid-up capital	ACB <sup>1</sup>
You	# of shares	\$	Enter ACB here
Your spouse/partner	# of shares	\$	Enter ACB here
Family trust	# of shares	\$	Enter ACB here
Other shareholders	# of shares	\$	Enter ACB here
Corporate investment assets <sup>2</sup>	Market value	ACB <sup>1</sup>	
Cash & equivalents	\$	Enter ACB here	
Investment #1	\$	Enter ACB here	
Investment #2	\$	Enter ACB here	
Investment #3	\$	Enter ACB here	
Real estate <sup>3</sup>	\$	Enter ACB here	
<b>Total</b>	\$		
Corporate notional accounts			
Current RDTOH balance		\$	
Current CDA balance		\$	
Current shareholder loan		You \$	Your spouse \$ Other \$
Liabilities <sup>2</sup>			
Property link #1			
Mortgage amount		\$	
Mortgage type		Principal & interest/interest only	
Mortgage payment		Time	
Interest rate		%	
Property link #2			
Mortgage amount		\$	
Mortgage type		Principal & interest/interest only	
Mortgage payment		Time	
Interest rate		%	
Life insurance policy			
Name/type		Permanent, Universal, Term 1, Term 5, Term 10, Term 20, Term 100	
Insured		Name	CSV payable with death benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cost basis		\$	Premiums \$
Death benefit		\$	Expiry Date MM/DD/YYYY Amount \$
Cash Surrender Value (CSV)		\$	Frequency/end date or age
Shareholder Loan Repayment			
(enter \$ amount)		Start date/end date	+/- % (enter \$ amount) Start date/stop date +/- %
Additional comments:			

<sup>1</sup>Adjusted Cost Base or ACB is the change in an asset's book value resulting from improvements, new purchases, sales, payouts or other factors and is calculated on a single or a per unit basis.

<sup>2</sup>Excluding those held for business operation. <sup>3</sup>If you receive income, please provide further information in the real estate assets section.

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**TIPS**

Please include documents pertaining to the corporation, including financial statements when submitting the completed PDF, or bring the statements to your next meeting.

## Let's talk about your **professional corporation structure.**

Corporation details		Name of corporation and province of incorporation	
May we contact your accountant?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name & contact number	
Common shares	Number of shares	Paid-up capital	ACB <sup>1</sup>
You	# of shares	\$	Enter ACB here
Your spouse/partner	# of shares	\$	Enter ACB here
Family trust	# of shares	\$	Enter ACB here
Other shareholders	# of shares	\$	Enter ACB here
Preferred shares	Number of shares	Paid-up capital	ACB <sup>1</sup>
You	# of shares	\$	Enter ACB here
Your spouse/partner	# of shares	\$	Enter ACB here
Family trust	# of shares	\$	Enter ACB here
Other shareholders	# of shares	\$	Enter ACB here
Corporate investment assets <sup>2</sup>	Market value	ACB <sup>1</sup>	
Cash & equivalents	\$	Enter ACB here	
Investment #1	\$	Enter ACB here	
Investment #2	\$	Enter ACB here	
Investment #3	\$	Enter ACB here	
Real estate <sup>3</sup>	\$	Enter ACB here	
<b>Total</b>	\$		
Corporate notional accounts			
Current RDTOH balance		\$	
Current CDA balance		\$	
Current shareholder loan		You \$	Your spouse \$ Other \$
Liabilities <sup>2</sup>			
Property link #1			
Mortgage amount		\$	
Mortgage type		Principal & interest/interest only	
Mortgage payment		Time	
Interest rate		%	
Property link #2			
Mortgage amount		\$	
Mortgage type		Principal & interest/interest only	
Mortgage payment		Time	
Interest rate		%	
Life insurance policy			
Name/type		Permanent, Universal, Term 1, Term 5, Term 10, Term 20, Term 100	
Insured		Name	CSV payable with death benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cost basis		\$	Premiums \$
Death benefit		\$	Expiry Date MM/DD/YYYY Amount \$
Cash Surrender Value (CSV)		\$	Frequency/end date or age
Shareholder Loan Repayment			
(enter \$ amount)		Start date/end date	+/- % (enter \$ amount) Start date/stop date +/- %
Additional comments:			

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**TIPS**

Please include documents pertaining to the corporation, including financial statements when submitting the completed PDF, or bring the statements to your next meeting.

## Let's talk about your **investment holding corporation (HOLDCO)**.

Corporation details		Name of corporation and province of incorporation	
May we contact your accountant?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name & contact number	
Common shares	Number of shares	Paid-up capital	ACB <sup>1</sup>
You	# of shares	\$	Enter ACB here
Your spouse/partner	# of shares	\$	Enter ACB here
Family trust	# of shares	\$	Enter ACB here
Other shareholders	# of shares	\$	Enter ACB here
Preferred shares	Number of shares	Paid-up capital	ACB <sup>1</sup>
You	# of shares	\$	Enter ACB here
Your spouse/partner	# of shares	\$	Enter ACB here
Family trust	# of shares	\$	Enter ACB here
Other shareholders	# of shares	\$	Enter ACB here
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Investment #2	\$	Enter ACB here	
Investment #3	\$	Enter ACB here	
Real estate <sup>3</sup>	\$	Enter ACB here	
<b>Total</b>	\$		
Corporate notional accounts			
Current RDTOH balance		\$	
Current CDA balance		\$	
Current shareholder loan		You \$	Your spouse \$ Other \$
Liabilities <sup>2</sup>			
Property link #1			
Mortgage amount		\$	
Mortgage type		Principal & interest/interest only	
Mortgage payment		Time	
Interest rate		%	
Property link #2			
Mortgage amount		\$	
Mortgage type		Principal & interest/interest only	
Mortgage payment		Time	
Interest rate		%	
Life insurance policy			
Name/type		Permanent, Universal, Term 1, Term 5, Term 10, Term 20, Term 100	
Insured		Name	CSV payable with death benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cost basis		\$	Premiums \$
Death benefit		\$	Expiry Date MM/DD/YYYY Amount \$
Cash Surrender Value (CSV)		\$	Frequency/end date or age
Shareholder Loan Repayment			
(enter \$ amount)		Start date/end date	+/- % (enter \$ amount) Start date/stop date +/- %
Additional comments:			

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You	# of shares	\$	Enter ACB here
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Interest rate		%	
Property link #2			
Mortgage amount		\$	
Mortgage type		Principal & interest/interest only	
Mortgage payment		Time	
Interest rate		%	
Life insurance policy			
Name/type		Permanent, Universal, Term 1, Term 5, Term 10, Term 20, Term 100	
Insured		Name	CSV payable with death benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cost basis		\$	Premiums \$
Death benefit		\$	Expiry Date MM/DD/YYYY Amount \$
Cash Surrender Value (CSV)		\$	Frequency/end date or age
Shareholder Loan Repayment			
(enter \$ amount)		Start date/end date	+/- % (enter \$ amount) Start date/stop date +/- %
Additional comments:			

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## Let's talk about **CPP, OAS, pension and annuity income.**

Retirement income details (enter annual gross amount)		
	You	Your spouse/partner
How long have you been contributing to CPP/QPP?	Enter # of years here	Enter # of years here
What is the annual before tax amount you expect to receive?	Enter annual \$ amount here	Enter \$ amount here
At what age will you receive/did you begin receiving CPP/QPP?	Enter age	Enter age
If retired, what is the annual before tax CPP/QPP amount you receive?	Enter \$ amount here	Enter \$ amount here
Are you eligible for OAS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If retired, what is the annual before tax OAS amount you receive?	Enter \$ amount here	Enter \$ amount here

Defined benefit pension plans		
Is your pension indexed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your pension income?	Enter \$ amount here	Enter \$ amount here
What is the survivor benefit percentage of your pension?	Enter % here	Enter % here

Other retirement income		
Registered annuity	Define and enter \$ amount here	Define and enter \$ amount here
Non-registered annuity	Define and enter \$ amount here	Define and enter \$ amount here
Do you receive government-sponsored income from another country?	Define and enter \$ amount here	Define and enter \$ amount here
Any other retirement income from a stream not previously mentioned (excluding investments and RRSPs)?	Define and enter \$ amount here	Define and enter \$ amount here

### TIPS

Please include CPP and pension statements when submitting the completed PDF, or bring the statement to your next meeting.

Additional comments:

For more information, visit [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca) or call **1-800-622-6232**.

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## Let's talk about **income from spousal and child support.**

Spousal support received	You	Start/stop date	Your spouse/partner	Start/stop date
What is the annual before tax amount you expect to receive?	Enter \$ amount here	Start date/end date	Enter \$ amount here	Start date/end date
Is this income taxable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start date/end date	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start date/end date

Child support received	You	Start/stop date	Your spouse/partner	Start/stop date
What is the annual before tax amount you expect to receive?	Enter \$ amount here	Start date/end date	Enter \$ amount here	Start date/end date
Is this income taxable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start date/end date	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start date/end date

Spousal support paid	You	Your spouse/partner
What is the annual before tax amount you expect to pay?	Enter \$ amount here	Enter \$ amount here
Is this income taxable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child support paid	You	Your spouse/partner
What is the annual before tax amount you expect to pay?	Enter \$ amount here	Enter \$ amount here
Is this income taxable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional comments:

### TIPS

Please include your Notice of Assessment and T-1 General Tax Return form when submitting the completed PDF, or bring it with you to your next meeting.

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## Let's look at your **current insurance benefit**.

Disability insurance income/benefit	You	Your spouse/partner
Estimated annual amount received	Enter \$ amount here	Enter \$ amount here
Is this income taxable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Length of time	Start date/stop date	Start date/stop date

Additional comments:

### TIPS

Please include your most recent insurance policy statements when submitting the completed PDF, or bring the statements to your next meeting.

**40%** of Canadians  
have disability income  
insurance coverage.  
We're here to help.

BMO Wealth Institute, The biggest life events  
that can derail your financial plan, May 2013

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## Let's talk about **income from real estate (rental)**.

Rental property operating expenses				
What % of the property do you own?	% amount	% amount	% amount	% amount
Current value	\$ amount	\$ amount	\$ amount	\$ amount
Adjusted Cost Base*	\$ amount	\$ amount	\$ amount	\$ amount
Rental property growth rate	% amount	% amount	% amount	% amount
Rental income				
Before tax rental income	\$ amount	\$ amount	\$ amount	\$ amount
Total deductible expenses	\$ amount	\$ amount	\$ amount	\$ amount
Future rental income increase rate	% amount	% amount	% amount	% amount
Annual net rental income	Calculated field: GRI - expenses	Calculated field: GRI - expenses	Calculated field: GRI - expenses	Calculated field: GRI - expenses
Mortgage				
Do you have a mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the balance?	\$ amount	\$ amount	\$ amount	\$ amount
Monthly payment	\$ amount	\$ amount	\$ amount	\$ amount
Interest rate	% amount	% amount	% amount	% amount
Future property plans				
Sale date	Date	Date	Date	Date
Expected Undepreciated Capital Cost (UCC) at sale	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

Additional comments:

### TIPS

Please include your most recent financial statements or T-1 General tax return when submitting the completed PDF, or bring the statements to your next meeting.

\*Adjusted Cost Base or ACB is the change in an asset's book value resulting from improvements, new purchases, sales, payouts or other factors and is calculated on a single or a per unit basis.

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## Do you have any other sources of **income**?

Details/description	You	Your spouse/partner
Other income #1	Enter \$ amount here	Enter \$ amount here
Other income #2	Enter \$ amount here	Enter \$ amount here
Other income #3	Enter \$ amount here	Enter \$ amount here

Additional comments:

### TIPS

Please include your most recent insurance policy statements when submitting the completed PDF, or bring the statements to your next meeting.

**32%** of Canadians agreed that living comfortably in retirement was the most important financial accomplishment to achieve over a lifetime.

BMO Wealth Institute, Home sweet home or retirement nest egg?, October 2012

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This section (one of two) will help capture your **assets**.

	Details	Ownership	Value	Adjusted Cost Base	% in Equity	Savings
Section 1: Liquid						
Deposit account(s)	Enter details here	Enter name here	\$ amount	Enter details here	% amount	Monthly/annual \$
	Enter details here	Enter name here	\$ amount	Enter details here	% amount	Monthly/annual \$
Savings account(s)	Enter details here	Enter name here	\$ amount	Enter details here	% amount	Monthly/annual \$
	Enter details here	Enter name here	\$ amount	Enter details here	% amount	Monthly/annual \$
Section 2: Registered						
DC Pensions/ Group RRSP	Enter details here	Enter name here	\$ amount	Enter details here	% amount	Monthly/annual \$
	Enter details here	Enter name here	\$ amount	Enter details here	% amount	Monthly/annual \$
RRSPs/ RRIFs	Enter details here	Enter name here	\$ amount	Enter details here	% amount	Monthly/annual \$
	Enter details here	Enter name here	\$ amount	Enter details here	% amount	Monthly/annual \$
TFSA	Enter details here	Enter name here	\$ amount	Enter details here	% amount	Monthly/annual \$
	Enter details here	Enter name here	\$ amount	Enter details here	% amount	Monthly/annual \$
RESP	Enter details here	Enter name here	\$ amount	Enter details here	% amount	Monthly/annual \$
	Enter details here	Enter name here	\$ amount	Enter details here	% amount	Monthly/annual \$
RDSP	Enter details here	Enter name here	\$ amount	Enter details here	% amount	Monthly/annual \$
U.S.-based assets	Enter details here	Enter name here	\$ amount	Enter details here	% amount	Monthly/annual \$
	Enter details here	Enter name here	\$ amount	Enter details here	% amount	Monthly/annual \$

Additional comments:

#### TIPS

Please include your most recent investment statements when submitting the completed PDF, or bring the statements to your next meeting.

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Please include your most recent insurance policy statements when submitting the completed PDF, or bring the statements to your next meeting.

This section (two of two) will help capture your **assets**.

	Details	Ownership	Value	ACB	Invested in	Goal	Savings
Section 3: Non-registered							
Non-registered investments	Enter details here	Enter name here	\$ amount	Enter details here	Enter details here	Enter details here	Monthly/annual \$
	Enter details here	Enter name here	\$ amount	Enter details here	Enter details here	Enter details here	Monthly/annual \$
	Enter details here	Enter name here	\$ amount	Enter details here	Enter details here	Enter details here	Monthly/annual \$
Section 4: Employee share ownership							
ESOP non-registered	Enter details here	Enter name here	\$ amount	Enter details here	Enter details here	Enter details here	Monthly/annual \$
	Enter details here	Enter name here	\$ amount	Enter details here	Enter details here	Enter details here	Monthly/annual \$
ESOP registered	Enter details here	Enter name here	\$ amount	Enter details here	Enter details here	Enter details here	Monthly/annual \$
	Enter details here	Enter name here	\$ amount	Enter details here	Enter details here	Enter details here	Monthly/annual \$
	Details	Ownership	Value	ACB	Sale date	Comments	
Section 5: Real estate							
List home, cottage and other properties	Enter details here	Enter name here	\$ amount	Enter details here	Enter date here	Comment box	
	Enter details here	Enter name here	\$ amount	Enter details here	Enter date here	Comment box	
	Enter details here	Enter name here	\$ amount	Enter details here	Enter date here	Comment box	
Future/planned property purchase?	Enter details here	Enter name here	\$ amount	Enter details here	Enter date here	Comment box	
	Enter details here	Enter name here	\$ amount	Enter details here	Enter date here	Comment box	
Collectibles, art and other assets	Enter details here	Enter name here	\$ amount	Enter details here	Enter details here	Comment box	
	Enter details here	Enter name here	\$ amount	Enter details here	Enter details here	Comment box	

Additional comments:

For most Canadians, the principal residence is their largest asset, representing an average of one-third of total assets.

BMO Wealth Institute, Home sweet home or retirement nest egg?, October 2012

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## This section will help define your annual total **expenses**.

We know that understanding and tracking your spending is the part of financial planning most people dread, but unconscious spending can potentially damage your future lifestyle. Tracking is important, and we are here to help: we encourage you to face your budget head on. Understanding where, how and why you spend your money is the key to financial control. It will give you an awareness of your finances that has more long-term value than anything you can buy, sell or invest in.

### Expense reporting options

Option 1: I will include my own spreadsheet	<input type="checkbox"/> Yes, I will attach my own spreadsheet
Option 2: Assume you spend what you don't save. Based on the income and savings info you have provided, we will assume your current expenses equal 100% of your post-savings income. If you are retired, we will assume your expenses equal 80% of your post-savings income.	<input type="checkbox"/> Yes, you can assume I spend what I don't save. <input type="checkbox"/> I am not retired <input type="checkbox"/> I am retired
Option 3: Enter one total estimated amount	\$
Option 4: Outline and calculate your expenses in the fields provided	<input type="checkbox"/> Click here to calculate your expenses in the fields provided

**74%** of Canadians foresee medical and health costs to be the single largest expense for old age.

Other significant expenses include food, clothing and day-to-day essentials (57%) and housing (56%).

BMO Wealth Institute, Living to 100, October 2014

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This section will help define your annual total **expenses**.

Housing	Principal	Other
Hydro	\$	\$
Water/sewer	\$	\$
Natural gas	\$	\$
Home insurance	\$	\$
Home telephone	\$	\$
Property taxes	\$	\$
Misc. services	\$	\$
Repairs & improvements	\$	\$
Condo fees	\$	\$
Home security	\$	\$
Garden supplies	\$	\$
<b>Annual housing costs</b>	\$	\$

Vacation	
How many trips do you take per year?	#
Air fare	\$
Accommodations	\$
Food	\$
Other (insurance, pet sitting, cash etc.)	\$
Rental car	\$
Cottage rental	\$
<b>Annual vacation expenses</b>	\$

Additional comments:

Personal	
Clothing	\$
Gifts	\$
Salon/barber	\$
Misc. spending (ATM \$)	\$
Dependant/home care	\$
<b>Annual personal expenses</b>	\$
Recreation	
Membership/user fees	\$
Sports equipment	\$
Team dues	\$
Toys/child gear	\$
<b>Annual recreation expenses</b>	\$
Other	
Charitable donations	\$
Private school	\$
Other	\$
<b>Annual other expenses</b>	\$

This section will help define your annual total **expenses**.

#### Daily Living

Groceries	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Cell phones	\$	
Child care	\$	
Dry cleaning	\$	
Dining out	\$	
House cleaning	\$	
Pet expenses	\$	
<b>Annual living expenses</b>	\$	

#### Transportation

How often do you buy a new car?	Yrs
Approximate purchase price of car	\$
Monthly lease payment	\$
Monthly car payment	\$
Gas/fuel	\$
Car insurance	\$
Repairs/oil changes	\$
Registration/license	\$
Parking	\$
Public transportation	\$
<b>Annual transportation expenses</b>	\$

Additional comments:

#### Entertainment

TV/internet	\$
Alcohol/tobacco	\$
Movies/concerts/shows	\$
Other (Books/music)	\$
<b>Annual entertainment expenses</b>	\$

#### Dues/subscriptions/fees

Magazines & newspapers	\$
Lawyer/accountant fees	\$
Bank/credit card service charges	\$
<b>Annual dues/subscription fees</b>	\$

#### Health

Medical insurance	\$
Prescriptions	\$
Dental expenses	\$
Over-the-counter drugs	\$
Vitamins & health supplements	\$
Veterinarian	\$
<b>Annual health related expenses</b>	\$

Canadians expect to spend an average of **\$5,391/year** on out-of-pocket medical costs after the age of 65.

BMO Wealth Institute, Living to 100, October 2014

#### Post-secondary education

Child's name	
Annual costs	\$
End date	Enter date
Child's name	
Annual costs	\$
End date	Enter date
Child's name	
Annual costs	\$
End date	Enter date
Child's name	
Annual costs	\$
End date	Enter date

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Please include any recent mortgage, loan or credit card statements when submitting the completed PDF, or bring the statements to your next meeting.

This section will help define your **liabilities**.

	Description	Ownership	Repayment frequency	Repayment amount	Repayment type	Interest rate	Outstanding balance	Is interest tax-deductable?
Mortgage								
1	Description	Sole/joint	Mthly/Yrly/Wkly	\$	Interest Only Principal + Interest Last Period Payment	%	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
2	Description	Sole/joint	Mthly/Yrly/Wkly	\$	Interest Only Principal + Interest Last Period Payment	%	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
3	Description	Sole/joint	Mthly/Yrly/Wkly	\$	Interest Only Principal + Interest Last Period Payment	%	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
4	Description	Sole/joint	Mthly/Yrly/Wkly	\$	Interest Only Principal + Interest Last Period Payment	%	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Personal loan								
1								
2								
3								
4								
Credit card								
1								
2								
3								
4								
Other								

Additional comments:

**80%** of pre-retirees feel uncomfortable carrying debt in retirement.

BMO Wealth Institute, Home sweet home or retirement nest egg?, October 2012

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## Insurance coverage.

Please bring copies of policies that you have.

Life insurance death benefits	You	Your spouse/partner
Employer-sponsored or group insurance	Enter \$ amount here	Enter \$ amount here
Personal owned	Enter \$ amount here	Enter \$ amount here

Other coverage		
Hospitalization, major medical, HMO, Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-term care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Short-term disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-term disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Critical illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal umbrella liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Automobile	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowners/renters	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specified personal property (for valuables)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:		

Additional comments:

### TIPS

Please include insurance policies or statements when submitting the completed PDF, or bring the statements to your next meeting.

**90%** of Canadians say life, health & disability insurance are important for their family's long-term financial security.

BMO Wealth Institute, Wealth Generation, January 2014

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**91%** of Canadians over the age of 65 have a will, but only **53%** of all Canadians have a will.

Often non-financial assets are not even considered in a will.\*

## Let's talk about **estates, trusts and wills.**

Wills	You	Your spouse/partner
Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, has it been reviewed in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have guardians for your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Power of Attorney for personal care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Power of Attorney of finances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have legacy planning/specific legacy wishes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details		

Trusts	You	Your spouse/partner
Have you established a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details		
Do you have an education trust fund for your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, approximately how much?	Enter \$ amount	Enter \$ amount
Are you the beneficiary of any trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details		

Additional comments:

# Great work.

You have completed  
**My Wealth Facts.** Now let's  
get started on your plan.

We're here to help.



We're here to help.™

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