



**ELLEMENTS**  
GROUP

# CLIENT REGISTRATION

• all information is kept strictly private and confidential •

Information as of: \_\_\_\_\_

**Client 1** \_\_\_\_\_

**Client 2** \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_

SIN(optional) \_\_\_\_\_

SIN(optional) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Relationship Status for Tax and Estate Purposes: \_\_\_\_\_

Client 1 Smoker?  Y  N

Client 2 Smoker?  Y  N

Client 1 Health Concerns?

Client 2 Health Concerns?

## Children

Child 1: \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_

Child 2: \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_

Child 3: \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_

Child 4: \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_

## INCOME

### Client 1

### Client 2

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Name \_\_\_\_\_

Take Home Pay \_\_\_\_\_

Take Home Pay \_\_\_\_\_

Number of Pays/Year \_\_\_\_\_

Number of Pays/Year \_\_\_\_\_

Gross Annual Income \_\_\_\_\_

Gross Annual Income \_\_\_\_\_

Rental Income \_\_\_\_\_

Child Support \_\_\_\_\_

Child Benefits \_\_\_\_\_

CPP \_\_\_\_\_

OAS/GIS \_\_\_\_\_

Pension \_\_\_\_\_

Bonuses/Royalties \_\_\_\_\_

**DEBT**

Do you currently have a plan in place to get out of debt?  Y  N  
 How is your credit?  Excellent  Good  Average  Poor – None  
 FICO Score? \_\_\_\_\_

Type / Lender	Limit	Outstanding Balance	Monthly Payment	Interest Rate

Principal Residence  Own  Rent

If Rent, Monthly Rent? \_\_\_\_\_

If Own, Do you have a?  Line of Credit  Traditional Mortgage

Property Value \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Interest Rate \_\_\_\_\_  
 Payment & Frequency \_\_\_\_\_  
 Renewal Date \_\_\_\_\_  
 Variable or Fixed \_\_\_\_\_  
 Original Amortization \_\_\_\_\_

Rental / Vacation Property

Property Value \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Interest Rate \_\_\_\_\_  
 Payment & Frequency \_\_\_\_\_  
 Renewal Date \_\_\_\_\_  
 Variable or Fixed \_\_\_\_\_  
 Original Amortization \_\_\_\_\_

**EMERGENCY FUND**

Are you adequately prepared for an emergency?  Y  N

**INSURANCE**

Are you adequately protected?  Y  N

Could you maintain the same standard of living?  Y  N

Life Insurance	Mortgage	Personal	Personal	Work
Insured				
Owner				
Provider				
Type				
Death Benefit				
Premium				
Rider				

Do you have disability coverage through work?  Y  N

Do you have critical illness coverage through work?  Y  N

Do you have extended health care through work?  Y  N

	Policy 1	Policy 2	Policy 3
Type (Disability, CI, EHC)			
Carrier			
Insured Person			
Coverage & Term			
Premium Payment			

**ASSET ACCUMULATION**

How would you rate your current preparations for retirement?

Excellent  Good  Fair  Poor

How would you rate your use of tax advantaged products?

Excellent  Good  Fair  Poor

How much are you investing / saving per month? \$\_\_\_\_\_

Are you concerned about funding your child's education?  Y  N

Education Fund \_\_\_\_\_ Monthly Contribution \_\_\_\_\_

Type \_\_\_\_\_

Value \_\_\_\_\_

Do you have a pension plan available?  Y  N

Future Income \_\_\_\_\_ Starts at Age \_\_\_\_\_

Pension Source \_\_\_\_\_ Indexed  Y  N

At what age do you plan to retire? Client 1 \_\_\_\_\_ Client 2 \_\_\_\_\_  
 What is your life expectancy? Client 1 \_\_\_\_\_ Client 2 \_\_\_\_\_  
 Does your employer contribute or match your investments through work?  Y  N  
 If so, how much? \_\_\_\_\_

How would you rate your investment knowledge?  
 Sophisticated  Good  Fair  Novice

How would you rate yourself for Risk?

0 \_\_\_\_\_ 5 \_\_\_\_\_ 10  
 Conservative Moderate Aggressive

**ESTATE**

Do you have a Will?  Y  N  
 Enduring Power of Attorney?  Y  N  
 Personal Directive?  Y  N  
 Do you plan on receiving a lump sum of money in the future?  Y  N  
 Is it important to you to leave a financial legacy for your family?  Y  N  
 What do you think is a reasonable rate to assume for inflation? \_\_\_\_\_

**ASSETS**

Cash Assets	Purchase Price	Current Value	Purpose
Cash / Chequing			
Other			
<b>Personal Assets</b>			
Auto / Boats / RV			
Furnishings			
Business Value			
Other			
Other			
<b>Long Term Assets</b>			
Non-Registered			
RRSP / RRIF			
Spousal RRSP /RRIF			
TFSA			
Partner TFSA			
RESP - Education			
LIRA / LIF / PENSION			
Work Pension / DPSP			
Other			

## MONTHLY EXPENSES

<u>Housing</u>		<u>Financial Obligations</u>	
Mortgage / Rent		Debt Payments	
Condo Fees		Child Support / Alimony	
Heat		Child Care	
Power/Hydro		Disability Insurance	
Water		Health Insurance	
Maintenance		Life Insurance	
Property Tax		Interest / Banking Fees	
Cell Phone		RRSP Contributions	
Other		RESP Contributions	
		TFSA Contributions	
<u>Transportation</u>		<u>Daily Living</u>	
Gas		Cleaning	
Maintenance		Clothing	
Parking		Entertainment / Eating Out	
Public Transportation/Taxi		Fitness	
Tolls		Gifts	
Vehicle Insurance		Groceries	
Vehicle Lease		Hobbies	
Vehicle Loan		Pets	
Other		Travel	
		Other	
		Other	

## PLEASE PROVIDE FOR REVIEW AT APPOINTMENT

- Copy of your current Will & Testament**
- Copy of your most recent Tax Year Notice of Assessment**

## PURPOSE

What is most important to you about your money?

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What isn't working for you right now about your money?

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Why is CashFlow Planning / Financial Planning important to you?

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