



ELLEMENTS
GROUP

CLIENT REGISTRATION

• all information is kept strictly private and confidential •

Information as of: _____

Client 1 _____

Client 2 _____

DOB _____ Age _____

SIN(optional) _____

Cell Phone _____

Email _____

DOB _____ Age _____

SIN(optional) _____

Cell Phone _____

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 _____ M F

Child 2: _____ DOB _____ AGE _____ M F

Child 3: _____ DOB _____ AGE _____ M F

Child 4: _____ DOB _____ AGE _____ M F

INCOME

Client 1

Occupation _____

Employer Name _____

Take Home Pay _____

Number of Pays/Year _____

Gross Annual Income _____

Rental Income _____

Child Support _____

Child Benefits _____

CPP _____

OAS/GIS _____

Pension _____

Bonuses/Royalties _____

Client 2

Occupation _____

Employer Name _____

Take Home Pay _____

Number of Pays/Year _____

Gross Annual Income _____

DEBT

What bank(s) do you use for your daily personal/business banking? _____

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 _____
Lender _____

Rental / Vacation Property

Property Value _____
Balance _____
Interest Rate _____
Payment & Frequency _____
Renewal Date _____
Variable or Fixed _____
Original Amortization _____
Lender _____

EMERGENCY FUND

Are you adequately prepared for a financial 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			

Who is your Home & Auto Insurance through? _____

Have you had it reviewed recently? _____

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 for children? \$ _____

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

Education Fund Provider _____

Type _____

Current Market 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
 Do you have to take care of any elderly parents? Y N
 What do you think is a reasonable rate to assume for inflation? _____

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

ASSETS

MONTHLY EXPENSES

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

Who files your taxes? Accountant? _____

PLEASE PROVIDE FOR REVIEW AT APPOINTMENT

- ☐ **Copy of your current Will & Testament**
- ☐ **Copy of your most recent Tax Year Notice of Assessment**
- ☐ **Copy of your Canada Pension Plan (CPP) Statement Online (My Service Canada)**

PURPOSE

What are your top 3 financial goals?

Notes