



**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

### 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**

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

<b>Life Insurance</b>	<b>Mortgage</b>	<b>Personal</b>	<b>Personal</b>	<b>Work</b>
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

	<b>Policy 1</b>	<b>Policy 2</b>	<b>Policy 3</b>
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			
<b>Personal Assets</b>			
Auto / Boats / RV			
Furnishings			
Principle Residence			
Business Value			
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			

## 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? \_\_\_\_\_

How often would you like to be contacted? \_\_\_\_\_

### 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?

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## **Notes**

(2019 version 2.0)