



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: _____

Canadian Citizen: Y N Birth Country: _____ Year Entered Canada: _____

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

Do you have a corporation? _____

Client 1

Occupation _____

Employer Name _____

Take Home Pay _____

Number of Pays/Year _____

Gross Annual Income _____

Rental Income _____

Child Support/Spousal Support _____

Gov. 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 Market Value _____
 Balance Owing _____
 Interest Rate _____
 Payment & Frequency _____
 Renewal Date _____
 Variable or Fixed _____
 Years Remaining on Amortization _____
 Lender _____

Rental / Vacation Property

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

EMERGENCY FUND

Are you adequately prepared for a financial emergency? Y N
 Do you have adequate cash set aside for emergencies? Y N

INSURANCE

Do you think you are adequately protected? Y N
 Could you maintain the same standard of living if ill? 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

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 _____
 How much would you like per month after-tax in today's dollars throughout retirement? _____
 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 & Final Instructions? Y N
 Enduring Power of Attorney? Y N
 Personal Health 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? _____

ASSETS

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			

MONTHLY EXPENSES

Housing		Financial Obligations	
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	
		Other	
Category Total:		Category Total:	
Transportation		Daily Living	
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	
Category Total:		Category Total:	

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 & T1 General**
- Copy of your Canada Pension Plan (CPP) Statement Online (My Service Canada)**

PURPOSE

What are your top 3 financial goals or worries?

Notes

(2020 Version 3.0)