

DATA COLLECTION FORM

1. Please complete all applicable fields
2. Save this document and email it to barry@twbf.ca

Date:

Representative:

GENERAL INFORMATION

	CLIENT	SPOUSE
Complete name		
Birthdate and gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Place of birth		
Language	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other:	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other:
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common law spouse <input type="checkbox"/> Civil union <input type="checkbox"/> Windowed Since:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common law spouse <input type="checkbox"/> Civil union <input type="checkbox"/> Windowed Since:
Unused RRSP	\$ Updated:	\$ Updated:
Unused TFSA	\$ Updated:	\$ Updated:

JOB & INCOME

	CLIENT	SPOUSE
OCCUPATION		
Employer		
Occupation		
Hiring date		
INCOME		
Provincial tax		
Gross annual salary	\$	\$
Tax adjustment	\$	\$
OTHER INCOME		
Other 1	\$	\$
Other 2	\$	\$
Other 3	\$	\$

CONTACT INFORMATION

	CLIENT	SPOUSE
PHONE NUMBER		
Home		
Office		
Mobile		
Other		
EMAIL ADDRESS		
Main		
Second		
ADDRESS		
Home		
Office		
Other		

CHILDREN AND DEPENDANTS

	CLIENT	SPOUSE
1		
Complete name		
Birthdate		
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Dependant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2		
Complete name		
Birthdate		
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Dependant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

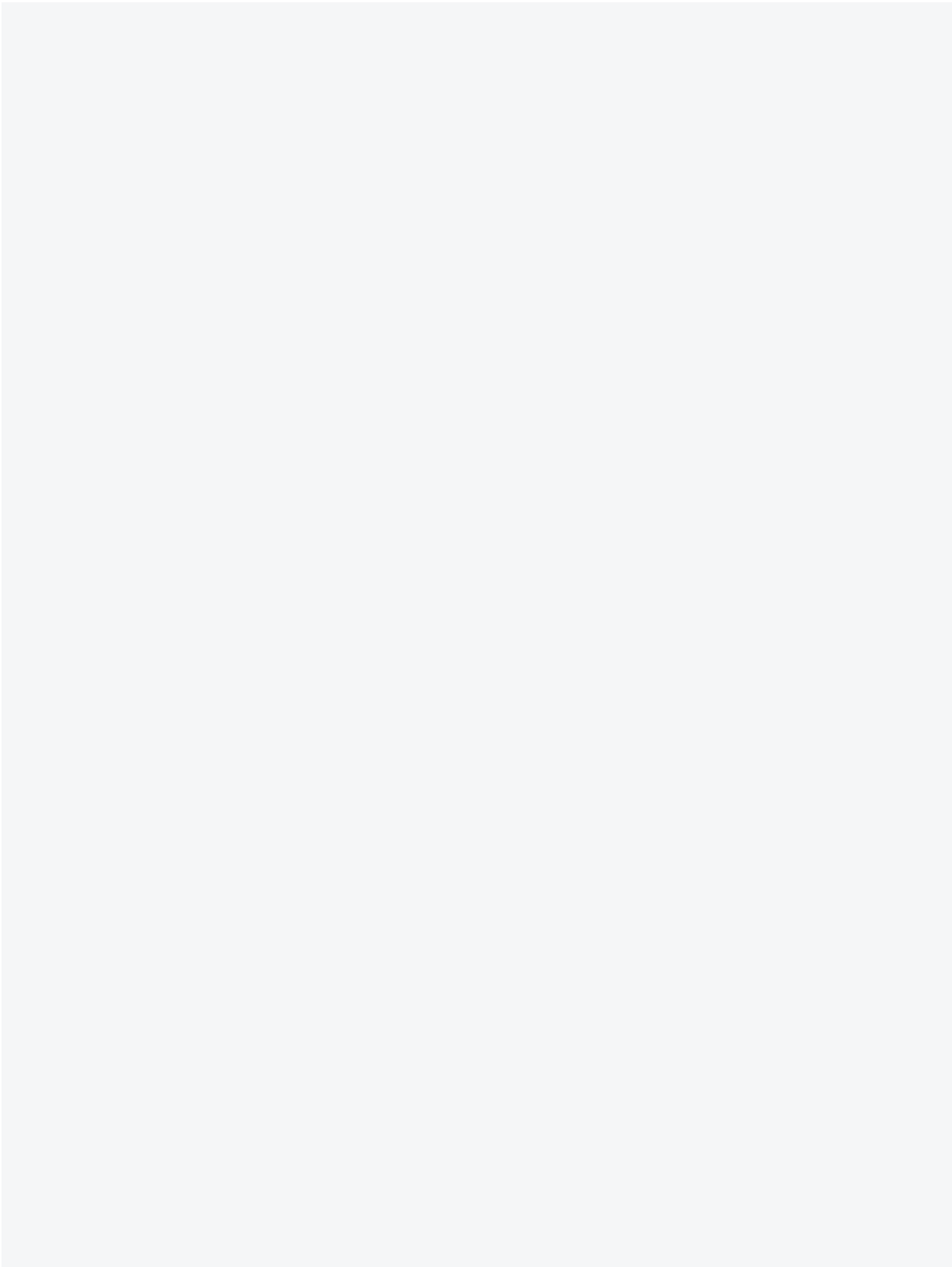
CHILDREN AND DEPENDANTS (CONTINUATION)

	CLIENT	SPOUSE
3		
Complete name		
Birthdate		
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Dependant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

LEGAL DOCUMENTS

	CLIENT	SPOUSE
Power of attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No Review: Type: <input type="checkbox"/> Before witnesses <input type="checkbox"/> Notarial Notary:	<input type="checkbox"/> Yes <input type="checkbox"/> No Review: Type: <input type="checkbox"/> Before witnesses <input type="checkbox"/> Notarial Notary:
Marriage contract	<input type="checkbox"/> Yes <input type="checkbox"/> No Matrimonial regime: <input type="checkbox"/> Partnership of acquests <input type="checkbox"/> Separation as to property <input type="checkbox"/> Community of property <input type="checkbox"/> Other Notary:	
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No Review: Type: <input type="checkbox"/> Holograph <input type="checkbox"/> Before witnesses <input type="checkbox"/> Notarial Notary:	<input type="checkbox"/> Yes <input type="checkbox"/> No Review: Type: <input type="checkbox"/> Holograph <input type="checkbox"/> Before witnesses <input type="checkbox"/> Notarial Notary:

FINANCIAL OBJECTIVES



INVESTMENTS

OWNER:

DESCRIPTION	PLAN	ASSET CATEGORY	AMOUNT
	<input type="checkbox"/> Registered <input type="checkbox"/> TFSA <input type="checkbox"/> Non-registered <input type="checkbox"/> Locked-in		Amount : \$ Contribution : \$ Frequency :

Note :

OWNER:

DESCRIPTION	PLAN	ASSET CATEGORY	AMOUNT
	<input type="checkbox"/> Registered <input type="checkbox"/> TFSA <input type="checkbox"/> Non-registered <input type="checkbox"/> Locked-in		Amount : \$ Contribution : \$ Frequency :

Note :

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Note :

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Note :

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Note :

OWNER:

DESCRIPTION	PLAN	ASSET CATEGORY	AMOUNT
	<input type="checkbox"/> Registered <input type="checkbox"/> TFSA <input type="checkbox"/> Non-registered <input type="checkbox"/> Locked-in		Amount : \$ Contribution : \$ Frequency :

Note :

INSURANCE

INSURED :					
POLICY TYPE	COMPANY	GROUP	AMOUNT	PREMIUM / YEAR	MATURITY
		<input type="checkbox"/>	\$	\$	

Note : Beneficiary :

INSURED :					
POLICY TYPE	COMPANY	GROUP	AMOUNT	PREMIUM / YEAR	MATURITY
		<input type="checkbox"/>	\$	\$	

Note : Beneficiary :

INSURED :					
POLICY TYPE	COMPANY	GROUP	AMOUNT	PREMIUM / YEAR	MATURITY
		<input type="checkbox"/>	\$	\$	

Note : Beneficiary :

INSURED :					
POLICY TYPE	COMPANY	GROUP	AMOUNT	PREMIUM / YEAR	MATURITY
		<input type="checkbox"/>	\$	\$	

Note : Beneficiary :

INSURED :					
POLICY TYPE	COMPANY	GROUP	AMOUNT	PREMIUM / YEAR	MATURITY
		<input type="checkbox"/>	\$	\$	

Note : Beneficiary :

INSURED :					
POLICY TYPE	COMPANY	GROUP	AMOUNT	PREMIUM / YEAR	MATURITY
		<input type="checkbox"/>	\$	\$	

Note : Beneficiary :

BALANCE SHEET

= Can be converted to cash at death

	CLIENT	SPOUSE	TOTAL
ASSETS			
Registered investments			
RRSP, LIRA, RRIIF, LIF	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
TFSA	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
Pension plan	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
Group plan	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
Total registered	\$	\$	\$
Non-registered investments			
Mutual funds	\$	\$	\$
Segregated funds	\$	\$	\$
Stocks	\$	\$	\$
Bonds	\$	\$	\$
GIC	\$	\$	\$
Bank account	\$	\$	\$
Other non-registered	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total non-registered	\$	\$	\$
Capital assets			
Main residence	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
Secondary residence	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
Real property	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
Business	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$

BALANCE SHEET (CONTINUATION)

	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
Total capital assets	\$	\$	\$

Other assets			
Furniture	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
Vehicle	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
Total other assets	\$	\$	\$

TOTAL ASSETS	\$	\$	\$
---------------------	----	----	----

<input checked="" type="checkbox"/> = Use in the analyses	CLIENT	SPOUSE	TOTAL
LIABILITIES			
Mortgage	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
Car loan	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
Personal loan	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
Credit card / Line of credit	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
Guarantee	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
Commercial liabilities	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
Tax	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
	<input type="checkbox"/> \$	<input type="checkbox"/> \$	\$
TOTAL LIABILITIES	\$	\$	\$
NET WORTH	\$	\$	\$

BUDGET

Summary	CLIENT	SPOUSE	TOTAL
BUDGET	\$	\$	\$

Detailed	CLIENT	SPOUSE	TOTAL
SAVINGS			
Registered investments	\$	\$	\$
Non-registered investments	\$	\$	\$
TFSA	\$	\$	\$
Other savings	\$	\$	\$
TOTAL SAVINGS	\$	\$	\$

	CLIENT	SPOUSE	TOTAL
EXPENSES			
Housing			
Mortgage	\$	\$	\$
Rent / Mortgage	\$	\$	\$
Municipal taxes	\$	\$	\$
School taxes	\$	\$	\$
Home insurance	\$	\$	\$
Condo fees	\$	\$	\$
Furniture, accessories, tools	\$	\$	\$
Other housing expenses	\$	\$	\$
Total housing	\$	\$	\$

Utilities			
Electricity	\$	\$	\$
Heating	\$	\$	\$
Telephone	\$	\$	\$
Mobile	\$	\$	\$
Cable	\$	\$	\$
Internet	\$	\$	\$
Other utilities	\$	\$	\$
Total utilities	\$	\$	\$

BUDGET (CONTINUATION)

	CLIENT	SPOUSE	TOTAL
EXPENSES			
Transportation			
Public transit	\$	\$	\$
Car loan / Lease	\$	\$	\$
Gas	\$	\$	\$
Car insurance	\$	\$	\$
Registration	\$	\$	\$
Driver's licence	\$	\$	\$
Parking	\$	\$	\$
Maintenance and repairs	\$	\$	\$
Taxi	\$	\$	\$
Other transportation fees	\$	\$	\$
Total transportation	\$	\$	\$
Food			
Groceries	\$	\$	\$
Restaurants	\$	\$	\$
Alcohol	\$	\$	\$
Other food expenses	\$	\$	\$
Total food	\$	\$	\$

BUDGET (CONTINUATION)

	CLIENT	SPOUSE	TOTAL
EXPENSES			
Recreation / education			
Cultural activities	\$	\$	\$
Sports	\$	\$	\$
Newspapers, magazines, music	\$	\$	\$
Movies and game rentals	\$	\$	\$
Lottery tickets	\$	\$	\$
Travel	\$	\$	\$
Courses	\$	\$	\$
School fees	\$	\$	\$
School supplies	\$	\$	\$
Others	\$	\$	\$
Total recreation and education	\$	\$	\$
Health care			
Pharmacy	\$	\$	\$
Dentist	\$	\$	\$
Optometrist	\$	\$	\$
Other health care expenses	\$	\$	\$
Life insurance	\$	\$	\$
Other insurance	\$	\$	\$
Total health care	\$	\$	\$

BUDGET (CONTINUATION)

	CLIENT	SPOUSE	TOTAL
EXPENSES			
Debt repayment			
Credit card 1	\$	\$	\$
Credit card 2	\$	\$	\$
Line of credit	\$	\$	\$
Personal loan	\$	\$	\$
Student loan	\$	\$	\$
RRSP loan	\$	\$	\$
HBP	\$	\$	\$
Other loans	\$	\$	\$
Total debt repayment	\$	\$	\$
Personal			
Clothing	\$	\$	\$
Hairdresser	\$	\$	\$
Esthetician	\$	\$	\$
Gifts	\$	\$	\$
Pets	\$	\$	\$
Tobacco	\$	\$	\$
Children's allowance	\$	\$	\$
Banking fees	\$	\$	\$
Alimony	\$	\$	\$
Childcare	\$	\$	\$
Other personal expenses	\$	\$	\$
Total personal	\$	\$	\$
TOTAL EXPENSES	\$	\$	\$
RESULTS	\$	\$	\$

NOTES

