TIME OUT

PERSONAL FINANCIAL ANALYSIS

CONFIDENTIAL

Client: ______

Who offers you a complete analysis of your financial situation?

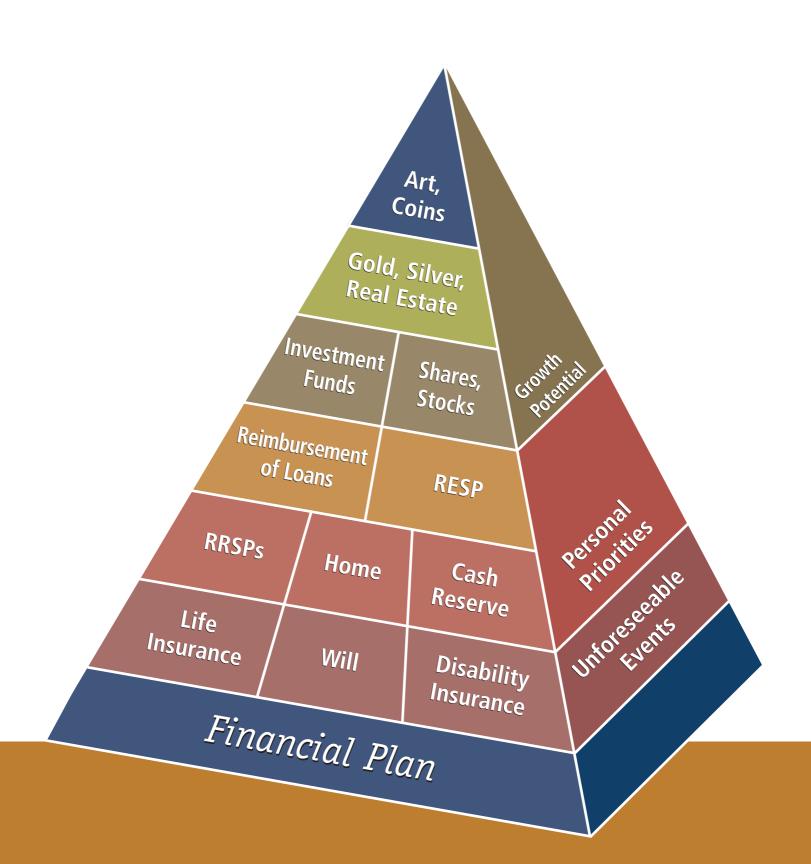


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YOU							
Life Insurance							
Issuing company	Year purchased	Type of Dea contract	ath benefit Beneficiary (\$)	/ Annual premium (\$)	Accumulated dividends (\$)	Surrender Accumul value (\$) fund (ation \$)
Disability Insura	nce						
lssuing company	Year purchased	Premium (\$)	Waiting period	Monthly income (\$)	Indexation (%)	Job protected up to (years)	
Comments:							
Critical Illness In	surance						
Issuing company	Year purchased	Premium (\$)	Face amount (\$)	Covered illnesses No.	Premium refund ☐ No ☐ Yes	%	
YOUR SPOUSE							
Life Insurance							
Issuing company	Year purchased	Type of Dea	ath benefit Beneficiary (\$)	Annual premium (\$)	Accumulated dividends (\$)	Surrender Accumul value (\$) fund (
Disability Insura	nce						
Issuing company	Year purchased	Premium (\$)	Waiting period	Monthly income (\$)	Indexation (%)	Job protected up to (years)	
Comments:							
Critical Illness In	surance						
Issuing company	Year purchased	Premium (\$)	Face amount (\$)	Covered illnesses No	Premium refund □ No □ Yes	%	
YOUR CHILDRE	N						
Life Insurance							
lssuing company	Year purchased	Type of Dea	ath benefit Beneficiary (\$)	Annual premium (\$)	Accumulated dividends (\$)	Surrender Accumul fund (
Disability Insura							
lssuing company	Year purchased	Premium (\$)	Waiting period	Monthly income (\$)	Indexation (%)	Job protected up to (years)	
Comments:							
Critical Illness In	surance						
lssuing company	Year purchased	Premium (\$)	Face amount (\$)	Covered illnesses No.	Premium refund ☐ No ☐ Yes	%	

TABLE OF CONTENTS

Personal information	2, 3, 4
Projects and Objectives	5
Breakdown of Assets upon Death	6
Breakdown of Liabilities upon Death	7
Income Continuity	8, 9
Capital Required for a Monthly Income of \$1	10
Budget upon Death	11
Current Disability Insurance	12, 13
Situation upon Retirement	14, 15
Retirement Budget	16, 17, 18
Information Updates	19
Signatures	20
Referrals	21, 22
Documents	23
Products Offered at Industrial Alliance	24
Details of In-Force Coverage	25

Getting to know you!

1- YOU		
Last name	First name	Initial
Address		Postal code
Home phone	Cellphone En	nail
Date of birth	Marital status	
Owner Co-owner Tenant Since		
Smoker Non-smoker Since		
Employer	Since Oc	ccupation
Address		
Work phone	Fax	
work priorite	rdX	
Employment income \$	Other income \$	
2- YOUR SPOUSE		
Last name	First name	Initials
	Cellphone Em	
. Y . M . D .	Marital status	
Sate of billing	viantai status	
Owner \square Co-owner \square Tenant \square Since $_$		
Smoker Non-smoker Since		
-maleuer	Since	aunation.
Employer	Since Oc	ccupation
Address		
Work phone	Fax L	
Employment income \$	Other income \$	
. ,		
3- CHILDREN		
First and last name	Date of birth	Address and telephone
	Y M D	, table 555 and 1615phone
	Y _ M _ D _	
	Y M D	

Getting to know you!

5- SAVINGS AND INSURANCE COVERAGE	Relationship You Yes		Comments	
DO YOU HAVE: • Personal life insurance? (Provide details.)				
OO YOU HAVE: • Personal life insurance? (Provide details.)				
Personal life insurance? (Provide details.)			YOUR SPOU	JSE
	162	No	Yes	No
Disability insurance?				
Critical illness insurance?				
Mortgage insurance?				
Business life insurance?				
An individual RRSP?				
A pension fund (RPP)?				
A Home Buyer's Plan (HBP)?				
A group RRSP?				
• An RESP?				
• A TFSA?				
Investment funds?				
Individual annuities?				
Income property?				
• Other				
6- GENERAL INSURANCE - MORTGAGE LOAN				
DO YOU HAVE:		Renewa		
• Fire insurance?	L Y	M D L	Y M	D
- Do you have a non-smoker rate?	☐ Yes	☐ No	Yes	No
Automobile insurance?	Y	M D L	Y M	
A mortgage loan?		M D	Y M	D
WOULD YOU LIKE TO OBTAIN AN INSURANCE QUOTE?	☐ Yes	□ No	☐ Yes	No
• If yes, when is the best time to reach you?				

Getting to know you!

7- LEGAL INFORMATION*		rou	YOUR	YOUR SPOUSE		
DO YOU HAVE A:	Yes	No	Yes	No		
Marriage contract? • Date						
Cohabitation agreement? • Date						
Civil union agreement? • Date						
Divorce decree/certificate? • Date						
Legal separation decree/deed? • Date						
Will? • Date						
Executor/Administrator						
Mandate in case of inability? • Date						
Sale/Purchase agreement? • Date						
Financial commitment to another person? • Date						
Financial advisor (life ins./investments)? • Since						
Other • Date						
8- CONTACT PEOPLE						
*For more information, consult the <i>Keeping Track</i> brochure (F13-16	5A).					

1- FAMILY
1- Marriage 2- Common-law spouse 3- Children 4- Education 5- Buying a first or second property 6- Standard of living in case of death, disability or critical illness 7- Special projects
2- WORK
1- Satisfaction 2- Promotion 3- Change 4- Retirement - Return to job market 5- Purchase/Sale of a business 6- Special projects
3- FINANCES
1- Satisfaction 2- Income breakdown (short, medium, long-term) 3- Savings methods 4- a) Current investments b) Future investments 5- a) Purchase/Sale of a property, company or business b) Depreciation and capital gains (sale/death) 6- Anticipated repayment of loans (mortgage) 7- Inheritance (receive/bequeath) 8- Planned gifts 9- Special projects
4- LEISURE
1- Vacations 2- Sports 3- Hobbies 4- Travel 5- Associations 6- Volunteer work 7- Special projects
E DETIDEMENT
5- RETIREMENT
1- Age 2- Standard of living 3- Inflation 4- Occupation 5- Conservation, sale or transfer of property 6- Special projects

Your Assets

1- LIFE INSURANCE				
		/OU	YOUR SPO	
Parcanal (Provide details)	LIQUID ASSETS*	NON-LIQUID ASSETS**	LIQUID ASSETS* \$ NO	ON-LIQUID ASSETS**
Personal (Provide details.) Group		_		
Mortgage		_		
Credit (See F13-704A(1) for disability.)		_		
Death benefits (CPP/QPP)		_		
Other:		_		
SUBTOTAL				
2- SAVINGS AND INVESTMENTS (NON-REGISTERED)				
Bank accounts				
Investment certificates				
Stocks				
Bonds				
Mutual or segregated funds				
Accounts receivable				
Other:				
CURTOTAL				
SUBTOTAL				
3- REGISTERED PLANS				
Registered Pension Plan (RPP)				
Registered Retirement Savings Plan (RRSP)				
Registered Education Savings Plan (RESP)				
Stock savings plan (SSP)				
Deferred compensation plan (DCP)				
Tax-Free Savings Account (TFSA)				
Other (DPP, IPP, DPSP):				
SUBTOTAL				
4 DEAL ECTATE				
4- REAL ESTATE				
Principal residence				
Secondary residence(s)				
Income property				
Companies See Commercial Section.				
Land See Commercial Section. Other:				
otilei				
SUBTOTAL				
5- OTHER ASSETS				
Furniture				
Automobile(s)				
Valuables				
Personal effects				
Other:				
SUBTOTAL				
TOTAL				

Your debts

1- SHORT-TERM		
	YOU	YOUR SPOUSE
	\$	\$
Bank loans		
Credit cards Lines of credit		
Income taxes		
Property taxes		
Loans on insurance policies		
Other:		
CURTOTAL		
SUBTOTAL		
2- LONG-TERM		
Mortgage		
Rent/purchase of a house or condo		
IOUs		
Guarantee bond		
Home Buyer's Plan (HBP)		
Other:		
SUBTOTAL		
3- EXPENSES UPON DEATH		
Final illness expenses (lodging, services, care, etc.)		
Final expenses (funeral service, plot, etc.)		
Estate settlement costs (notary, trust, accountant)		
Income taxes Emergency/transition funds		
Education		
Valuation and sales fees		
Capital gains tax		
Recapture of depreciation		
Charitable donations made upon death		
Other:		
SUBTOTAL		
TOTAL		
TOTAL		
4- NET LIQUID ASSETS AVAILABLE UPON DEATH		
AVAILABLE ASSETS (liquid assets)		
LESS		
LIABILITIES		
TOTAL		

For Your Family

USE PRE INCOME TAX AMOUNTS ONLY

1- CURRENT MONTHLY INCOME		
	YOU	YOUR SPOUSE
TOTAL	\$	\$
IOIAL		
2- MONTHLY INCOME REQUIRED UPON DEATH		
Amount		
(including household expenses)		
(Refer to Budget upon Death, page 11, if needed.)		
For a period of:	years	years
	☐ for life	☐ for life
3- AVAILABLE MONTHLY INCOME		
Surviving spouse's pension (CPP/QPP)		
Orphan's annuity		
Family allowance		
Annuities (RRSP, RPP, LIF, RRIF)		
Other income		
TOTAL		
IOIAL		
4- ADDITIONAL MONTHLY INCOME REQUIRED		
/\		
(2 - TOTAL of 3)		
5- CAPITAL REQUIRED DEPENDING ON TERM		
Inflation:% Interest rate:%		
Inflation Capital required (see page 10)		
☐ Without: 4 x factor (interest rate - inflation)		
With: A v 13 · (intersect rate) v 100		
\bigcup Without: \bigcirc x factor (interest rate)		

For Your Family

6- TOTAL INCOME TO AGE 65		
	YOU	YOUR SPOUSE
65 - YOUR AGE X 12 X CURRENT MONTHLY INCOME	\$	\$
Use form F13-205A entitled An Opportunity to Review your Financial Situ	ration to take a 2% annual wage increase in	to account.
7- CAPITAL NEEDED/SURPLUS		
	YOU	YOUR SPOUSE
-	\$	\$
Capital required depending on duration. See $\frac{5}{2}$ on page 8.		
Less		
Net liquid assets available upon death. See $\frac{4}{1}$ on page 7.		
TOTAL		
8- SOLUTION CHOSEN		
Additional monthly investment		
Additional monthly investillent		
Covered insurance needs		
Following this analysis, I realize that additional insurance is needed and I	agree to obtain coverage for the amount in	dicated above.
Y , M , D ,		
Signed:		VALUE COLORES
	YOU	YOUR SPOUSE
9- COMMENTS		

1- WITH CAPITAL CONSERVATION

Term			Factor			
	4.00%	5.00%	6.00%	7.00%	8.00%	9.00%
LIFE	300.00	240.00	200.00	171.43	150.00	133.33

2- WITHOUT CAPITAL CONSERVATION

Term			Factor			
	3.00%	4.00%	5.00%	6.00%	7.00%	8.00%
10	103.56	98.77	94.28	90.07	86.13	82.42
15	144.81	135.19	126.46	118.50	111.26	104.64
20	180.31	165.02	151.53	139.58	128.98	119.55
25	210.88	189.45	171.06	155.21	141.49	129.56
30	237.19	209.46	186.28	166.79	150.31	136.28
35	259.84	225.85	198.14	175.38	156.53	140.79
40	279.34	239.27	207.38	181.75	160.92	143.82
45	296.13	250.26	214.59	186.47	164.01	145.85
50	310.58	259.26	220.20	189.97	166.20	147.22
55	323.02	266.64	224.57	192.56	167.74	148.13
60	333.73	272.68	227.98	194.49	168.83	148.75

RATE OF RETURN	RATE OF RETURN ON CANADA SAVINGS BONDS (10 YEAR) AND THE CONSUMER PRICE INDEX			
Period	Interest (%)	CPI (%)	Net rate of return (%)	
Last 5 years (2003 - 2008)	4.14	2.11	2.03	
Last 10 years (1999 - 2008)	4.77	2.25	2.52	
Last 15 years (1994 - 2008)	5.52	1.95	3.57	
Last 20 years (1989 - 2008)	6.4	2.38	4.02	

For the Surviving Spouse

1- RESIDENCE			AFTER DEATH
	CURRENT	YOU	YOUR SPOUSE
Rent or mortgage payments			
Electricity, heating Telephone (home, cell)			
Repairs and improvements (paint, plumbing, etc.)			
Furniture			
Taxes Other:			
SUBTOTAL			
2- ESSENTIALS			
Food			
Clothing (purchase, cleaning)			
Tuition and school-related fees			
Medical expenses Daycare			
Household maintenance			
Other:			
SUBTOTAL			
3- AUTOMOBILE			
Payments/leasing costs			
Gasoline and maintenance Licence and registration			
Other:			
SUBTOTAL			
4- INSURANCE AND SAVINGS			
Life insurance			
Disability/critical illness insurance			
Property insurance Automobile insurance			
Savings and investments			
Retirement plans			
Other:			
SUBTOTAL			
5- MISCELLANEOUS			
Personal and business expenses			
Recreation and vacations			
Gifts (birthdays, etc.)			
Debt repayment			
Other:			
SUBTOTAL			
TOTAL NET MONTHLY INCOME AFTER INCOME TAXES			
TOTAL GROSS MONTHLY INCOME BEFORE INCOME TAXES	*		
RECORD THESE RESULTS IN NUMBER 2 ON PAGE			

^{*}To obtain your monthly income before income taxes: Total monthly income after income taxes \div (100 - tax rate) X 100.

In Case of Accident or Illness

1- INSURANCE		YOU	VOLLE	SPOUSE
ARE YOU ENTITLED TO:		100	YOUR !	SPOUSE
• Employment insurance?	☐ Yes ☐ No		\square Yes \square No	
• CSST benefits?	\square Yes \square No		\square Yes \square No	
DO YOU HAVE:				
• Group insurance?	☐ Yes ☐ No		☐ Yes ☐ No	
	☐ Long-term	☐ Short-term	☐ Long-term	☐ Short-term
- Waiting period	☐ None ☐ 30 d	ays 🗌 120 days 🗌 Other	☐ None ☐ 30 days	☐ 120 days ☐ Other
- Indexed	☐ Yes ☐ No		☐ Yes ☐ No	
- Term	☐ 2 years ☐ 5 ye	ars To age 65 Other	☐ 2 years ☐ 5 years	☐ To age 65 ☐ Other
- Monthly benefit	\$		\$	
• Individual insurance?	☐ Yes ☐ No		☐ Yes ☐ No	
	☐ Long term	☐ Short-term	☐ Long-term	☐ Short-term
- Waiting period	□ None □ 30 d	lays 120 days Other	☐ None ☐ 30 days	☐ 120 days ☐ Other
- Indexed	☐ Yes ☐ No		☐ Yes ☐ No	
- Term	☐ 2 years ☐ 5 ye	ars To age 65 Other	☐ 2 years ☐ 5 years	☐ To age 65 ☐ Other
- Monthly benefit	\$		\$	
Critical illness insurance?	☐ 10 years R ☐ 75 y	rears 🗌 100 years	☐ 10 years R ☐ 75 yea	rs 🗌 100 years
	$\hfill \Box$ With ref. of prem.	\$ Without ref. of prem.	\square With ref. of prem. \$	☐ Without ref. of prer
Other income?	\$		\$	
2- INCOME				
• Last 2 calendar years (T4)	\$ a) Year		\$ a) Year	
Average monthly income		÷ 24 = \$		÷ 24 = \$
, werage monany meonic	Total a + b	c	Total a + b	C C
	\$	\$	\$	_ \$
	c x 70%	insurance in-force	c x 70%	insurance in-force
Eligible benefit	\$	\$		
12 —				

In case of Accident or Illness

3- PROPOSED COVERAGE				
	YC	υ		YOUR SPOUSE
	Regular	☐ Enhanced	☐ Regular	☐ Enhanced
	Other		Other	
Amount	\$		\$	
Taxable	☐ Yes ☐ No		☐ Yes ☐	No
4- WAITING PERIOD				
		_	_	
	☐ None ☐ 30 days	□ 120 days	☐ None	☐ 30 days ☐ 120 days
	Other		Other	
5- TERM				
J ILIUM				
	☐ 2 years ☐ 5 years	☐ To age 65	☐ 2 years	☐ 5 years ☐ To age 65
Indexed	☐ Yes ☐ No	-	☐ Yes	□ No
Пислеи	1C3		ics	_ No
6- RIDERS				
• Illness, regular coverage	Yes No		☐ Yes	□ No
	\square Individual \square Family		☐ Individual	Family
Business overhead expenses	☐ Yes ☐ No		☐ Yes	□ No
Amount			\$	
Amount				
	☐ Individual ☐ Family		☐ Individual	
Hospitalization Daily amount	\$		\$	
	□ \$50 □ \$100	\$150	□ \$50	□ \$100 □ \$150
	_ 4.00	_ +	_ +	
7- COST				
	\$	\$	\$	\$
	Monthly	⊅ Annual		nthly Annual

Your Needs are Covered

USE PRE-INCOME-TAX AMOUNTS ONLY.

1- CURRENT INCOME		
Annual salary	YOU \$	YOUR SPOUSE \$
Other annual income	\$	\$
• TOTAL	\$	\$
2- TARGET SAVINGS		
 Target savings objective Current annual target savings (Refer to the <i>Retirement Budget</i> section on page 16 if necessary.) 	% \$	% \$
3- TARGET INCOME AT RETIREMENT		
Expected retirement age Duration of retirement income	years years	years years
ANNUAL TARGET INCOME TAKING INTO ACCOUNT Inflation: % Interest rates: %		
4- INCOME AVAILABLE AT RETIREMENT		
A) CPP/QPP		
Benefits start	years	years
B) Old Age Security	☐ Yes ☐ No	☐ Yes ☐ No
C) Defined contribution plan		
Benefits start	years	years
Annual contributions (employer and employee)	\$	\$
Funds currently accumulated	\$	\$

Your Needs are Covered

	YOU	YOUR SPOUSE
D) Defined benefit plan		
• Benefits start	years	years
 Current years of service and %/years of service 	to%	to%
• Salary Final Career Sour Spouse Final Career Your spouse	reduced by% (actuarial penalty)	reduced by% (actuarial penalty)
• Integrated at age years in the amount of Your spouse	\$	\$
E) LIRA		
Benefits start	Age	Age
• Funds currently accumulated	\$	\$
F) RRSP		
Funds currently accumulated	\$	\$
G) Non-registered savings plans		
Annual contributions	\$	\$
Funds currently accumulated	\$	\$
H) Securities (funds currently accumulated)	\$	\$
I) Other (funds currently accumulated, LIF, RRIF)	\$	\$
Description		
5- REQUIRED ANNUAL RRSP CONTRIBUTION		
3 REQUIRED ANNOAE MIST CONTINUOTION		
	☐ Indexed ☐ Fixed	☐ Indexed ☐ Fixed
	\$	\$
Number of years	years	years
	\$	\$
Number of years	years	years

Future Projects

1- MONTHLY INCOME		
) Employment	YOU/YOUR SPOUSE BEFORE RETIREMENT	YOU/YOUR SPOUSE UPON RETIREMENT
• Salary	\$	\$
Bonuses		
Employment insurance		
Other earned income		
UDTATAL		
JBTOTAL		
Retirement income		
Old Age Security benefits	N/A	
Guaranteed income supplement	N/A	
• CPP/QPP	N/A	
War Veterans Allowance		
Surviving spouse's allowance		
• Employer pension plan (RPP)	N/A	
Deferred compensation plan	N/A	
• Private annuity plans (annuities, RRIF, RREGOP, LIRA, LIF, IA, etc.)	N/A	
UBTOTAL		
Savings and investments		
Bank accounts		
Certificates, bonds, etc.		
Dividends		
• Interest		
Business income		
Rental income		
Stocks		
Mutual/segregated funds		
JBTOTAL		
ther		
Alimony		
•		
LIDTATAL		
UBTOTAL		

Future Projects

2- MONTHLY EXPENSES		
A) Housing	YOU/YOUR SPOUSE BEFORE RETIREMENT \$	YOU/YOUR SPOUSE UPON RETIREMENT \$
Rent/mortgage		.
Condo fees		
Electricity/heating		
Telephone/cable/Internet		
Insurance (fire, theft, liability)		
Property and city taxes		
Furniture/purchases/repairs		
Home maintenance and repairs		
Secondary residence		
• Other		
SUBTOTAL		
B) Personal expenses		
• Food		
Insurance (life, disability, etc.)		
Medication		
Dental care		
 Prostheses and orthopedic devices (glasses, contact lenses, hearing aids, orthopedic footwear, etc.) 		
• Toiletries		
Hairdresser/barber		
Clothing		
• Other		
SUBTOTAL		
C) Debts and income taxes		
Credit cards		
• Lines of credit		
Personal loans		
• Federal income taxes/Provincial income taxes		
Guarantee bonds		
• Other		
SUBTOTAL		

Future Projects

	YOU/YOUR SPOUSE BEFORE RETIREMENT	YOU/YOUR SPOUSE UPON RETIREMENT
D) Transportation	\$	\$
Automobile:		
- Loan payments		
- Insurance		
- Licence and registration		
- Gasoline		
- Maintenance and repairs		
- Parking		
• Taxis/bus		
• Other		
SUBTOTAL		
E) Recreation		
Travel/travel insurance		
• Entertainment (subscriptions, concerts, theatre, etc.)		
Memberships in clubs or associations		
Sports and equipment		
Books, magazines, newspapers, CDs, etc.		
• Other		
SUBTOTAL		
F) Other		
Tobacco/ alcohol/lottery		
Gifts, etc.		
• Other		
SUBTOTAL		
TOTAL NET MONTHLY EXPENSES		
GROSS MONTHLY INCOME NECESSARY DURING RETIREMENT		
GROSS MONTHLY INCOME ON PAGE 16		
LESS		
GROSS MONTHLY EXPENSES* ON PAGE 18		
TOTAL CUIDDLUS//DEEICIT)		
TOTAL SURPLUS/(DEFICIT)		

^{*}To obtain the conversion in gross amounts: Total monthly expenses after taxes \div (100 - tax rate) X 100.

1- DO YOU HAVE ONE OR MORE CONTRACTS			
	YES	NO	CONTRACT NO.
That have lapsed?			
With a policy loan?			
Compromised by a withdrawal?			
Set up with extra premiums/exclusions?			
 Assigned to guarantee a loan? 			
 Whose classification needs to be revised? (smoker/non-smoker, hazardous sports) 			
 Whose beneficiary designation has not been recently revised? 			
For which you would like to obtain explanations?			
That no longer correspond to your needs?			
Other?			
2- DO YOU HAVE ONE OR MORE CONTRACTS			
Whose ownership you wish to transfer to:			
A spouse?			
A child?			
A grandchild?			
Another person?			
A charity?			
Someone else?			
3- DO YOU HAVE ONE OR MORE CONTRACTS			
That you would like to purchase to answer specific needs such as	s:		
Education savings plan?			
Going into business?			
Transferring ownership of your assets to avoid taxes?			
 Paying taxes at the 1st or 2nd death (building, business, etc.)? 			
Preserving the full value of your savings?			
Bequesting particular gifts by will (spouse, children, grandchildren, ot	ther)?		
Creating a trust fund (spouse, children, grandchildren, other)?			
Maximizing return on:			
- Non-registered investments			
- Retirement income			
Charity donations?			
Specialized long-term institutional care?			
Critical illness?			
Other?			

SIGNATURES

SIGNATURES	
In order to preserve the confidential nature of this document, all personal informat	ion contained herein will be kent by your representative, whose signature
appears below, in a file designed specifically for your personal financial analysis. Yo	
appears serow, in a fire designed specifically for your personal illiancial alialysis. It	na may consuit and the at the representative 3 office at any time.
Data	Vari
Date	You
Ponrocontativo	Valir chalica
Representative	Your spouse

AND NOW...

Did you like the way we analyzed your file? Why	y? 		
Did you appreciate the information and advice of the informat	given you? Why?		
Among your friends and acquaintances, who cou	uld benefit, as you did, from t	the same type of fi	nancial analysis?
• Who else?			
Referrals from the file of			Date
1			
First and last name	Age	Employer	
First and last name	Age	Employer	
Address			Telephone
Leisure activities			
2			
First and last name	Age	Employer	
First and last name	Age	Employer	
Address			Telephone
Leisure activities			
3			
First and last name	Age	Employer	
First and last name	Age	Employer	
Address			Telephone
Leisure activities			
4			
First and last name	Age	Employer	
First and last name	Age	Employer	
Address			Telephone
Leisure activities			21

5			
First and last name	Age	Employer	
First and last name	Age	Employer	
Address			Telephone
Leisure activities			
6			
First and last name	Age	Employer	
First and last name	Age	Employer	
Address			
Leisure activities			
7			
First and last name	Δne	Employer	
First and last name			
Address			
Leisure activities			
8			
First and last name	Age	Employer	
First and last name	Age		
Address			Telephone
Leisure activities			
9			
First and last name	Age	Employer	
First and last name	Age	Employer	
Address			Telephone
Leisure activities			

Life insurance	Client name	Contract no.	Financial institution	
Disability				
Annuities				
Investments				
Income tax returns				
(last 3 years)	□ les □ lvo			
Income tax returns (1994 tax year — crystallization	☐ Yes ☐ No n)			
Business financial statements (last 3 years)	Yes No			
Other (specify)				
All documents will be returned to you when the report is delivered.		red. Documents return	ned with the delivery of report.	
ACKNOWLEDGEMENT OF RECEIPT			TO BE SIGNED WHEN DOCUMENTS ARE RETURNED	
I confirm having received the above	ve-mentioned documents.	I confirm that the	above-mentioned documents were returned to me.	
Representative signature		Client signature		
Date		Date		
Client signature		Representative si	gnature	

INSURANCE PRODUCTS	INVESTMENT PRODUCTS	
Individual Life	Guaranteed Investments	
Critical Illness	Open-end Investments	
Mortgage	(mutual and segregated funds)	
• Disability	Tax-Free Savings Account	
Health Spending Account	 Retirement Savings Plans (registered or non-registered) 	
Accident	Education Savings Plans	
AutomobileResidential	• Annuities	
	(life/certain)	
Business Associates-Key Personnel	Life Income Funds	
Group Insurance	Registered Retirement Income Funds	
Charity Donations	Tax-Sheltered Accumulation Funds	
	Group Retirement Savings Plans	
	Registered Pension Plans	
	ADVANCED FINANCIAL PLANNING SERVICE	
	• Death	
	• Disability	
	Retirement	
Documents to have on hand for our next meeting:		

PERSONAL FINANCIAL ANALYSIS

CONFIDENTIAL

The elephant, symbol of our 100 years of strength and longevity.



