

Your Personal Financial Review



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Your Personal Financial Review

Building strong relationships is at the heart of our business philosophy. And providing ongoing, trusted advice is our guiding principle as we help you meet your financial goals.

This workbook is designed to help me understand your personal situation - where you are today and where you want to be over the short and longer term - so that together we can develop solutions that are right for you.

The following documents will help me understand your financial situation in more detail:

- Investment statements (registered, non-registered)
- Notices of Assessment (past 2 years)
- Pension statement from employer
- Benefits statement from employer
- Pay stubs for latest 2 pay periods
- Canada Pension Plan (CPP) statements
- Life and disability insurance statements
- Latest Will, Power(s) of Attorney
- Latest mortgage and other loan statements

Advisor Name:

ScotiaMcLeod

Branch Address:

.....

Telephone #:

Personal Information

Client

Name:
 Date of Birth: SIN:

Spouse

Name:
 Date of Birth: SIN:

Street Address:
 City Province Postal Code
 Home Phone: Cottage Phone:

Occupation:
 Employer:
 Address:
 Business Phone: Fax:

Occupation:
 Employer:
 Address:
 Business Phone: Fax:

Cellular Phone:
 E-Mail Address:
 Marital Status:
 Have either of you been previously married?

Cellular Phone:
 E-Mail Address:
 Date Married:

Children / Grandchildren / Dependants

Name: Male Female
 Name: Male Female
 Name: Male Female
 Name: Male Female

Date of Birth: SIN:
 Date of Birth: SIN:
 Date of Birth: SIN:
 Date of Birth: SIN:

Wills & Powers of Attorney

Client

Do you have a Will?: Last revised:
 Location of Will:
 Executor:
 Are you named executor on an estate?.....
 Guardian for children:
 Powers of Attorney:.....

Spouse

Do you have a Will?: Last revised:
 Location of Will:
 Executor:
 Are you named executor on an estate?
 Guardian for children:
 Powers of Attorney:

Professional Advisors

Accountant:
 Lawyer:
 Other Financial Advisor(s):
 Account Manager:
 Insurance Agent:

May I contact them to discuss your financial situation?
 Phone: Yes No
 Phone: Yes No
 Phone: Yes No
 Phone: Yes No
 Phone: Yes No

Personal & Financial

What is your most urgent concern regarding your financial affairs?

.....

What are your short-term (1 to 5 year) financial goals?

.....

What are your long-term financial goals?

.....

.....

Please rank these goals in order of importance and add any that are not on the list:

Goals	Rank most to least important (1-10)	Comments
Retiring comfortably
Reducing portfolio risk
Enhancing portfolio returns
Ensuring adequate insurance for family
Leaving an estate
Minimizing taxes
Planning for child's post secondary education
Saving for a major purchase
Better managing your cash flow
Better managing your debt
Other:
Other:

Retirement Planning

When do you plan to retire (age and/or year)?

What is your desired after-tax retirement income?

Client

Spouse

Estate & Tax Planning

Is leaving an estate important to you? What amount? To whom? (e.g. family, charity, foundation)

.....

Planning for Children's Post Secondary Education

Child's Name	Starting Age	Yearly Cost	# of Years at University/College
.....
.....

Saving for a Major Purchase

Desired Purchase	Expected Amount	Timing
.....
.....

Assets

Current Value

Bank Accounts:

Name on Account	Type of Account	Bank	Branch		
.....				\$	
.....				\$	
.....				\$	\$

Investments (Attach statements):

Registered (RRSP, RRIF, RESP)

Description	Book Value		
.....		\$	
.....		\$	
.....		\$	
.....		\$	
.....		\$	\$

Non-Registered

Description	Book Value		
.....		\$	
.....		\$	
.....		\$	
.....		\$	
.....		\$	\$

Defined Contribution Pension Plan (if applicable):

Company	Owner		
.....		\$	
.....		\$	\$

Real Estate (Home, cottage, rental):

Description	Monthly Income if Rental Property	Purchase Price		
.....			\$	
.....			\$	
.....			\$	\$

Life Insurance Cash Surrender Value:

Company	Owner		
.....		\$	
.....		\$	\$

Other (Personal assets, stock options, etc.):

Description			
.....		\$	
.....		\$	
.....		\$	\$

Total Assets \$

Liabilities

Current Value

Mortgages:

Bank	Rate	Renewal Date	Amortization	Payment	Frequency		
.....						\$	
.....						\$	
.....						\$	\$

Loans:

Bank	Rate	Purpose	Amortization	Payment	Frequency		
.....						\$	
.....						\$	
.....						\$	
.....						\$	
.....						\$	\$

Accounts Payable (Credit cards, bills, taxes):

.....	\$	
.....	\$	
.....	\$	
.....	\$	\$

Other (Guarantees, personal obligations):

.....	\$	
.....	\$	\$

Total Liabilities \$

Net Worth \$

(Total Assets less
Total Liabilities)

Are any loans tax deductible?

.....

.....

Current Savings Strategies, Pensions & Benefits

Regular Savings

Contributor	Account #	Amount	Frequency
1.
2.
3.
4.

RRSP Contributions

Contributor	Account #	Amount	Frequency
1.
2.
3.
4.

Defined Contribution Pension Plan

Contributor	Account #	Amount	Frequency
1.
2.

Defined Benefit Pension Plan

	Client	Spouse
Expected annual pension	\$	\$
Formula used to calculate pension
Years of plan enrollment
Pension indexed to inflation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pension integrated with CPP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Government Benefits

	Client	Spouse
CPP Age to begin (60-70)
Eligibility (0-100%) % %
OAS Eligibility (0-100%) % %

Cashflow Analysis

If you would like to examine your cash flow in more detail, this section captures your monthly net income, taking into account your total income less estimated expenditures.

Monthly Income

Employment Income Client:	Monthly Gross \$	Monthly Net \$.....
Spouse:	Monthly Gross \$	Monthly Net \$.....
Other Income Client:	Monthly Gross \$	Monthly Net \$.....
Spouse:	Monthly Gross \$	Monthly Net \$.....
		Total Net Income:\$

Monthly Committed Expenditures

Regular Savings (RRSP, CSB, education, etc).....	\$.....
Payments on loans and debts.....	\$.....
Housing (mortgage/rent, taxes, utilities, home insurance, maintenance).....	\$.....
Food (groceries, restaurants).....	\$.....
Transportation (gasoline, oil, maintenance, parking, insurance).....	\$.....
Entertainment (hobbies, vacations).....	\$.....
Personal (clothing, gifts, fitness, club dues).....	\$.....
Other (insurance premiums, donations, child care).....	\$.....
Total Committed Expenditures: \$	

Uncommitted Income: \$.....
(Net Income less
Committed Expenses)

Carryforward Information

Notices of Assessment (or attach statements)

Client

Total Income: \$

Taxable Income: \$

Earned Income: \$ PA:

RRSP Overcontribution Balance: \$

RRSP Deduction Carryforward: \$

RRSP Contribution Limit: \$

Homebuyer's Loan Balance: \$

Years Left to Repay:

Year:

Spouse

Total Income: \$

Taxable Income: \$

Earned Income: \$ PA:

RRSP Overcontribution Balance: \$

RRSP Deduction Carryforward: \$

RRSP Contribution Limit: \$

Homebuyer's Loan Balance: \$

Years Left to Repay:

RESP

	Child 1	Child 2	Child 3
Name of child
Total RESP contributions to date
CESG eligibility carryforward
Total CESG payments received to date

Insurance Coverage

Life Insurance

In the event of your death, could your family maintain the standard of living to which they are accustomed?

Yes No Don't know

In the event of your death, assuming all debts were paid off, what % of pre-tax family income would you want to be paid to your family? %

How much income do you estimate will be able to be earned by your spouse?

Client: \$ Spouse: \$

Current Life Insurance policies (attach):

Insured	Beneficiary	Coverage	Company	Type	Policy Number	Issue Date	CSV	Premium
1.
2.
3.
4.

Disability Insurance

In the event of an extended disability, could your family maintain the standard of living to which they are accustomed?

Yes No Don't know

In the event of an extended disability, what % of current family income would be required to meet expenses? %

How much income do you estimate will be able to be earned by your spouse?

Client: \$ Spouse: \$

Current Disability Insurance policies (attach):

Insured	Company	Policy Number	Waiting Period	Benefit	Premium
1.
2.

Investment Risk Profile

The following questions are designed to assess your risk tolerance - the critical ingredient in setting investment objectives that are realistic and attainable. Check the answer that best describes your situation.

As a percentage, over the next 5 years, what is your household's annual income requirement (if any) from your investment portfolio?

- 0% 1-3% 4-6% 7-9% 10%+

What is your investment time horizon (the period for which the recommended portfolio will be appropriate) in years?

- 1 to 2 years 3 to 5 years 6 to 10 years More than 10 years

What is your primary investment objective?

- Capital preservation: preservation of capital is your primary goal and you would sacrifice some income & return potential to protect existing capital
- Income: the provision of a steady income (interest and dividends) is of primary importance, rather than growth of income or capital preservation
- Growth & income (balanced): income requirements are low and the emphasis is on total portfolio return from both capital appreciation and income
- Moderate growth: your primary objective is growth of capital primarily through an equity portfolio
- Maximum growth: your goal is to generate maximum long-term capital growth

Assume you have just invested a sum of money and intend to leave it where it is for 10 years. When you review your first quarterly statement, you see that the value of your investment has dropped by 10%. What would you do?

- Take advantage of the lower prices and invest more money if possible, since I am interested in the long-term value of my investment and I'm confident that I have made the right choice
- Leave my money where it is, since some changes in value are a normal part of investing
- Monitor my investment closely and sell if the value has not recovered in 3-4 months
- Sell my investment immediately, since I'm not comfortable with any decline in value

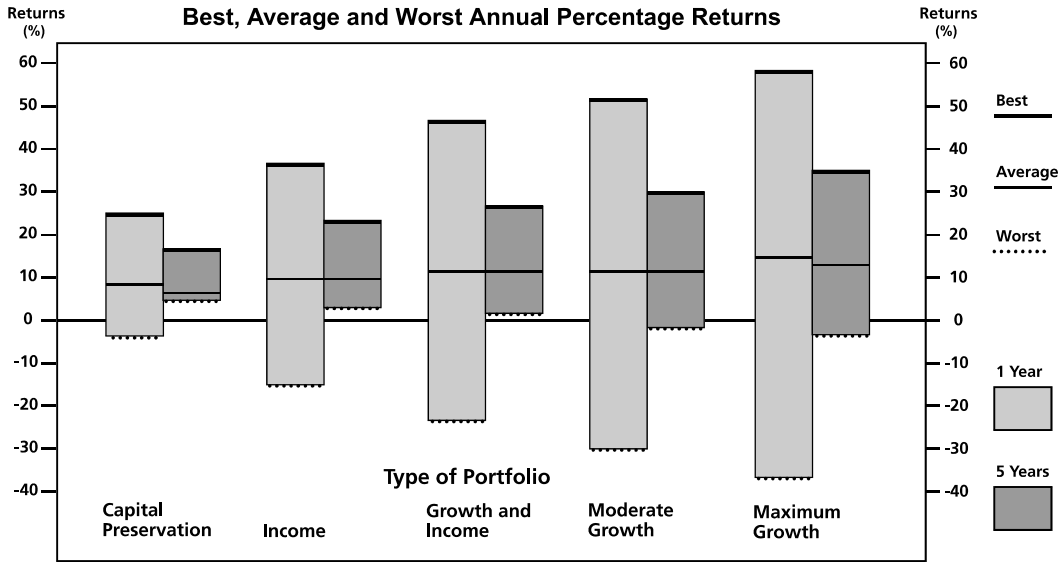
Will you need to liquidate a portion of your investment portfolio over the next 5 years?

- No requirement to liquidate any portion of the portfolio within 5 years
- Liquidate between 0% and 10% within 5 years
- Liquidate between 11% and 20% within 5 years
- Liquidate more than 20% within 5 years

Given your financial objective, how much volatility (risk) are you willing to assume to achieve your portfolio's expected return?

- I can only tolerate low volatility, since I require positive returns each year
- I can tolerate low to medium volatility, such as negative returns 1 in every 8 years
- I can tolerate medium volatility, such as negative returns 1 in every 6 years
- I can tolerate medium to high volatility, such as negative returns 1 in every 5 years
- I can tolerate high volatility, such as negative returns 1 in every 4 years

Which of the following investment portfolios in the chart best matches your risk tolerance?



- Capital Preservation
 Income
 Growth & Income
 Moderate Growth
 Maximum Growth

What is your level of investment knowledge?

- Low
 Moderate
 High
 Advanced

Over the long-term (10+ years), what do you think is a realistic overall return on your investment portfolio?

- 4% to 6%
 5% to 7%
 7% to 9%
 8% to 10%
 9% to 11%

Is there anything else I should know about you?

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