



HARBOURFRONT

WEALTH MANAGEMENT

Wealth Plan Worksheet

Resources required:

Tax Return
Notice of Assessment
Pension Statements
Investment statements (Registered and Non-Registered)
Insurance Policies
Mortgage Statements
Loan Statements
Will/Power of Attorney/Health Care Directive

Corporate Resources Required:

Articles of Incorporation
Corporate Financial Statements
Shareholders Agreement
Corporate Structure (Organizational Chart)

Date: _____

PERSONAL INFORMATION

Family Member 1

Client 2

Name		
Date of Birth		
Mobile Phone		
Email		

REAL ESTATE INFORMATION

Primary Residence

Cottage / Vacation Home

Address		
City, Province, Postal Code		
Phone		
Purchase Price / Year	/	/
Current Value (as of)		
Owner(s) (please list the name(s) & check ownership type)	<input type="checkbox"/> Individually <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants In Common	<input type="checkbox"/> Individually <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants In Common
Years and months at this home		

EMPLOYMENT INFORMATION

Client 1

Client 2

Occupation/Title		
Phone & Email		
Employer Name & Address		
City, Province, Postal Code		
# of Years		
Assistant/Reception Name & Phone		
Annual Salary / Annual Bonus	/	/

CHILDREN & GRANDCHILDREN

1st Child

2nd Child

3rd Child

4th Child

5th Child

	1st Child	2nd Child	3rd Child	4th Child	5th Child
First Name					
Last Name					
Birth Date					
Gender					
Occupation					
Employer					
Prior Marriage	Y / N	Y / N	Y / N	Y / N	Y / N
Dependent	Y / N	Y / N	Y / N	Y / N	Y / N
Parent of Child					
Spouse of Child					
Birth Date					
Grandchild					
Birth Date					
Grandchild					
Birth Date					

ADVISOR INFORMATION

Profession	Name	Firm	Length of Relationship	Contact Info
Accountant				
Lawyer				
Power of Attorney				
Advisor				

CASH ACCOUNTS

Institution	Current Value	Owner
Chequing		
Savings		
Other		

PENSION & INVESTMENT ACCOUNTS (Registered & Non-Registered)

Description	Current Value	Purchase Price	Owner

OTHER ASSETS (REAL ESTATE, LAND, EQUIPMENT, COLLECTIBLES, ETC)

Address	Current Value	Purchase Price	Improvements	Rental Income

BUSINESS INTERESTS

Entity Name	Owner/ Co-Owners	Fair Market Value	Tax Basis	Ownership %	Entity Type

ORGANIZATIONAL STRUCTURE CHART

LIABILITIES

Description <small>(Credit Limit if applicable)</small>	Original Balance	Date of Loan	Interest Rate	Monthly Payment
	Current Balance		Term	

ESTATE PLANNING

- | | |
|--|---|
| When were your current wills/trusts signed? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain |
| Have you established any trusts | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain |
| Are you the beneficiary of any trusts | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain |
| Have you adequately planned for estate taxes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain |
| Have you provided adequate estate liquidity for your heirs | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain |
| Have you planned your legacy | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain |

CASH FLOW PLANNING

Description	Family Member 1	Family Member 2	Notes
INCOME			
<i>Salary</i>			
<i>Bonus</i>			
<i>Rental Income</i>			
<i>Dividends</i>			
<i>Other</i>			
MONTHLY EXPENSES			
<i>Fixed</i>			
<i>Variable</i>			
NET INCOME			
<i>Amount willing to commit to Goals</i>			

Are you anticipating any major lifestyle changes?
(i.e., marriage, divorce, retirement, moving, etc.)

Yes No Uncertain

If yes, what changes are you expecting? _____

Are you comfortable with your current cash flow?

Yes No Uncertain

TAX PLANNING

Family Member 1

RRSP Contribution Room _____

TFSA Contribution Room _____

U.S. Citizen? Yes No

Family Member 2

RRSP Contribution Room _____

TFSA Contribution Room _____

U.S. Citizen? Yes No

NOTES

LIFE INSURANCE

Insured	Issuer	Ind or Group	Date Issued	Type	Death Benefit	Beneficiary	Current CSV	Monthly Premium

DISABILITY INSURANCE

Insured	Issuer	Ind or Group	Date Issued	Type	Monthly Benefit	Waiting Period	Benefit Period	Monthly Premium

CRITICAL ILLNESS & LONG TERM CARE

Insured	Issuer	Ind or Group	Date Issued	Type	Coverage Amount	Return of Premium?	Monthly Premium