

CONFIDENTIAL CLIENT PROFILE:

Dated:

Client:
Bday: _____ **Smoker?**
SIN: _____
Driver #: _____
Phone 1: _____
Phone 2: _____
Phone 3: _____
FAX: _____
E-Mail: _____

Spouse:
Bday: _____ **Smoker?**
SIN: _____
Driver #: _____
Business: _____
Cellular: _____
Home: _____
Fax: _____
E-Mail: _____

Client's Company:
 Business Address:
 Revenue: Expenses: Retained? T4 Income? :

Spouse's Company:
 Business Address:
 Revenue: Expenses: Retained? T4 Income? :

Home Address: FMV : mortgage :
 Second Property ? : FMV : mortgage :

Children: 1) grand children
 2) grand children
 3) grand children
 4) grand children
 5) grand children

What Has Been Your Experience with other Advisors Helping You?

What are Your Investment Risk Tolerances ?

What's important about money to you?

What do you want money to do for you ?

Notes: What will we be discussing, and Why?

- 1)
- 2)
- 3)
- 4)

Notes For:

Financial Planning Strategies: What are your personal financial objectives, concerns & priorities?

- Wealth Accumulation* - *RRSP, RESP, RRIF, RDSP, IPP, TFSA, ROC, Pension Plans or Investment Loans ?*
- Income Replacement* - *Life, Disability, Critical illness, Business expense insurance, Health & Dental Plans ?*
- Mutual Fund Review* - *Investment Funds Portfolio Analysis, Asset Allocation Strategies, Performance Review ?*
- Insurance Comparison* - *Insurance Premium Rate surveys, detailed cash value Spreadsheet and Policy Comparisons ?*
- Preserving You Estate* - *Reducing Capital Gains Tax Liabilities using various Insurance, Trust & Ownership Strategies ?*
- Questions or Topics ?* - *Personal . . .*

o **Data Gathering:** *relationship building, personal facts, values & opinions, financial details, risk tolerance, past experience, etc.*

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o **Goals:** *(what are they)*

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o **Issues:** *(what are they)*

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o **Plan Preparation:** *(show alternatives & assumptions)*

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o **Plan Presentation:** *(advisor recommendations)*

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o **Implement Decisions:** *(client takes action)*

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o **Periodic Review:** *(next meeting for service)*

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o **suggest referrals:** *(follow-up & start new cycle)*

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