

# DATA COLLECTION FORM

Date:

Representative:

## GENERAL INFORMATION

	CLIENT	SPOUSE
Complete name	<input type="text"/>	<input type="text"/>
Birthdate and gender	<input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F
Place of birth	<input type="text"/>	<input type="text"/>
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"/> Widow 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"/> Widow Since:
Unused RRSP	\$ Updated:	\$ Updated:
Unused TFSA	\$ Updated:	\$ Updated:

## JOB & INCOME

	CLIENT	SPOUSE
<b>OCCUPATION</b>		
Employer	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Hiring date	<input type="text"/>	<input type="text"/>
<b>INCOME</b>		
Provincial tax	<input type="text"/>	<input type="text"/>
Gross annual salary	\$ <input type="text"/>	\$ <input type="text"/>
Tax adjustment	\$ <input type="text"/>	\$ <input type="text"/>
<b>OTHER INCOME</b>		
Other 1	\$ <input type="text"/>	\$ <input type="text"/>
Other 2	\$ <input type="text"/>	\$ <input type="text"/>
Other 3	\$ <input type="text"/>	\$ <input type="text"/>

## CONTACT INFORMATION

	CLIENT	SPOUSE
<b>PHONE NUMBER</b>		
Home		
Office		
Mobile		
Other		
<b>EMAIL ADDRESS</b>		
Main		
Second		
<b>ADDRESS</b>		
Home		
Office		
Other		

## CHILDREN AND DEPENDANTS

	CLIENT	SPOUSE
<b>1</b>		
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
<b>2</b>		
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
<b>3</b>		
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:

# BALANCE SHEET

☒ = Can be converted to cash at death

	CLIENT	SPOUSE	TOTAL
<b>ASSETS</b>			
<b>Registered investments</b>			
RRSP, LIRA, RRIF, 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"/> \$	\$
<b>Total registered</b>	\$	\$	\$
<b>Non-registered investments</b>			
Mutual funds	\$	\$	\$
Segregated funds	\$	\$	\$
Stocks	\$	\$	\$
Bonds	\$	\$	\$
GIC	\$	\$	\$
Bank account	\$	\$	\$
Other non-registered	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Total non-registered</b>	\$	\$	\$
<b>Capital assets</b>			
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"/> \$	\$
<b>Total capital assets</b>	\$	\$	\$

<b>Other assets</b>			
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"/> \$	\$
<b>Total other assets</b>	\$	\$	\$

<b>TOTAL ASSETS</b>	\$	\$	\$
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☒ = Use in the analyses

	CLIENT	SPOUSE	TOTAL
<b>LIABILITIES</b>			
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"/> \$	\$
<b>TOTAL LIABILITIES</b>	\$	\$	\$
<b>NET WORTH</b>	\$	\$	\$