MONEYSTRAT® SECURITIES INC.

Financial Planner: ______
Provincial Licence: ON
Date: ______

PERSONAL FINANCIAL REVIEW

(New Client Application Form)

Fax to 416-968-7808, e-mail plan@moneystrat.com
or send to 13 Summerhill Ave, Toronto ON M4T 1A9

Age: ______
Name: ______
Address: ______

Postal Code: ______ How Long: ______
Birthdate: ______ SIN: ______
Telephone: Home: ______
Work: ______
E-mail: ______
Employer: ______
Address: ______
Occupation: ______
Type of Business: ______
How Long: ______

Age: ______
Spouse/Partner Name: ______
Birthdate: ______ SIN: ______
Telephone: Home: ______
Work: ______
Employer: ______
Address: ______
Occupation: ______
Type of Business: ______
How Long: ______

Children:

Name	Birthdate	Age

FINANCIAL GOALS (check all applicable):

- ☐ Save income tax dollars
- ☐ Own your own home
- ☐ Pay off mortgage
- ☐ Increased savings
- ☐ Retire early
- ☐ Start own business
- ☐ Current monthly income
- ☐ Future monthly income
- ☐ Keep ahead of inflation
- ☐ Have more insurance protection
- ☐ Send children to university
- ☐ Other (please specify)

Other: ______
1 year goals: ______
5 year goals: ______
10 year goals: ______
Comments: ______

☐ Will ☐ Power of Attorney Date: ______
Lawyer: ______
Accountant: ______
Tax: ______

INCOME:

		GROSS ANNUAL	MONTHLY NET
Self:	Work		
	Interest		
	Rental		
	Pension		
	Other		
	Tax %: ______		
Spouse/Partner:	Work		
	Interest		
	Rental		
	Pension		
	Other		
	Tax %: ______		
Total Net Income:			
Total Expenses:			
Uncommitted Income:			
NET WORTH:			

WILL ANY OTHER PERSON OR PERSONS:

a) have trading authorization for this account?
☐ Yes ☐ No (If Yes, provide particulars) ______

b) have financial interest in this account?
☐ Yes ☐ No (If Yes, provide particulars) ______

LEVERAGING:

The client has been provided with a leveraging disclosure document in compliance with MFDA rules. ☐ **Yes**

CLIENT IDENTIFICATION:

Client 1: ______
Client 2: ______

BANKING INFORMATION:

Bank Name: ______ Account #: ______
Branch: ______ Transit #: ______

SOURCE OF INITIAL CONTACT:

☐ Referral ☐ Seminar ☐ Advertising ☐ Other: ______

How long have you known the client? ______
Have you met the client? ☐ Yes ☐ No
Referred by: ______

INSURANCE COVERAGE:

INSURANCE COMPANY	Type	Coverage	Premium	Cash Surrender Value
		$	$	$
GROUP				
DISABILITY				
MORTGAGE				

ASSETS

	Amount	Rate	Due
Chequing			
Savings			
Trust Company			
Credit Union			
Other			
TOTAL CASH ASSETS			
Canada Savings Bonds			
GICs			
Term Deposits			
Other			
Insurance Cash Value			
TOTAL LIQUID ASSETS			
Notes Receivable			
Mortgage Receivable			
Stocks/Bonds			
Real Estate			
Tax Shelters			
RRSP/RRIF			
Other			
TOTAL INVESTMENT ASSETS			
Home			
Cottage			
Furnishings			
Vehicles			
Boat/Motor/Trailer			
Personal			
Other			
TOTAL PERSONAL ASSETS			
TOTAL ASSETS			

LIABILITIES

Visa			
MasterCard			
Bank			
Other			
TOTAL CONSUMER CREDIT			
Insurance Loans			
Instalment Loans			
Personal Loans			
Accrued Income Tax			
Other			
TOTAL SHORT TERM			
Mortgage: Home			
Mortgage: Other			
Loan: Personal Assets			
Loan: Investments			
TOTAL LONG TERM			
TOTAL LIABILITIES			

NET WORTH:

EXPENSES

	MONTHLY	YEARLY
Rent or Mortgage		
Taxes		
Insurance		
Hydro		
Heat		
Water		
Telephone		
Cable TV		
Maintenance		
Other		
TOTAL HOUSING		
Car Payment		
Car Oil and Gas		
Car Maintenance		
Car Insurance		
Car Club		
Car Licence		
Other		
TOTAL TRANSPORTATION		
Food		
Milk and Bread		
Tobacco/Liquor		
Other		
TOTAL FOOD		
Clothing		
Footwear		
Laundry/Cleaners		
Other		
TOTAL CLOTHING		
Life/Disability Insurance		
Debt		
Investments		
Dental/Medical		
Child Care		
Charity/Church		
Other		
TOTAL OTHER BASIC EXPENSES		
TOTAL BASIC LIFESTYLE		
Entertainment		
Vacations		
Clubs and Lodges		
Gifts		
Home		
Other		
TOTAL DISCRETIONARY LIFESTYLE		
TOTAL EXPENSES		

NOTES: