



Financial Planner: \_\_\_\_\_  
 Provincial Licence: ON \_\_\_\_\_  
 Date: \_\_\_\_\_

**PERSONAL FINANCIAL REVIEW**  
 (New Client Application Form)

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

Under Section 265(2) of the Income Tax Act (Canada), Moneystrat is required to collect information to determine whether individuals opening a non-registered account are U.S. tax residents or U.S. citizens.

Are you a U.S. resident for U.S. tax purposes or a U.S. citizen?

Yes  No  Yes  No

If Yes, please provide your U.S. taxpayer identification number (TIN):

U.S. TIN: \_\_\_\_\_ U.S. TIN: \_\_\_\_\_

Are you (i) an officer or director of a reporting issuer or any other issuer whose securities are publicly traded (e.g. an entity whose securities are traded on a stock exchange or an over-the-counter market) (an "Issuer"); or (ii) an officer or director of a company which is itself an insider or a subsidiary of such Issuer?

Yes  No  Yes  No

If yes, please list the Issuer(s): \_\_\_\_\_ If yes, please list the Issuer(s): \_\_\_\_\_

Are you designated as a Pro (licensed to sell securities)?

Yes  No  Yes  No

Do you: (i) beneficially own; or (ii) have control or direction over; or (iii) have a combination of beneficial ownership of, and control or direction over, directly or indirectly, securities of an Issuer carrying more than 10% of the voting rights attached to all of the Issuer's outstanding voting securities?

Yes  No  Yes  No

If yes, please list the Issuer(s): \_\_\_\_\_ If yes, please list the Issuer(s): \_\_\_\_\_

Do you or as part of a group, hold or control an Issuer?

Yes  No  Yes  No

If yes, please list the Issuer(s): \_\_\_\_\_ If yes, please list the Issuer(s): \_\_\_\_\_

**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: \_\_\_\_\_

**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)

**BANKING INFORMATION:**

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Account #: \_\_\_\_\_

Transit #: \_\_\_\_\_

**SOURCE OF INITIAL CONTACT:**

Referral  Seminar  Advertising  Other: \_\_\_\_\_

How long have you known the client? \_\_\_\_\_

Have you met the client?  Yes  No

**INSURANCE COVERAGE:**

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

**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:**                     

**LEVERAGING:**

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

**CLIENT IDENTIFICATION:**

Client 1: \_\_\_\_\_

Client 2: \_\_\_\_\_

**ASSETS**

	Amount	Rate	Due
Chequing			
Savings			
Trust Company			
Credit Union			
Other			
<b>TOTAL CASH ASSETS</b>			
Canada Savings Bonds			
GICs			
Term Deposits			
Other			
Insurance Cash Value			
<b>TOTAL LIQUID ASSETS</b>			
Notes Receivable			
Mortgage Receivable			
Stocks/Bonds			
Real Estate			
Tax Shelters			
RRSP/RRIF			
Other			
<b>TOTAL INVESTMENT ASSETS</b>			
Home			
Cottage			
Furnishings			
Vehicles			
Boat/Motor/Trailer			
Personal			
Other			
<b>TOTAL PERSONAL ASSETS</b>			
<b>TOTAL ASSETS</b>			
<b>LIABILITIES</b>			
Visa			
MasterCard			
Bank			
Other			
<b>TOTAL CONSUMER CREDIT</b>			
Insurance Loans			
Instalment Loans			
Personal Loans			
Accrued Income Tax			
Other			
<b>TOTAL SHORT TERM</b>			
Mortgage: Home			
Mortgage: Other			
Loan: Personal Assets			
Loan: Investments			
<b>TOTAL LONG TERM</b>			
<b>TOTAL LIABILITIES</b>			
<b>NET WORTH:</b>			

**EXPENSES**

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