



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? _____

Referred by: _____

Have you met the client? Yes No

INSURANCE COVERAGE:

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

INCOME:

Self: Work _____ GROSS ANNUAL MONTHLY NET
 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	_____		
TOTAL CASH ASSETS	<input type="text"/>		
Canada Savings Bonds	_____		
GICs	_____		
Term Deposits	_____		
Other	_____		
Insurance Cash Value	_____		
TOTAL LIQUID ASSETS	<input type="text"/>		
Notes Receivable	_____		
Mortgage Receivable	_____		
Stocks/Bonds	_____		
Real Estate	_____		
Tax Shelters	_____		
RRSP/RRIF	_____		
Other	_____		
TOTAL INVESTMENT ASSETS	<input type="text"/>		
Home	_____		
Cottage	_____		
Furnishings	_____		
Vehicles	_____		
Boat/Motor/Trailer	_____		
Personal	_____		
Other	_____		
TOTAL PERSONAL ASSETS	<input type="text"/>		
TOTAL ASSETS	<input type="text"/>		

LIABILITIES

Visa	_____		
MasterCard	_____		
Bank	_____		
Other	_____		
TOTAL CONSUMER CREDIT	<input type="text"/>		
Insurance Loans	_____		
Instalment Loans	_____		
Personal Loans	_____		
Accrued Income Tax	_____		
Other	_____		
TOTAL SHORT TERM	<input type="text"/>		
Mortgage: Home	_____		
Mortgage: Other	_____		
Loan: Personal Assets	_____		
Loan: Investments	_____		
TOTAL LONG TERM	<input type="text"/>		
TOTAL LIABILITIES	<input type="text"/>		
NET WORTH:	<input type="text"/>		

EXPENSES

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

NOTES:
