

# Client Profile



## PERSONAL INFORMATION

Mr.  Mrs.  Miss.  Ms.  Dr.  Company

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

M D Y

Date of Birth

Last Name

First Name & Initials

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address

City

Province

Postal Code

Social Insurance Number

Residence Phone

Other(business, cell, pager)

email

## SPOUSAL INFORMATION

Mr.  Mrs.  Miss.  Ms.  Dr.  Company

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

M D Y

Date of Birth

Last Name

First Name & Initials

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address

City

Province

Postal Code

Social Insurance Number

Residence Phone

Other(business, cell, pager)

Email

## DEPENDENTS (Children, Elderly)

1. \_\_\_\_\_ Birth date (m/d/y) \_\_\_\_\_ Male  Female

2. \_\_\_\_\_ Birth date (m/d/y) \_\_\_\_\_ Male  Female

## COMMUNITY CLUBS AND ORGANIZATIONS

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

## ADVISORS

Lawyer \_\_\_\_\_ Accountant \_\_\_\_\_

Tax Payer \_\_\_\_\_ Power of Attorney \_\_\_\_\_

## EMPLOYMENT INFORMATION

Title \_\_\_\_\_ Organization \_\_\_\_\_ Years \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

## SPOUSAL EMPLOYMENT INFORMATION

Title \_\_\_\_\_ Organization \_\_\_\_\_ Years \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

## CASH FLOW ANALYSIS

### Monthly Income Statement (Employment, Pension, Investment)

	Annual	Monthly Gross	Monthly Net
Self	\$ _____	\$ _____	\$ _____
Spouse	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
 Total Net Monthly Income	\$ _____		

Monthly Expenses	Self	Spouse	Total
Regular Savings	\$ _____	\$ _____	\$ _____
Payment on loans & debts	\$ _____	\$ _____	\$ _____
Mortgage (Principal & Interest)	\$ _____	\$ _____	\$ _____
Groceries (Food, cleaning, supplies, etc.)	\$ _____	\$ _____	\$ _____
Clothing	\$ _____	\$ _____	\$ _____
Shelter (Rent, repairs, taxes, insurance, utilities)	\$ _____	\$ _____	\$ _____
Transportation	\$ _____	\$ _____	\$ _____
Insurance Premiums	\$ _____	\$ _____	\$ _____
Direct Medical/Dental	\$ _____	\$ _____	\$ _____
Recreational/Education	\$ _____	\$ _____	\$ _____
Miscellaneous (donations, dues, childcare, alimony)	\$ _____	\$ _____	\$ _____
 Total Expenses	\$ _____	\$ _____	\$ _____
Uncommitted Income	\$ _____	\$ _____	\$ _____
Amount willing to commit to goals	\$ _____	\$ _____	\$ _____

COMMENTS \_\_\_\_\_

## ASSETS

RRSP's	PLAN TYPE	AMOUNT	INSTITUTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OPEN-NON REGISTERED OWNER	PLAN TYPE (JOINT/INDIVIDUAL)	AMOUNT	INSTITUTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PENSIONS - OWNER	PLAN TYPE	AMOUNT	INSTITUTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## IMPORTANT RENEWAL DATES

MORTGAGE RENEWAL DATE: (M/D/Y) \_\_\_\_\_

CAR INSURANCE RENEWAL DATE: (M/D/Y) \_\_\_\_\_

HOME INSURANCE RENEWAL DATE: (M/D/Y) \_\_\_\_\_

G.I.C. INVESTMENT RENEWAL DATE: (M/D/Y) \_\_\_\_\_

# Client Profile



## REAL ESTATE

PROPERTY DESCRIPTION	MARKET VALUE	MORTGAGE AMOUNT	INSTITUTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is your mortgage insured? ..... Yes  No

## LOAN/LINES OF CREDIT

AMOUNT OWING	AMOUNT	INSTITUTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## CREDIT CARDS

AMOUNT OWING	INTEREST RATE	CREDIT CARD COMPANY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Client Profile



## LIFE INSURANCE POLICIES

NAME OF INSURED	TYPE OF COVERAGE	INSURANCE COMPANY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## DISABILITY COVERAGE

NAME OF INSURED	BENEFIT AMOUNT	INSURANCE COMPANY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## CRITICAL ILLNESS COVERAGE

NAME OF INSURED	BENEFIT AMOUNT	INSURANCE COMPANY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## LONG-TERM CARE

NAME OF INSURED	BENEFIT AMOUNT	INSURANCE COMPANY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## CLIENT INFORMATION REQUEST

Below is a list of information that you are required to bring to our initial appointment. Any personal information disclosed to CanWealth Financial is held in the strictest of confidence.

Client Name \_\_\_\_\_ Phone \_\_\_\_\_

### REQUIRED INFORMATION

- |     |  |     |                          |    |                          |
|-----|--|-----|--------------------------|----|--------------------------|
| 1.  | Originals of any personal insurance policies (mortgage, life, car, home, disability) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2.  | RRSP contribution limits (Your most recent Revenue Canada Assessment form)           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3.  | Employment retirement packages and group benefit plans                               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4.  | Personal RRSP's (Individual Plans and Spousal RRSP Plans)                            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5.  | Non-registered Assets (including GIC's investments, Bonds, Saving Account)           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6.  | Major Credit liabilities (Credit cards, loans, credit lines, etc.)                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7.  | Home and other property (purchase and present value)                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8.  | Outstanding Mortgage balances, current mortgage statement                            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9.  | Business Assets you own  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 10. | Wills and Powers of Attorney   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

## Financial Review List

Our financial planning review has revealed that you require the following information to be completed before our next meeting.

Client Name \_\_\_\_\_ Phone \_\_\_\_\_

REQUIRED INFORMATION	DEADLINE DATE	TASK COMPLETED	
1 _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4 _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5 _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6 _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7 _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
8 _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
9 _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
10 _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>

# Client Disclosure

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

I represent 10 insurance companies, but I place the majority of my business with Empire Life and RBC Life Insurance Company for life insurance products and Great-West Life for Group disability products. Most of my Critical Life insurance business is placed with Empire Life, RBC Life and Industrial Alliance. I am associated with **IPG Insurance Inc.** and my Mutual Fund Dealer is Independent Planning Group Inc.. I represent 14 mutual fund companies and place the majority of my client's investment business with TD Mutual Funds.

If you choose to purchase an insurance product or mutual fund investment through me, I will be paid by the company that offers that product. I am compensated by a sales commission at the time of sale, and may receive a renewal **< or service >** commission for insurance if you keep that policy and trailer fees for investment products.

I may also be eligible for additional compensation, such as bonuses, or non-monetary benefits, such as travel incentives, depending on various factors such as the volume or persistency of business that I place with a particular company during a given time period.

Should you require additional information about my qualifications or the nature of my business relationships, I would be pleased to assist you.

I am licensed as a life and health insurance agent in the province of Ontario and licensed/registered to sell Mutual Funds including Labour Sponsored Funds in the province of Ontario.

## Acknowledgement

I, \_\_\_\_\_ have been informed of, and understand the implications of this disclosure including any conflict of interest or potential conflict of interest associated with Dave Hagerman or Steven Hagerman in relation to any recommendations made.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Policy Delivery

Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Date Received. \_\_\_\_\_

Received By \_\_\_\_\_

Signature \_\_\_\_\_

Agent Signature \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Referrals

Referrals provide an important method for us to offer our professional services to your family, friends and associates. In a world where financial advice is essential in establishing a healthy balanced portfolio we appreciate your recommendations of CanWealth Financial Services. If you are aware of any individual(s) who have specific needs in this area we would be willing to assist them. Please provide their contact information.

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

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

*Phone:* \_\_\_\_\_ *Topic of Interest:* \_\_\_\_\_

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

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

*Phone:* \_\_\_\_\_ *Topic of Interest:* \_\_\_\_\_

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

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

*Phone:* \_\_\_\_\_ *Topic of Interest:* \_\_\_\_\_

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

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

*Phone:* \_\_\_\_\_ *Topic of Interest:* \_\_\_\_\_

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

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

*Phone:* \_\_\_\_\_ *Topic of Interest:* \_\_\_\_\_

# Fees

Once a client invests with our firm and an agreement has been established that our company will be compensated through a DSC fee schedule we will receive 5% of the amount invested in commission with an approximate trailer fee of .25 to .50 basis points. Clients can transfer funds within the same fund group without incurring any fees. However, should a client transfer in cash to a different fund company, a fee would be administered. Typically this fee is reduced to 0% over a six year period. Clients are entitled to a 10% free unit withdrawal each year.

An alternative fee option is a front end charge of negotiated percentage usually 0-5% up front of the original amount invested. It is not our standard practice to charge a fee for this option. CanWealth would also receive a trailer fee of approximately .50% to 1% on a monthly basis.

We also receive compensation through referrals. It stands tested and true that "word of mouth is your best advertisement", and we value what our clients have to say.

# INTERNET ONLINE CLIENT ACCOUNT ACCESS

[www.canwealth.com](http://www.canwealth.com)

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

1. Go to.....[www.canwealth.com](http://www.canwealth.com)

2. Click on Client Login Icon

3. Enter Your Login

4. Enter Your Password:

## Congratulations!

You may now view your accounts anytime.