

# PROFESSIONAL WEALTH ADVISORY PLANNING QUESTIONNAIRE AND ENGAGEMENT AGREEMENT

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Client/Prospect Name(s): \_\_\_\_\_

RJL Account Number(s): \_\_\_\_\_

Province of Residence: \_\_\_\_\_

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

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

## PERSONAL INFORMATION

### Client

Title Select

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Citizenship(s)  Canadian  U.S.  Other \_\_\_\_\_

If U.S./ other, number of years resident in Canada \_\_\_\_\_

Occupation \_\_\_\_\_ Employer / Company \_\_\_\_\_

Est. Net Worth \_\_\_\_\_ RJL Account Number \_\_\_\_\_

Planned Retirement Age \_\_\_\_\_ Life Expectancy (default is 95) \_\_\_\_\_

### Co-client / Partner

Title \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Citizenship(s)  Canadian  U.S.  Other \_\_\_\_\_

If U.S./ other, number of years resident in Canada \_\_\_\_\_

Occupation \_\_\_\_\_ Employer / Company \_\_\_\_\_

Est Net Worth \_\_\_\_\_ RJL Account Number \_\_\_\_\_

Planned Retirement Age \_\_\_\_\_ Life Expectancy (default is 95) \_\_\_\_\_

## FAMILY DETAILS

Do you have a blended family\*?  Yes  No

Is there a domestic agreement in place? (please provide)  Yes  No

Please indicate and provide details if there are any continuing support obligations from a prior relationship

\* Relationship contains one or more children from a prior relationship

## Children / Grandchildren

Name	Relationship	Date of Birth	Residency Province/ State Country	Citizenship(s)	Relationship Status
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## Incapacity Planning

Do you have any children or other dependents with special needs or disabilities?

Name	Federal Disability Tax Credit	Provincial Disability Support	Is there a plan in place to provide ongoing support upon your demise?
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PLANNING GOALS

### Purpose of your plan

Financial Goals	Cost/Amount (today's dollars)	Time Frame/Year(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

What questions would you like the financial plan to answer?

Topic	Details:
Retirement	_____
Estate Planning	_____
Tax planning	_____

**Topic****Details:**

Cash flow management

Insurance

Education Planning

Corporate planning

Other/Notes (please specify)

Do you have a comparative scenario you would like included in the plan? For example: remain in the family home or downsize upon retirement, buy the condo in Florida or not to buy, retire at age 62 or 65?

**Estate Documents****Client****Co-client / Partner**

Do you have a Will?

 Yes  No Yes  No

If yes, last updated

Do you have a Power of Attorney?

 Property  
 Personal Care Property  
 Personal Care

How would you like assets to be distributed upon death?

**Legacy Planning**

Do you currently or would you like to support any charitable initiatives? Please provide a brief list of organizations you support or feel connected to.

Would you consider charitable giving as a component to your overall financial plan?  Yes  No



## Liabilities

Debt Type <i>(specify if tied to an asset listed above)</i>	Name of Borrower	Sole or Joint	Current Balance	Interest Rate	Payment Amount	Payment Frequency	Amortization Period
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

## INSURANCE

### Life & Health Insurance

Company / Policy Number	Name of Owner	Insured(s)	Policy Type	Type	Death Benefit	Beneficiary	Monthly Premium	CSV
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

## CORPORATION(S) SUMMARY

### Private Corporations

Company Name	Name of Shareholder	Ownership %	Share Type	Est. FMV	ACB	Province of Incorporation (or Federal)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

What is the future objective for the business(es)? (ie. continue indefinitely, wind up upon retirement/death, post mortem planning in place, etc.)

Is there a business succession plan in place? If so, please provide details.

## CASH FLOW DETAILS

### Current Income Sources *(gross, before-tax)*

	Client	Co-client / Partner
Salary	_____	_____
Self-Employment Income	_____	_____
Bonus	_____	_____
Commissions	_____	_____
Pension Income	_____	_____
CPP / QPP Current or expected income (\$ or %)	_____	_____
Expected age to start CPP	_____	_____
OAS	_____	_____
Rental Income	_____	_____
Rental Expenses <b>excluding</b> mortgage	_____	_____
Foreign Income (pension, social security)	_____	_____
Other Income (please specify)	_____	_____

### Company Pensions

#### Defined Contribution

	Client	Co-client / Partner
Current Value	_____	_____
Your Annual Contributions	_____	_____
Employer's Annual Contributions	_____	_____

#### Defined Benefit *(please provide statement)*

	Client	Co-client / Partner
Lifetime Monthly Pension	_____	_____
Bridge Benefit	_____	_____
Beginning Age/Date	_____	_____
Indexed	<input type="checkbox"/> CPI <input type="checkbox"/> ____% <input type="checkbox"/> No	<input type="checkbox"/> CPI <input type="checkbox"/> ____% <input type="checkbox"/> No
Survivor Benefit %	_____	_____

### Expenses

	Amount
<b>Current</b> Annual Lifestyle Expenses <i>(excluding debt payments and taxes)</i>	_____
Other Expenses (specify) _____	_____
<b>Retirement Spending Goal</b> (today's dollars, after-tax)	_____

## OTHER

### Other Financial Concerns / Comments:

## Professional Contacts

Accountants:

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Lawyers:

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Executor / Liquidator:

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## ADDITIONAL DOCUMENTS

Please provide copies of the following applicable documents for our review:

- Most recent income tax return (one year)
- Notice of Assessment (or re-assessment)
- CPP Benefits Statement
- Pay Stub (for a one month period)
- Pension Statement or Booklets
- Stock Option / Restricted Stock Plan details
- Life, disability, critical illness and long term care insurance policies (including employer-provided coverage) and the most recent annual policy statement
- Current investment statements for all non-Raymond James assets (including RRSPs, RRIFs, TFSAs, RESPs, 401(k)s, Roth 401(k)s, IRAs, Roth IRAs, 529, corporately and privately held investments, annuities)
- Statement of all debts (including mortgage, investment loans, lines of credit)
- Current will, power of attorney, and personal directives act (including any codicil)
- Trust documents
- Cohabitation / Domestic agreement or separation agreement
- Other relevant documentation that relates to your financial situation

If you own an incorporated business, please also include the following:

- Articles of incorporation
- Most recent financial statements and tax returns
- Copies of any partnership/shareholders agreements : including shareholders loan agreements, buy sell agreements, unanimous Shareholders agreement
- Corporately-owned life, disability & critical illness insurance policies/statements