



SIMPLICITY FINANCIAL  
Providing Clarity and Peace of Mind

# PERSONAL FINANCIAL CONSULTATION FORM

Completing this form will enable you, or your family, to understand where you are today, and begin the planning process to achieve your financial goals.



Your first step to  
achieving  
financial freedom

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## Align Wealth with Purpose

Please answer the questions below to help us understand your priorities across the Four Pillars of Prosperity.

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

### Vision (Your Why + Joy)

What does a truly fulfilled life look like for you—and how does money support that vision?

Which experiences or values matter most to you when you imagine your ideal future?

### Wellness (Mindset + Self-Care)

How do you feel about your current financial decisions—confident, stressed, or uncertain?



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

What habits or boundaries would help you feel calmer and more in control of your money?

## **Prosperity Plan (Money Structures)**

What does financial security mean to you in 5, 10, and 20 years?

Do you want your investments to reflect your values (e.g., ESG, ethical investing)?



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

## Impact (Relationships + Legacy)

What values do you want to pass on to your family?

Which people, causes, or communities matter most to you when you think about leaving a legacy?



## PERSONAL INFORMATION

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

### CLIENT A

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

First Name & Initial: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

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

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Number of years at present address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Sex: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Number of years: \_\_\_\_\_

Smoker: Yes/No \_\_\_\_\_

### CLIENT B

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

First Name & Initial: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

City: \_\_\_\_\_

Number of years at present address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Sex: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Number of years: \_\_\_\_\_

Smoker: Yes/No: \_\_\_\_\_

### CHILDREN

1

2

3

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

First Name & Initial: \_\_\_\_\_

Sex: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Dependent of: Client A/Client B/both \_\_\_\_\_

Educational Savings Plan in place: \_\_\_\_\_

If Yes - Plan Type and Company: \_\_\_\_\_



## MONTHLY INCOME & EXPENSES

### INCOME

#### CLIENT A

#### CLIENT B

Employment Income:

Business Income:

Investment Income: Old Age Security:

Canadian Pension Plan:

RRSP/RRIF:

Annuity:

Pension Income:

Other:

Other:

TOTAL

### EXPENSES

#### CLIENT A

#### CLIENT B

Mortgage/Rent:

Food/Groceries:

Automobile (Total Gas, Insurance etc.):

Clothing:

Property Tax:

Child Care:

Vacation/Entertainment:

Household:

Life/Disability:

RSP Contribution:

Non-RSP Contribution:

Other:

Other:

TOTAL

UNCOMMITTED INCOME:



## NET WORTH

### ASSETS

#### CLIENT A

#### CLIENT B

Bank Accounts

Investments (Not Registered)

GIC:

Stocks:

Bonds:

Mutual Funds/ETFS:

RSP/RRIF GIC:

Stock:

Bonds:

Mutual Funds/ETF:

Tax Free Savings Account

Principal Residence:

Cottage/Farm:

Other Properties:

Business Investments:

Car(s):

Life Insurance (Cash Surrender Value):

Other:

Other:

TOTAL

### LIABILITIES

#### CLIENT A

#### CLIENT B

Mortgage(s):

Car(s):

RSP Loan(s):

Investment Loan(s):

Credit Card(s):

Line of Credit:

Other:

Other:

TOTAL

NET WORTH:



## RISK TOLERANCE

1. Rank in priority the importance of:
- Capital growth
  - Capital preservation
  - Regular tax effective income

CLIENT A

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

CLIENT B

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

2. On a scale of 1 to 10 (1 representing extremely conservative & 10 representing extremely aggressive), how would you rank your risk tolerance:

CLIENT A	1	2	3	4	5	6	7	8	9	10
CLIENT B	1	2	3	4	5	6	7	8	9	10

3. What investment products are you comfortable with (check mark):

- ☐ Chequing/Savings
  - ☐ GIC
  - ☐ Stock
  - ☐ Bonds
  - ☐ Mutual Funds
  - ☐ Tax Shelters
  - ☐ Others
- 

4. What investment products do you dislike (check mark):

- ☐ GIC
  - ☐ Stock
  - ☐ Bonds
  - ☐ Mutual Funds
  - ☐ Tax Shelters
  - ☐ Others
- 

5. What investment products would you like more information on (check mark):

- ☐ Stock
  - ☐ Bonds
  - ☐ Mutual Funds
  - ☐ Tax Shelters
  - ☐ Segregated Funds
  - ☐ Insurance
  - ☐ Others
- 





## INSURANCE

### LIFE

	Company	Type	Client A or B	Amount	Annual Premium
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

### DISABILITY

	Company	Type	Client A or B	Amount	Annual Premium
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

## ESTATE PLANNING

### CLIENT A

Will in place: ☐ Yes ☐ No

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

Powers of Attorney in place: ☐ Yes ☐ No

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

Trust in place: ☐ Yes ☐ No

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

Type of Trust: \_\_\_\_\_

### CLIENT B

☐ Yes ☐ No

\_\_\_\_\_

☐ Yes ☐ No

\_\_\_\_\_

☐ Yes ☐ No

\_\_\_\_\_

\_\_\_\_\_



## RETIREMENT PLANNING

	CLIENT A	CLIENT B
1. Planned retirement age:	_____	_____
2. Annual income required at retirement (pre-tax, in today's dollars):	_____	_____
3. (i) Company Pension expected:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Annual Amount:	_____	_____
(iii) Indexed to inflation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Retirement life style goals:		
A.	_____	
B.	_____	
C.	_____	
D.	_____	
5. Do you plan to live in your current home after retirement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. (i) Do you expect an inheritance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Amount of inheritance:	_____	_____
(iii) Are you concerned about preserving your estate for your heirs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. What rate of return do you expect on your portfolio:	_____	_____



## OTHER GOALS

[illegible]

HELPFUL ITEMS TO ENCLOSE:

- ☐ Last year's Tax Return
- ☐ Copy of ALL Life Insurance Policies
- ☐ Copy of ALL Disability Insurance Policies
- ☐ Pension Plan Information
- ☐ Copy of ALL NON RRSP, ALL RRSP, and ALL TFSA/RRIF INVESTMENT STATEMENTS
- ☐ Any other relevant information you feel is important

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