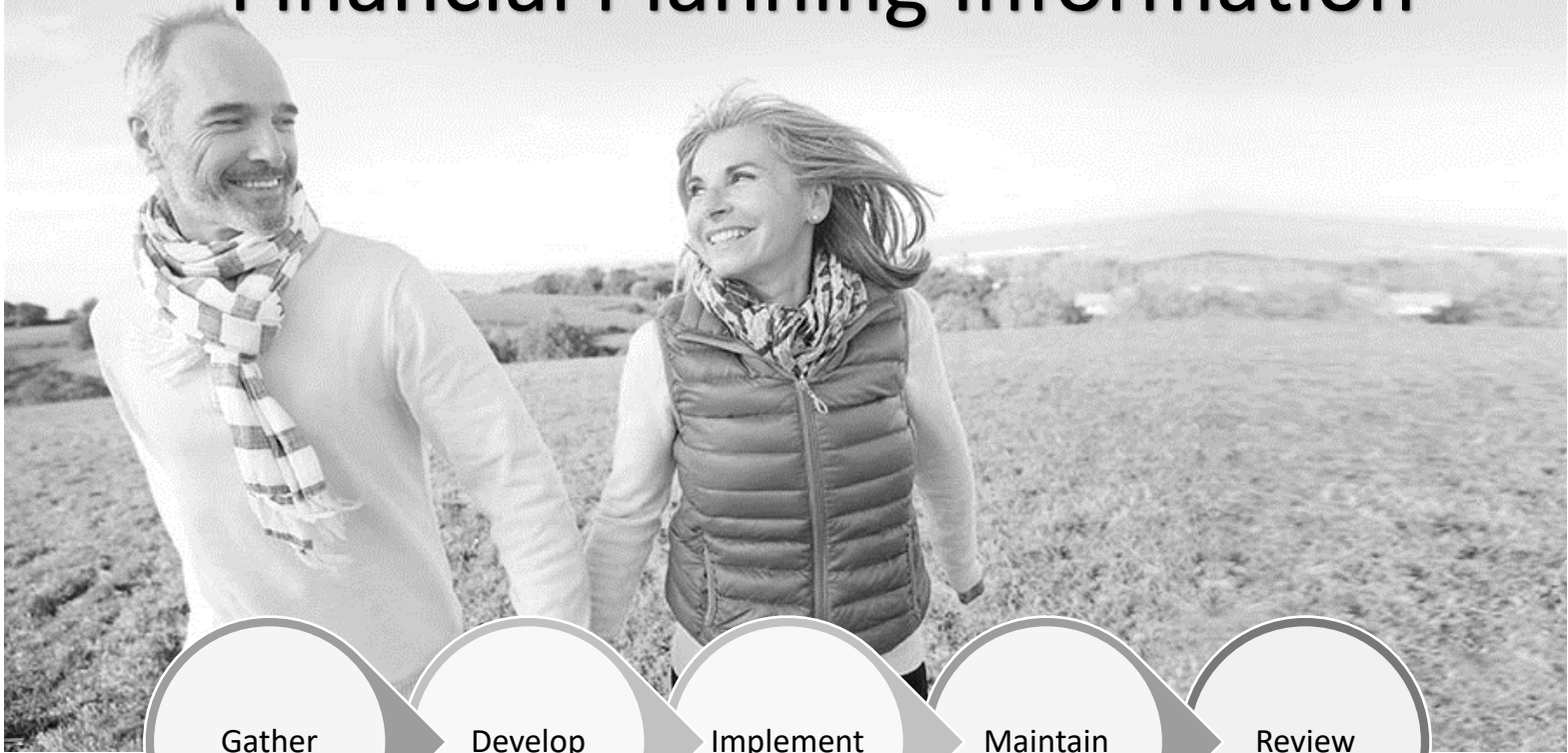


Financial Planning Information



Resources needed:
[CONFIDENTIAL]*

Tax Return

Notice of Assessment

Employee Benefits

Insurance Policies

Pension Statement

Bank Statment +\$5,000

Mortgage Statement

Loan Statement

Non-Registered Investments

RRSP, TFSA and other registered
Statements

Wills/Power of Attorney

CPP Statement

Client Name: _____

Email: _____

Ph: _____

Date of Review: _____



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Financial Planning Information

Name	DOB	Profession
Spouse #1 _____		
Spouse #2 _____		
Address _____		
Children _____		dependent <input type="checkbox"/>
Children _____		dependent <input type="checkbox"/>
Children _____		dependent <input type="checkbox"/>

Cash Flow Analysis

Spouse #1 _____ employer _____
Income details _gross _____ net _____ per _____

Spouse #2 _____ employer _____
Income details _gross _____ net _____ per _____

Monthly Expenses

Regular Savings	\$ _____
Payments on Loans	\$ _____
Mortgage (Principle and interest)	\$ _____
Groceries (food, cleaning supplies etc.)	\$ _____
Insurance premiums	\$ _____
Recreation (clubs, subscriptions, fun)	\$ _____
Other	\$ _____

AMOUNT WILLING TO COMMIT TO GOALS (monthly) \$ _____

Liabilities

Owner

Rented

Address _____

Purchase \$ _____

Current Value \$ _____

Mortgage amount _____ Payment _____ Rate _____ %

Loans

Student Loans _____ Rate _____ %

Student Loans _____ Rate _____ %

Car Loans _____ Rate _____ %

Car Loans _____ Rate _____ %

LOC Balance _____ Limit _____ Rate _____ %

LOC Balance _____ Limit _____ Rate _____ %

Credit Cards _____ Rate _____ %

Credit Cards _____ Rate _____ %

Credit Cards _____ Rate _____ %

Additional Details:

Assets

Deposit Accounts

Institution:	Type:	Total
_____	_____	\$ _____
_____	_____	\$ _____
Emergency Fund _____	_____	\$ _____

Pensions

Company:	Owner:	Total
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Non-Registered Investments

Institution:	Total
_____	\$ _____
_____	\$ _____
_____	\$ _____

RRSP, TFSA Other Registered Investments

Institution:	Type:	Total
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

RSP LIMITS _____

Real Estate

_____	\$ _____
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Insurance Policies

Company	Face Amount	Premium	Beneficiary	Details

Living Benefits

Company	Face Amount	Premium	Beneficiary	Details



Client Goals

1: _____

2: _____

3: _____

4: _____

