



Confidential Financial Review

120 King Street West, Suite 1010 Hamilton, ON L8P 4V2
Phone: 905.529.1819 | Toll Free: 877.633.0633 | Fax: 905.527.5168
Mobile: 905.536.2224 | www.brownfinancial.com

Confidential Financial Review

For: _____ Date: _____

Personal Information

First Name(s): _____		Last Name(s): _____	
S.I.N.(s): _____			
D.O.B.(s): _____			
Address: _____			
Contact information:			
Home: _____	Business: _____	Mobile: _____	Email: _____ Other: _____
Occupation: _____			
Employer: _____			
Children / Dependents:			
Name:	D.O.B:	S.I.N.	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Power of Attorney – Updated in: _____ Will(s) – Updated in: _____

Areas of Interest or Concern

<input type="checkbox"/> Retirement Planning	<input type="checkbox"/> Education Savings	<input type="checkbox"/> Will and Trust Planning	<input type="checkbox"/> Tax Planning
<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Disability Insurance	<input type="checkbox"/> Critical Illness Insurance	<input type="checkbox"/> Debt Management
<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Documents Provided for Review

<input type="checkbox"/> Investment/RRSP Statements	<input type="checkbox"/> Notice of Assessment	<input type="checkbox"/> Will and Trust Documents
<input type="checkbox"/> Pension Statements	<input type="checkbox"/> Previous Year Tax Return	<input type="checkbox"/> P.O.A.s
<input type="checkbox"/> Group Benefit Plan	<input type="checkbox"/> Insurance Policies	<input type="checkbox"/> CPP Benefit Statement
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

RRSP Contribution Limit

Current Year: \$ _____	Carry Forward Amount: \$ _____
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Assets

Cash:

Chequing \$ _____ Institution: _____
Savings \$ _____ Institution: _____

Registered Investments:

Holdings: Mutual Funds Stocks Bonds

RRSPs:

Owner: _____
Personal \$ _____ Spousal \$ _____ LIRA \$ _____

Owner: _____
Personal \$ _____ Spousal \$ _____ LIRA \$ _____

RESPs: Child 1) \$ _____ Child 2) \$ _____ Child 3) \$ _____

Non-Registered Investments:

Holdings: Mutual Funds Stocks Bonds

Accounts

Owner: _____

Balance \$ _____

Owner: _____

Balance \$ _____

Property:

Approximate Value Comments

Residence: \$ _____ _____

Seasonal: \$ _____ _____

Investment: \$ _____ _____

Vehicles: \$ _____ _____

Other: \$ _____ _____

Pension:

Owner: _____ Type: Defined Cont. Defined Benefit DPSP RSP

Value: \$ _____

Owner: _____ Type: Defined Cont. Defined Benefit DPSP RSP

Value: \$ _____

Total Assets:

\$ _____



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Liabilities

<u>Mortgage</u>	Balance	Rate	Payment	Frequency	Term	Amortization
	\$ _____	_____ %	\$ _____	_____	_____	_____
	\$ _____	_____ %	\$ _____	_____	_____	_____
<u>Loans/LOC</u>	Balance	Rate	Payment	Term		
	\$ _____	_____ %	\$ _____	_____		
	\$ _____	_____ %	\$ _____	_____		
	\$ _____	_____ %	\$ _____	_____		
<u>Credit Cards</u>	Balance	Rate	Payment			
	\$ _____	_____ %	\$ _____			
	\$ _____	_____ %	\$ _____			
	\$ _____	_____ %	\$ _____			
<u>Other</u>	Balance	Rate	Payment			
	\$ _____	_____ %	\$ _____			
	\$ _____	_____ %	\$ _____			
	\$ _____	_____ %	\$ _____			
Total Liabilities:						
						\$ _____

Insurance

<u>Life:</u>		
Company/Type/Term:	Coverage	Premium
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<u>Disability:</u>		
Company/Type/Term:	Coverage	Premium
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<u>Critical Illness:</u>		
Company/Type/Term:	Coverage	Premium
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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Cash Flow Analysis

	<u>Name: _____</u>		<u>Name: _____</u>	
<u>Income:</u>	Gross (Annual)	Net (Monthly)	Gross (Annual)	Net (Monthly)
Employment	\$ _____	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____	\$ _____
RIF	\$ _____	\$ _____	\$ _____	\$ _____
OAS	\$ _____	\$ _____	\$ _____	\$ _____
CPP	\$ _____	\$ _____	\$ _____	\$ _____
Rental	\$ _____	\$ _____	\$ _____	\$ _____
Investment	\$ _____	\$ _____	\$ _____	\$ _____
Other (_____)	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	+	\$ _____
			=	\$ _____
		Total Net Monthly Income		\$ _____

<u>Expenses (Family Totals):</u>	<u>Annual</u>	or	<u>Monthly</u>
<u>Shelter</u>			
P.I.T. / Rent	\$ _____		\$ _____
Property Taxes	\$ _____		\$ _____
Home Insurance	\$ _____		\$ _____
Utilities	\$ _____		\$ _____
Maintenance and Improvements	\$ _____		\$ _____
 <u>Personal</u>			
Food	\$ _____		\$ _____
Clothing	\$ _____		\$ _____
Medical/Dental	\$ _____		\$ _____
Life (and other) Insurance	\$ _____		\$ _____
Education	\$ _____		\$ _____
Miscellaneous	\$ _____		\$ _____
 <u>Transportation</u>			
Vehicle Payments	\$ _____		\$ _____
Auto Insurance	\$ _____		\$ _____
Maintenance	\$ _____		\$ _____
Fuel & Oil	\$ _____		\$ _____



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<u>Expenses (continued):</u>	<u>Annual</u>	or	<u>Monthly</u>
<u>Discretionary</u>			
Entertainment (incl. Restaurants)	\$ _____		\$ _____
Clubs & Memberships	\$ _____		\$ _____
Hobbies	\$ _____		\$ _____
Gifts	\$ _____		\$ _____
Charitable Donations	\$ _____		\$ _____
Miscellaneous	\$ _____		\$ _____
 <u>Travel & Vacation</u>			
Travel Costs	\$ _____		\$ _____
Travel Insurance	\$ _____		\$ _____
Total		\$ _____	\$ _____
	Total Monthly Expenses =		\$ _____

Total Net Monthly Income	\$ _____
Total Monthly Expenses	\$ _____
Total Disposable Income =	\$ _____

Professional & Personal Contacts

	<u>Name</u>	<u>Contact Information</u>
Lawyer	_____	_____
Accountant	_____	_____
Guardian(s)	_____	_____
Trustee	_____	_____
Executor	_____	_____
P.O.A.	_____	_____

Financial Planning Goals: _____



