

To make the most of our time together, please use this checklist to prepare for our first meeting.

Don't worry if you are unable to collect all this information. We are taking the first step to give you greater control over your finances.

Self

Spouse

**General**

- |                          |                          |                                       |
|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Please complete Financial Perspective |
| <input type="checkbox"/> | <input type="checkbox"/> | Please complete Cash Flow Summary     |
| <input type="checkbox"/> | <input type="checkbox"/> | Please complete Net Worth Summary     |

**Account Statements**

- |                          |                          |                                  |
|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Bank & Saving accounts           |
| <input type="checkbox"/> | <input type="checkbox"/> | Tax-free savings account         |
| <input type="checkbox"/> | <input type="checkbox"/> | GIC & Government Saving Bonds    |
| <input type="checkbox"/> | <input type="checkbox"/> | Investment accounts              |
| <input type="checkbox"/> | <input type="checkbox"/> | RRSPs                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee group pension statement |

**Insurance Policy Documents** (including coverage for children)

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Life insurance   |
| <input type="checkbox"/> | <input type="checkbox"/> | Critical Care insurance                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Disability insurance                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Mortgage insurance                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Long-term care insurance                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Health & dental coverage                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Employer Group Benefits summary/booklet/recent statement |

**Other Information**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Recent pay stub   |
| <input type="checkbox"/> | <input type="checkbox"/> | Notice of assessment (taxes)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Recent CPP statement (you can get a copy from your Service Canada online Account) |

**Legal**

- |                          |                          |                   |
|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Current Will      |
| <input type="checkbox"/> | <input type="checkbox"/> | Power of Attorney |

**Business**

- |                          |                          |                               |
|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Year-end financial statements |
| <input type="checkbox"/> | <input type="checkbox"/> | Corporate tax return          |