

General

Client Information:

Name:	Phone:
Date of Birth: (D/M/Y)	Social Insurance Number:
Address:	City:
Province:	Postal Code:

Spouse Information:

Name:	
Date of Birth: (D/M/Y)	Social Insurance Number:

Government Programs:

Client Eligibility: (%)	Spouse Eligibility: (%)
No. of Children:	Children's Date of Birth: (D/M/Y)

Analysis Factors

Date of Analysis: (D/M/Y)	
Current Valuation Date: (D/M/Y)	Previous Valuation Date: (D/M/Y)

Income:

Client Gross:	Spouse Gross:
Average Income Tax Rate: (Survivor)	

Illustration Factors:

Death of <input type="checkbox"/> Client or <input type="checkbox"/> Spouse	Investment Rate: (%)
Death in: (No. of Years)	Inflation Rate: (%)

Survivor's Income Requirements: As a % of Family Gross Income **or** As Annual Income

First

Second

Third

Survivor's existing income continues for retirement? Yes No

Income & Estate



Client Name:

Date:

Valuation Date: (D/M/Y) _____

Assets

Tax Treatment

Disposal

Description	Ownership	Value	Class - <i>check</i> (See Legend*)	Growth Rate (%)	Undepreciated Capital Cost	Depreciation Rate (%)	Percentage (%)	Strategy - <i>check</i>
<input type="checkbox"/> Personal Residence			<input type="checkbox"/> NT, <input type="checkbox"/> CG, <input type="checkbox"/> Dep, <input type="checkbox"/> FT, <input type="checkbox"/> Reg, <input type="checkbox"/> LI					<input type="checkbox"/> Never <input type="checkbox"/> at Death or from year _____ for _____ yrs
<input type="checkbox"/> Additional Residence			<input type="checkbox"/> NT, <input type="checkbox"/> CG, <input type="checkbox"/> Dep, <input type="checkbox"/> FT, <input type="checkbox"/> Reg, <input type="checkbox"/> LI					<input type="checkbox"/> Never <input type="checkbox"/> at Death or from year _____ for _____ yrs
<input type="checkbox"/> Real Estate			<input type="checkbox"/> NT, <input type="checkbox"/> CG, <input type="checkbox"/> Dep, <input type="checkbox"/> FT, <input type="checkbox"/> Reg, <input type="checkbox"/> LI					<input type="checkbox"/> Never <input type="checkbox"/> at Death or from year _____ for _____ yrs
<input type="checkbox"/> Personal Effects			<input type="checkbox"/> NT, <input type="checkbox"/> CG, <input type="checkbox"/> Dep, <input type="checkbox"/> FT, <input type="checkbox"/> Reg, <input type="checkbox"/> LI					<input type="checkbox"/> Never <input type="checkbox"/> at Death or from year _____ for _____ yrs
<input type="checkbox"/> Auto/Rec. Equipment			<input type="checkbox"/> NT, <input type="checkbox"/> CG, <input type="checkbox"/> Dep, <input type="checkbox"/> FT, <input type="checkbox"/> Reg, <input type="checkbox"/> LI					<input type="checkbox"/> Never <input type="checkbox"/> at Death or from year _____ for _____ yrs
<input type="checkbox"/> Vested Pension Plan			<input type="checkbox"/> NT, <input type="checkbox"/> CG, <input type="checkbox"/> Dep, <input type="checkbox"/> FT, <input type="checkbox"/> Reg, <input type="checkbox"/> LI					<input type="checkbox"/> Never <input type="checkbox"/> at Death or from year _____ for _____ yrs
<input type="checkbox"/> RRSP's - Client			<input type="checkbox"/> NT, <input type="checkbox"/> CG, <input type="checkbox"/> Dep, <input type="checkbox"/> FT, <input type="checkbox"/> Reg, <input type="checkbox"/> LI					<input type="checkbox"/> Never <input type="checkbox"/> at Death or from year _____ for _____ yrs
<input type="checkbox"/> RRSP's - Spouse			<input type="checkbox"/> NT, <input type="checkbox"/> CG, <input type="checkbox"/> Dep, <input type="checkbox"/> FT, <input type="checkbox"/> Reg, <input type="checkbox"/> LI					<input type="checkbox"/> Never <input type="checkbox"/> at Death or from year _____ for _____ yrs
<input type="checkbox"/> Listed Stocks/Bonds			<input type="checkbox"/> NT, <input type="checkbox"/> CG, <input type="checkbox"/> Dep, <input type="checkbox"/> FT, <input type="checkbox"/> Reg, <input type="checkbox"/> LI					<input type="checkbox"/> Never <input type="checkbox"/> at Death or from year _____ for _____ yrs
<input type="checkbox"/> Life Insurance Portfolio			<input type="checkbox"/> NT, <input type="checkbox"/> CG, <input type="checkbox"/> Dep, <input type="checkbox"/> FT, <input type="checkbox"/> Reg, <input type="checkbox"/> LI					<input type="checkbox"/> Never <input type="checkbox"/> at Death or from year _____ for _____ yrs
<input type="checkbox"/> Business Interests (NRV)			<input type="checkbox"/> NT, <input type="checkbox"/> CG, <input type="checkbox"/> Dep, <input type="checkbox"/> FT, <input type="checkbox"/> Reg, <input type="checkbox"/> LI					<input type="checkbox"/> Never <input type="checkbox"/> at Death or from year _____ for _____ yrs
<input type="checkbox"/> Antiques & Art			<input type="checkbox"/> NT, <input type="checkbox"/> CG, <input type="checkbox"/> Dep, <input type="checkbox"/> FT, <input type="checkbox"/> Reg, <input type="checkbox"/> LI					<input type="checkbox"/> Never <input type="checkbox"/> at Death or from year _____ for _____ yrs
<input type="checkbox"/> Other Assets			<input type="checkbox"/> NT, <input type="checkbox"/> CG, <input type="checkbox"/> Dep, <input type="checkbox"/> FT, <input type="checkbox"/> Reg, <input type="checkbox"/> LI					<input type="checkbox"/> Never <input type="checkbox"/> at Death or from year _____ for _____ yrs
<input type="checkbox"/> Cash			<input type="checkbox"/> NT, <input type="checkbox"/> CG, <input type="checkbox"/> Dep, <input type="checkbox"/> FT, <input type="checkbox"/> Reg, <input type="checkbox"/> LI					<input type="checkbox"/> Never <input type="checkbox"/> at Death or from year _____ for _____ yrs
<input type="checkbox"/>			<input type="checkbox"/> NT, <input type="checkbox"/> CG, <input type="checkbox"/> Dep, <input type="checkbox"/> FT, <input type="checkbox"/> Reg, <input type="checkbox"/> LI					<input type="checkbox"/> Never <input type="checkbox"/> at Death or from year _____ for _____ yrs
<input type="checkbox"/>			<input type="checkbox"/> NT, <input type="checkbox"/> CG, <input type="checkbox"/> Dep, <input type="checkbox"/> FT, <input type="checkbox"/> Reg, <input type="checkbox"/> LI					<input type="checkbox"/> Never <input type="checkbox"/> at Death or from year _____ for _____ yrs

Liabilities

Amortization

Description	Ownership	Value	Period	Rate(%)
<input type="checkbox"/> Current Bills				
<input type="checkbox"/> Notes Payable				
<input type="checkbox"/> Income Taxes				
<input type="checkbox"/> Capital Gains				
<input type="checkbox"/> Property Taxes				
<input type="checkbox"/> Recapture				
<input type="checkbox"/> Mortgages				
<input type="checkbox"/> Bank Loans				
<input type="checkbox"/>				
<input type="checkbox"/>				

Estate Contingencies

Estate Clearance Costs:
Charities / Special Bequests:
Cash Fund:
Education Fund:

*Legend: **NT** · Non-taxable, **CG** · Capital Gains, **Dep** · Depreciable
FT · Fully Taxable, **Reg** · Registered, **LI** · Life Insurance