

Confidential Questionnaire



Circle of Wealth Confidential Questionnaire

The purpose of this questionnaire is to help you in gathering the basic information about your current financial situation which we will need in order to make the best use of our time together. Without knowing everything one is doing financially it is next to impossible to discuss options available because what may be right in one set of circumstances may be harmful in another. Please bring this questionnaire along with the documents listed on the back of this form to our next interview. **All information provided will be strictly confidential.**

A. Family Status

Your Full Name	Date of Birth (mm/dd/yyyy) / /	Birth Place	Social Insurance Number	
Spouse (Full name)	Date of Birth / /	Birth Place	Social Insurance Number	
Child	Date of Birth / /	Birth Place	Social Insurance Number	
Child	Date of Birth / /	Birth Place	Social Insurance Number	
Child	Date of Birth / /	Birth Place	Social Insurance Number	
Your Residence	Street & Number	City	Province	Postal Code
Home Telephone	Emergency Telephone	Name		
Cell Phone	Email Address			

B. Occupation/Income

Yours (title)	Employer		
Employer Address	City	Province	Telephone
Length of Service (years)	Current Base Salary \$		Bonus \$
Spouse (title)	Employer		
Employer Address	City	Province	Telephone
Length of Service (years)	Current Base Salary \$		Bonus \$

C. Mortgages

	Interest Rate	Monthly Payment (including taxes)	Principle	Interest	Months Remaining	Mortgage Unpaid Balance
Your Residence	%	\$	\$	\$		\$
Other Home	%	\$	\$	\$		\$
Other Real Estate	%	\$	\$	\$		\$

D. Real Estate

	Year Purchased	Purchased Price	Ownership (jointly, etc.)	Improvements Capital Expenditures	Current Market Value (estimate)
Your Residence		\$			\$
Other Home		\$			\$
Other Real Estate		\$			\$

E. Savings (List each account separately, by ownership and amount)

Item	Institution	Jointly Held	Yourself	Spouse	Child
Savings Account		\$	\$	\$	\$
In Trust for Account		\$	\$	\$	\$
RESP		\$	\$	\$	\$
Self Directed RSP		\$	\$	\$	\$
Locked in Retirement Account		\$	\$	\$	\$
Registered Pension Plan Company Match		\$	\$	\$	\$
TFSA		\$	\$	\$	\$
How much are you saving on a monthly basis?		\$	\$	\$	\$

F. Investments

Number of Shares	Item	Name	Current Market Values			
			Jointly Held	Yourself	Spouse	Child
Stocks/Bonds			\$	\$	\$	\$
			\$	\$	\$	\$
Mutual Funds			\$	\$	\$	\$
			\$	\$	\$	\$

G. Other Assets (Autos, Boats, Precious Metals, Gems and Art, etc.)

Name	Item	Current Market Values			
		Jointly Held	Yourself	Spouse	Child
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

H. Debts (Includes personal loans, college loans, home improvement loans, car loans, credit cards, store charges, checking credit lines, etc.)

Type of Loan	Monthly Payment	Months Remaining	Loans (Unpaid Balance)	Insured Yes/No
Credit Card (Visa, MasterCard, American Express, Other)	\$		\$	
	\$		\$	
	\$		\$	
Other Credit Cards	\$		\$	
	\$		\$	
Other	\$		\$	
	\$		\$	
Bank Loans (other mortgages, e.g., auto, home improvement, home equity, education, etc.)	\$		\$	
	\$		\$	

I. Insurance (Includes car, homeowner or renters policies, life insurance policies for all members of your family, disability, hospitalization & major medical & other insurance policies)

Name of Company	Family Member Insured	Premium Account	Cash Value	Policy Loans	Amount of Coverage
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Additional Comments (Other factors that could be important to your financial position)

Please provide copies for our next meeting of:

<input type="checkbox"/> Pay Statements	<input type="checkbox"/> Group Benefit Booklet, Benefit Statement and or Summary
<input type="checkbox"/> Investment and Security Statements	<input type="checkbox"/> Wills, Power of Attorney and Trust Documents
<input type="checkbox"/> Bank Statements	<input type="checkbox"/> Tax Returns for the past two years
<input type="checkbox"/> Mortgage and or Line of Credit Statements	<input type="checkbox"/> Canada Pension Plan Statement

Insurance Policies:

<input type="checkbox"/> Medical	<input type="checkbox"/> Car	<input type="checkbox"/> Home	<input type="checkbox"/> Other
<input type="checkbox"/> Life	<input type="checkbox"/> Umbrella	<input type="checkbox"/> Disability Income	<input type="checkbox"/> Other

Document Receipt:

I have received the above checked documents for your review and they will be kept confidential in a place of safe keeping.

Planner Signature:	Date Received:
Representing:	



This questionnaire will remain strictly confidential.

Newmarket, Ontario
Telephone: (905) 853-1400
Facsimile: (905) 853-0032
E-mail: barb@steelefinancial.ca