



PEAK Planner

Date

Prepared for

Prepared by

Personal information ▶

1. IDENTIFICATION OF THE HOLDER

Name: _____
Civil status: Single Common-law Married Divorced/separated Widowed Date of union: _____
Address: _____
City: _____ Province: _____ Postal code: _____
Home phone: _____ Office phone: _____
Cell phone: _____ E-mail: _____
Date of birth (yyyy/mm/dd): _____ SIN: _____ Occupation: _____
Name of employer: _____
Address: _____
At what age would you like to retire? _____ Smoker or non-smoker? _____

2. IDENTIFICATION OF THE CO-HOLDER

Spouse Co-holder (if a joint account) In trust for Other: _____
Name: _____
Home phone: _____
Date of birth (yyyy/mm/dd): _____ SIN: _____ Occupation: _____
Name of employer: _____
Address: _____
Smoker or non-smoker? _____

3. CHILDREN

Name: _____ SIN: _____
Date of birth (yyyy/mm/dd): _____ Phone: _____
Registered investments (RRSP, RESP, other): _____
Name: _____ SIN: _____
Date of birth (yyyy/mm/dd): _____ Phone: _____
Registered investments (RRSP, RESP, other): _____
Name: _____ SIN: _____
Date of birth (yyyy/mm/dd): _____ Phone: _____
Registered investments (RRSP, RESP, other): _____
Name: _____ SIN: _____
Date of birth (yyyy/mm/dd): _____ Phone: _____
Registered investments (RRSP, RESP, other): _____

4. PROFESSIONAL ADVISORS

Accountant: _____ Notary: _____
Lawyer: _____ Other advisor: _____
Bank: _____ Branch: _____
Bank account number: _____

5. DO YOU HAVE A MANDATE IN CASE OF INCAPACITY?

Yes To do

Representatives: _____

6. DO YOU HAVE A WILL?

Yes To do

Executor: _____

Relationship: _____ Date of last review: _____

7. LIFE INSURANCE

Name of insured: _____

Capital insured	Premium	Cash surrender value	Maturity	Beneficiary	Insurance company	Type of insurance

Name of insured: _____

Capital insured	Premium	Cash surrender value	Maturity	Beneficiary	Insurance company	Type of insurance

8. OTHER INSURANCE (disability, long-term care, serious illness, etc.)

Name of insured: _____

Type of insurance	Monthly benefit	Waiting period	Term	Insurance company

Name of insured: _____

Type of insurance	Monthly benefit	Waiting period	Term	Insurance company

Assets ▶

9. CASH ASSETS

Holder

Co-holder

Totals

Chequing account, savings account and cash.

Subtotal: \$ _____

10. INVESTMENTS

Certificates of deposit, bonds, investment funds, stocks, companies, other.

11. TFSA

12. REGISTERED INVESTMENTS

RRSP, RESP, RRIF, RPP or RSIP, URC, other.

13. CAPITAL PROPERTY

Principal residence, secondary residence, land, other.

Price paid	Municipal evaluation	Market value

14. OTHER ASSETS

Cars, personal property, other.

Total assets: \$ _____

Liabilities ▶

15. CURRENT LIABILITIES

Holder

Co-holder

Totals

Credit cards, federal tax, provincial tax, school and municipal tax, bills, other.

	Holder	Co-holder	Totals

16. LOANS

Car, personal, business, investment, consolidation, HBP, other.

	Holder	Co-holder	Totals

17. MORTGAGES

	Holder	Co-holder	Totals

18. OTHER DEBTS

Personal, family, other.

	Holder	Co-holder	Totals

Total liabilities:

\$ _____

19. NET WORTH

Assets-liabilities=

\$ _____

Statement of income and expenses >

20. MONTHLY INCOME

	Holder	Co-holder	Totals
For the year _____			
Salary: _____	_____	_____	_____
Commission: _____	_____	_____	_____
Bonus: _____	_____	_____	_____
Interest: _____	_____	_____	_____
Dividends: _____	_____	_____	_____
Lease: _____	_____	_____	_____
Annuity: _____	_____	_____	_____
Family allowances: _____	_____	_____	_____
Other: _____	_____	_____	_____
Total income:	A _____	_____	_____

21. EXPENSES

Savings: _____	_____	_____	_____
RRSP: _____	_____	_____	_____
Payment on debt and loans: _____	_____	_____	_____
Pension plan contribution: _____	_____	_____	_____
Food: _____	_____	_____	_____
Clothing: _____	_____	_____	_____
Housing: _____ (Mortgage, rent, utilities)	_____	_____	_____
Transportation: _____ (Car, insurance)	_____	_____	_____
Life and disability insurance: _____	_____	_____	_____
Leisure and studies: _____	_____	_____	_____
Other: _____ (Donations, etc.)	_____	_____	_____
Total expenses:	B _____	_____	_____
Net disposable income (A-B):	\$ _____	_____	_____

22. RRSP CONTRIBUTIONS

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
RRSP deduction limit: _____	_____	_____	_____
RRSP unused contribution: _____	_____	_____	_____
RRSP excess contribution: _____	_____	_____	_____

Mandate and priorities >

27. SUMMARY OF INSURANCE NEEDS

28. SUMMARY OF NEEDS UPON RETIREMENT

29. DOCUMENTS REQUIRED

- Financial statements
- Insurance policies
- Federal notice of assessment
- Sample cheque
- Canada Pension Plan statement of contributions
- Investment statements
- Income tax return
- Mortgage statement
- Photo ID
- Québec Pension Plan statement of contributions

