



PEAK Planner

Date

Prepared for

Prepared by

Independence
INTEGRITY ABOVE ALL

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.			

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

17. MORTGAGES			

18. OTHER DEBTS			
Personal, family, other.			

Total liabilities:	\$		
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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: _____

Financial priorities and objectives

23. FINANCIAL OBJECTIVES (1 = more important; 5 = less important)

1 2 3 4 5

Learning to invest effectively

Increasing my income

Providing family income

Analyzing life insurance

Analyzing disability insurance

Reviewing my will

Minimizing/deferring taxes

Assessing tax shelters

Taking out an education fund

1 2 3 4 5

Establishing a savings program

Preparing a comfortable retirement

Reducing borrowing

Reducing my mortgage

Reducing debt payments

Borrowing to invest

Owning my own business

Buying a home

Personal/family reasons

24. INVESTMENT OBJECTIVES

 Security

Income

 Growth

 Liquidity

25. HORIZON

☐ 5 years

10 years

15 years

☐ 20+ years

26. DEFINITION OF OBJECTIVES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

Mandate and priorities ▶

27. SUMMARY OF INSURANCE NEEDS

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

28. SUMMARY OF NEEDS UPON RETIREMENT

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

[illegible]

Date: _____