



# PEAK Planner

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Date

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Prepared for

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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: _____	_____	_____	_____
<b>Total income:</b>	<b>A</b> _____	_____	_____

## 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.)	_____	_____	_____
<b>Total expenses:</b>	<b>B</b> _____	_____	_____
<b>Net disposable income (A-B):</b>	<b>\$</b> _____	_____	_____

## 22. RRSP CONTRIBUTIONS

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







