

SFG LTD – Financial and Estate Planning Report Card

CLIENT NAME:

<p><u>Asset Management</u></p> <p><input type="checkbox"/> RRSP</p> <p><input type="checkbox"/> SPOUSAL RRSP</p> <p><input type="checkbox"/> LIRA</p> <p><input type="checkbox"/> TFSA</p> <p><input checked="" type="checkbox"/> RESP</p> <p><input type="checkbox"/> RRIF/LIF</p> <p><input type="checkbox"/> NON-REGISTERED</p> <p><input type="checkbox"/> GIC</p> <p><input type="checkbox"/> HIGH-INTEREST CHEQUING</p> <p><input type="checkbox"/> RPP/GROUP RRSP</p> <p><input type="checkbox"/> OTHER : _____</p> <p><input type="checkbox"/> OTHER : _____</p> <p><input type="checkbox"/> OTHER : _____</p>	<p><u>Risk Management</u></p> <p><input type="checkbox"/> LIFE INSURANCE</p> <p><input type="checkbox"/> DISABILITY INSURANCE</p> <p><input type="checkbox"/> CRITICAL ILLNESS</p> <p><input type="checkbox"/> LONG TERM CARE</p> <p><input type="checkbox"/> INCOME REPLACEMENT</p> <p><input type="checkbox"/> MORTGAGE INSURANCE</p> <p><input type="checkbox"/> HEALTH BENEFITS</p> <p><input type="checkbox"/> OTHER : _____</p> <p><input type="checkbox"/> OTHER : _____</p> <p><input type="checkbox"/> OTHER : _____</p>
<p><u>Planning Services</u></p> <p><input type="checkbox"/> RETIREMENT PLANNING</p> <p><input type="checkbox"/> FINANCIAL PLANNING</p> <p><input type="checkbox"/> INVESTMENT PLANNING</p> <p><input type="checkbox"/> TAX PLANNING</p> <p><input type="checkbox"/> ESTATE PLANNING</p> <p><input type="checkbox"/> SMALL BUSINESS PLANNING</p> <p><input type="checkbox"/> OTHER : _____</p>	<p><u>Related Items</u></p> <p><input type="checkbox"/> WILLS</p> <p><input type="checkbox"/> POWER OF ATTORNEY</p> <p><input type="checkbox"/> MORTGAGE ASSESSMENT</p> <p><input type="checkbox"/> REFERRALS</p> <p><input type="checkbox"/> OTHER : _____</p>

MISC INFO	
<p><input type="checkbox"/> CHILDREN/DOB (YES / NO)</p> <p style="margin-left: 40px;">○ .</p> <p style="margin-left: 40px;">○ .</p> <p style="margin-left: 40px;">○ .</p> <p><input type="checkbox"/> MORTGAGE AMT: _____</p> <p><input type="checkbox"/> MORTGAGE DATE: _____</p> <p><input type="checkbox"/> MORTGAGE HELD: _____</p> <p><input type="checkbox"/> MORTGAGE INS : YES / NO</p> <p><input type="checkbox"/> ON-LINE ACCESS: YES / NO</p> <p><input type="checkbox"/> EMAIL: _____</p> <p><input type="checkbox"/> RETIREMENT DATE: _____</p> <p><input type="checkbox"/> RETIREMENT INCOME:</p> <p style="margin-left: 40px;">○ _____</p>	<p>GOALS</p> <p><input type="checkbox"/> 0-5:</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> 6-10</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> 10-20</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> 20 PLUS</p> <p><input type="checkbox"/></p>

<p>COMMENTS:</p> <hr/> <hr/> <hr/> <hr/>
