PERSONAL VIEWPOINT

An overview of your estate, economic, risk management and insurance planning from your point of view.

STRICTLY PRIVATE & CONFIDENTIAL

For: ______________________________________________________

Date: ____________________________________________________

FINANCIAL GROUP

Box 1750, 205 Main Street
Three Hills, AB  T0M 2A0
PH: 403-443-2110   FAX: 403-443-2118
THE PERSONAL VIEWPOINT will accomplish two key objectives …

• The nature of the questions will tell you specifically the type of work I do
• Your responses will tell both of us how we should proceed from here.

All information provided is strictly confidential and covered by the Privacy Legislations of Canada.
PERSONAL DATA

FULL NAME: __________________________________________________________

HOME ADDRESS: _______________________________________________________
__________________________________________ POSTAL CODE: ______________

HOME PHONE: ______________________ BUSINESS PHONE: ______________________

CELL PHONE: ______________________

EMPLOYER: __________________________________________________________

BUSINESS ADDRESS: ___________________________________________________
__________________________________________ POSTAL CODE: ______________

BIRTHDATE: ___ / ___ / _____ SIN NUMBER: _____________________________

DRIVERS LICENSE: _____________________________________________________

MARITAL STATUS: ______________________________________________________

NAME OF SPOUSE: ____________________________________________________

BUSINESS PHONE: _______________ CELL PHONE: - _______________________

EMPLOYER: __________________________________________________________

BUSINESS ADDRESS: ___________________________________________________
__________________________________________ POSTAL CODE: ______________

BIRTHDATE: ___ / ___ / _____ SIN NUMBER: _____________________________

DRIVERS LICENSE: _____________________________________________________

CHILD’S NAME: __________________________ D.O.B. ___ / ___ / ______

CHILD’S NAME: __________________________ D.O.B.: ___ / ___ / ______

CHILD’S NAME: __________________________ D.O.B.: ___ / ___ / ______

CHILD’S NAME: __________________________ D.O.B.: ___ / ___ / ______
PERSONAL DATA (Continued)

Please check appropriate comment.

MY/OUR FAMILY INCLUDES:
• NO CHILDREN YET
• _____CHILDREN UNDER 18 YEARS
• _____CHILDREN 18 YEARS OR OVER
• PLANS FOR ADDITIONAL CHILDREN
• NO PLANS FOR CHILDREN

MY/OUR ANNUAL INCOME IS:
• MORE THAN $100,000
• $ 75,000 TO $100,000
• $ 50,000 TO $ 75,000
• $ 25,000 TO $ 50,000
• LESS THAN $ 25,000

MY/OUR LIABILITIES ARE:
• MORE THAN $500,000
• $250,000 TO $500,000
• $100,000 TO $250,000
• $ 50,000 TO $100,000
• LESS THAN $ 50,000

I/WE LIVE IN:
• A HOUSE
• AN APARTMENT/CONDO
• OTHER

I/WE OWN
• A HOME
• PLEASURE PROPERTY
• REVENUE PROPERTY
• A FARM
• A BUSINESS

MY/OUR ASSETS ARE WORTH:
• MORE THAN $500,000
• $250,000 TO $500,000
• $100,000 TO $250,000
• $ 50,000 TO $100,000
• LESS THAN $ 50,000

I/WE HAVE:
• SAVINGS & CERTIFICATES
• STOCK AND/OR BONDS
• MUTUAL FUNDS
• TAX DEFERRED PLANS
• LIVE INSURANCE CASH VALUES
MY VIEWS

PLEASE CIRCLE THE DOTS THAT REFLECT YOUR PERSONAL VIEWS.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>A</td>
<td>ESSENTIAL</td>
<td>B</td>
<td>FAIRLY IMPORTANT</td>
<td>C</td>
</tr>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td></td>
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</tbody>
</table>

1. In my opinion wills and will planning are ... • • • •
2. Assistance from qualified advisors in planning my estate and financial requirements is … • • • •
3. To my spouse, involvement in our financial affairs is ... • • • •
4. A complete understanding of my financial situation and objectives by my advisor is … • • • •
5. If I should ever become disabled, a replacement income would be … • • • •
6. To my spouse, disability income protection is … • • • •
7. Owning adequate personal life insurance is … • • • •
8. My spouse considers a good life insurance program to be … • • • •
9. In the event of my death, paying off all loans & mortgages is ... • • • •
10. When I die, for my family to be able to maintain their current standard of living is … • • • •
11. A competent life insurance advisor who is knowledgeable on products, and their proper usage is … • • • •
12. Saving and accumulating money regularly is ... • • • •
13. Investments that offer high growth potential are ... • • • •
14. Investing in the stock market or mutual funds is ... • • • •
15. In my investments, a low risk factor is ... • • • •
16. Long term retirement income planning is ... • • • •
ESTATE ORGANIZATION

PLEASE CIRCLE THE DOTS THAT REFLECT YOUR PRESENT SITUATION.

Y - YES  N - NO  ? - NOT SURE  X - NOT APPLICABLE

<p>| | | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>I am well informed about estate planning…</td>
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<tr>
<td>2.</td>
<td>I have made specific plans for asset distribution in the event of my death….</td>
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<tr>
<td>3.</td>
<td>My spouse has a full understanding of our estate …</td>
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<td>4.</td>
<td>My will is current and consistent with my estate plans….</td>
<td></td>
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<tr>
<td>5.</td>
<td>My spouse has a valid up-to-date will….</td>
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<tr>
<td>6.</td>
<td>I have appointed a guardian for my minor children …</td>
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<tr>
<td>7.</td>
<td>I have a current list of important personal papers and their location…</td>
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<tr>
<td>8.</td>
<td>My executor is familiar with the contents and location of my will and my estate plans….</td>
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<tr>
<td>9.</td>
<td>I understand the available government death benefits …</td>
<td></td>
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<tr>
<td>10.</td>
<td>I am clear on my employer death benefit program….</td>
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<tr>
<td>11.</td>
<td>I fully understand my life insurance and death benefits…</td>
<td></td>
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<tr>
<td>12.</td>
<td>My life insurance program is consistent with the requirements of my estate plan…</td>
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<tr>
<td>13.</td>
<td>All my beneficiary designations are up to date….</td>
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<tr>
<td>14.</td>
<td>I understand how taxes will be applied to my estate…</td>
<td></td>
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<tr>
<td>15.</td>
<td>I know what income my family will receive from the net proceeds of my estate….</td>
<td></td>
<td></td>
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<tr>
<td>16.</td>
<td>My estate has inflation and standard of living provisions…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>I require assistance in organizing my estate plans….</td>
<td></td>
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</tbody>
</table>
## ECONOMIC DEVELOPMENT

**PLEASE CIRCLE THE DOTS THAT REFLECT YOUR PRESENT SITUATION.**

<table>
<thead>
<tr>
<th></th>
<th>Y - YES</th>
<th>N – NO</th>
<th>? - NOT SURE</th>
<th>X - NOT APPLICABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I know what I want to accomplish financially….</td>
<td>•</td>
<td>•</td>
<td>•</td>
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<tr>
<td>2.</td>
<td>I have fully outlined my financial objectives on paper….</td>
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<tr>
<td>3.</td>
<td>My spouse clearly understands our financial situation….</td>
<td>•</td>
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<tr>
<td>4.</td>
<td>I am good at managing my income/expense flow….</td>
<td>•</td>
<td>•</td>
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<tr>
<td>5.</td>
<td>I maintain a current list of my assets and liabilities….</td>
<td>•</td>
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<tr>
<td>6.</td>
<td>I systematically save and accumulate money for investment opportunities….</td>
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<td>•</td>
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<tr>
<td>7.</td>
<td>My spouse actively participates in our financial affairs….</td>
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<tr>
<td>8</td>
<td>I am satisfied with my present rate of savings and investment accumulation….</td>
<td>•</td>
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<tr>
<td>9.</td>
<td>I have projected my retirement income needs and sources….</td>
<td>•</td>
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<tr>
<td>10.</td>
<td>I understand how life insurance products integrate with my economic development….</td>
<td>•</td>
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<tr>
<td>11.</td>
<td>My employer provides an adequate pension plan….</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>12.</td>
<td>My spouse has an adequate pension plan….</td>
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<tr>
<td>13.</td>
<td>I have a clear understanding of my government retirement benefits….</td>
<td>•</td>
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<tr>
<td>14.</td>
<td>I know how tax deferred retirement plans can be used to my advantage….</td>
<td>•</td>
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<tr>
<td>15.</td>
<td>I maximize my tax deferral contributions each year….</td>
<td>•</td>
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<tr>
<td>16.</td>
<td>I am fully aware of the impact of inflation on my future retirement income….</td>
<td>•</td>
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<tr>
<td>17.</td>
<td>I require assistance in organizing my financial affairs….</td>
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</table>
INCOME/NET WORTH PROTECTION

PLEASE CHECK THE BOXES THAT REFLECT YOUR PRESENT SITUATION.

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<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td>?</td>
<td>X</td>
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</tbody>
</table>

1. I know what income I would require if I were unable to work due to an accident or severe illness… • • • •
2. In the event of a prolonged disability, I know how long I could survive on my present savings…. • • • •
3. My spouse’s income is required to meet our present monthly obligations…. • • • •
4. My loan payments are fully covered by disability income protection…. • • • •
5. My employer provides income replacement coverage if I should become disabled…. • • • •
6. I fully understand the government disability benefits…. • • • •
7. I have an alternative source of income in the event of an extended disability…. • • • •
8. I own personal disability income insurance…. • • • •
9. I understand the definition of “disability” in my program… • • • •
10. The definition of “disability” in my program fully protects me…. • • • •
11. My program has an adequate benefit covering the full length of a disability…. • • • •
12. I have full coverage for long term health care…. • • • •
13. I am satisfied with the amount of coverage provided by my disability income protection…. • • • •
14. My spouse has adequate disability income protection…. • • • •
15. I require assistance in reviewing my disability income program…. • • • •
# INSURANCE PLANNING

1. **PERSONAL LIFE INSURANCE**
   - **SELF**
     - $1,000,000 OR MORE
     - $ 500,000 - $1,000,000
     - $ 250,000 - $500,000
     - $ 100,000 - $250,000
     - LESS THAN $100,000
   - **SPOUSE**
     - •
     - •
     - •
     - •
     - •

2. **LIFE INSURANCE POLICIES**
   - Several Policies
   - No personal Life Insurance policies

3. **LIFE INSURANCE COMPANIES**
   - Several Companies
   - None

4. **TYPE OF PERSONAL LIFE INSURANCE**
   - Term Insurance
   - Cash Value accumulation
   - Association, bank or mortgage insurance
   - Group insurance (at work)
   - Not sure

5. **LAST INSURANCE NEEDS ANALYSIS**
   - More than three years ago
   - One to three years ago
   - Less than a year ago
   - Have never really reviewed needs

6. **INSURABILITY STATUS**
   - Have no real medical problems
   - Have had problems getting coverage
   - Have been declined for coverage

7. **INSURANCE PLANNING ADVISOR**
   - Helps to clearly define needs
   - Has not been very helpful
   - Have no current advisor

8. **LIFE INSURANCE AGENT**
   - Clearly explains products
   - Creates more confusion
   - Simply sells policies
   - Have no current agent
CHANGES

IN THE NEXT YEAR I PLAN TO:

• GRADUATE
• MARRY
• BUY A HOME
• HAVE A CHILD
• CHANGE EMPLOYMENT
• RECEIVE A PROMOTION
• START A BUSINESS
• RECEIVE AN INHERITANCE
• BORROW MONEY
• PAY OFF A LOAN
• SAVE MORE MONEY
• START A FINANCIAL PLAN
• PURCHASE A PROPERTY
• INVEST MORE MONEY
• SELL PROPERTY
• SELL A BUSINESS
• RETIRE
• OTHER_________________________

OTHER PLANS

________________________________________________________
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DISCUSSION PRIORITIES

PERSONAL PRIORITIES
• Personal life insurance
• Insurance for my spouse
• Inflation/standard of living update
• Review of existing coverage
• Mortgage protection
• Mortgage disability protection
• Disability income protection
• Disability protection for my spouse
• Insurance for my children
• Education plans for my children
• Long Term Care protection
• Critical Illness protection
• Net Worth Protection

PLANNING PRIORITIES
• Savings and accumulation
• Building personal wealth
• Planning for retirement
• Maximizing retirement income
• Investment priority planning
• Estate Planning
• Business insurance planning
• Estate taxation concerns
• Lifestyle Planning

OTHER ISSUES
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