



COMPASS

Confidential Questionnaire



COMPASS

Client Name: _____

Date: _____

Advisor: _____

Branch: _____

Phone Number: _____

About You

Personal Information

Name

Street

City

Province

Business Phone

()

Email

Contact Preferences

☐ Phone (☐ Home ☐ Business ☐ Mobile) ☐ Email

Date of Birth

MM / DD / YY

Gender

☐ Male ☐ Female

Citizenship

Marital Status

Occupation

Employer Name (If retired, state previous employer)

Personal Information

Spouse's Name

Street

()

Postal Code

Home Phone

Business Phone

()

Email

Contact Preferences

☐ Phone (☐ Home ☐ Business ☐ Mobile) ☐ Email

Date of Birth

MM / DD / YY

Gender

☐ Male ☐ Female

Citizenship

Marital Status

Occupation

Employer Name (If retired, state previous employer)

About your family

Name

Date of Birth MM / DD / YY

Gender ☐ M ☐ F

Relationship to Client

School/Occupation

Marital Status

Country of Residence

Children of their own (Name and Date of Birth)

Name

Date of Birth MM / DD / YY

Gender ☐ M ☐ F

Relationship to Client

School/Occupation

Marital Status

Country of Residence

Children of their own (Name and Date of Birth)

Name

Date of Birth MM / DD / YY

Gender ☐ M ☐ F

Relationship to Client

School/Occupation

Marital Status

Country of Residence

Children of their own (Name and Date of Birth)

Name

Date of Birth MM / DD / YY

Gender ☐ M ☐ F

Relationship to Client

School/Occupation

Marital Status

Country of Residence

Children of their own (Name and Date of Birth)

About Your Goals

The following list indicates typical objectives that may be relevant to you. You can also state other objectives in the space provided. Please rank the priority of these objectives from 1 to 10 with a one (1) ranking representing your most important objective. When ranking your objectives, ignore any listed objectives that are not relevant.

Priority Ranking

Managing your Cash Flow

- _____ **Cash Flow & Major Purchases** — You wish to ensure that you have convenience & choice for your purchases.
- _____ **Building Equity** — You wish to ensure that you are currently building and protecting the equity in your home(s), vacation property and investment properties.
- _____ **Leveraging Credit** — You wish to ensure that you are properly managing your existing debts.

Accumulating Wealth

- _____ **Retirement** — You wish to ensure adequate retirement income to fund your retirement needs.
- _____ **Education** — You wish to fund your child/children's higher education.
- _____ **Performance/ Diversification** — You wish to ensure that your current asset mix is in line with your investor profile and risk tolerance.
- _____ **Income Taxes** — You wish to ensure that you minimize your annual income taxes now and in the future.

Protecting Wealth

- _____ **Life Insurance** — You wish to ensure your family is properly provided for should you die.
- _____ **Disability Insurance** — You wish to ensure that you have the proper resources in place to provide for your family's living expenses if you are unable to work due to illness or injury and cannot actively build and / or manage your assets.

Transferring Wealth/Legacy Planning

- _____ **Tax Planning** — You wish to ensure that your estate is transferred in the most tax efficient manner.
- _____ **Legacy Planning** — You wish to ensure gifting of specific bequests upon your death (special needs individuals/charitable organizations)
- _____ **Estate Preservation** — You wish to ensure that the value of your estate is maintained upon your death.
- _____ **Business Planning** — You wish to ensure that a proper succession plan is in place in order for your beneficiaries to enjoy the full benefits of your business efforts.

Other Goals and/or General Comments

About Your Net Worth

In order for us to properly analyze your current asset mix and provide you with appropriate recommendations we require the details of your investment portfolios as indicated below. We appreciate that this might be an onerous task but ask you to work in conjunction with your RBC Advisor to complete this section.

- 1) All investments are to be stated in Canadian currency.
- 2) Use a different line for each separate investment.

Indicate the date of the statement account used to complete this section (MM/DD/YY): _____

Non-Registered Accounts

Description	Financial Institution	Investment Type Cdn/U.S./Foreign	Ownership You / Your Spouse Joint or Holding Co.	Market Value	Cost Basis
Cash				\$	\$
				\$	\$
				\$	\$
				\$	\$
Fixed Income				\$	\$
				\$	\$
				\$	\$
				\$	\$
Equities				\$	\$
				\$	\$
				\$	\$
				\$	\$
Other				\$	\$
				\$	\$
				\$	\$
				\$	\$

Registered Accounts

Description*	Financial Institution	Investment Type Cdn/U.S./Foreign	Ownership You / Your Spouse	Market Value	Beneficiary Designation
Cash				\$	
				\$	
				\$	
				\$	
Fixed Income				\$	
				\$	
				\$	
				\$	
Equities				\$	
				\$	
				\$	
				\$	

*Please indicate if (RSP/RIF/LIRA/LIF/LRIF/IPP or Defined Contribution Pension Plans)

About Your Net Worth

Remember:

- 1) All assets are to be stated in Canadian currency.
- 2) Use a different line for each separate asset.

Lifestyle Assets

Description	Ownership You/Spouse/Joint	Market Value	ACB Cost Basis	Purchase date (if known)	Future Sale date
Home		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

Description	Ownership You/Spouse/Joint	Market Value	ACB Cost Basis	Ownership Structure*	Annual Growth	Future Sale date
Business Assets						
1)		\$	\$		%	
2)		\$	\$		%	
3)		\$	\$		%	
4)		\$	\$		%	

*Indicate if Corporation, Partnership or Sole Proprietorship

Additional Details Required:

If you own an operating company, is it a "Small business corporation" as per Income Tax Act? ☐ Yes ☐ No

Have you taken your \$500,000 capital gains exemption? ☐ Yes ☐ No

If so, provide details _____

Do you have a buy-sell agreement? ☐ Yes ☐ No

If yes, indicate the date of the agreement: _____

Is your buy-sell agreement funded? ☐ Yes ☐ No

Liabilities

Description	Mortgage	Loan 2	Loan 3	Loan 4
Financial Institution				
Ownership: You, Spouse or Joint				
Indicate related assets				
Deductible Yes/No				
Insured Yes/No				
Original loan amount				
Balance owing				
Monthly payment				
Interest rate				
Payment type*				
As of (MM/YY)				

*Please indicate I = Interest Only, P & I = Principal & interest or P = Principal Only

About Your Cash Flow

Your Incomes

Income sources can include:

- | | | |
|---|---|---|
| <input type="checkbox"/> Salary / Bonus | <input type="checkbox"/> Tax Free Income | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Self-employment Income | <input type="checkbox"/> Royalty Income | <input type="checkbox"/> Alimony Payments |
| <input type="checkbox"/> Net Rental Income | <input type="checkbox"/> Other Trust Income | <input type="checkbox"/> Taxable Benefits |

Income Source Description	Recipient	Amount	Frequency	Taxable Y/N	Start Date	Stop Date*	Rate of Inflation
Salary	You	\$		Y			%
Salary	Your Spouse	\$		Y			%
		\$					%
		\$					%
		\$					%
		\$					%

Your Living Expenses

Include your everyday living expenses. Do not include debt payments, life insurance premiums, savings strategies or temporary expenses. These will be covered in another section.

Description	Monthly	Annual
Food	\$	\$
Household (Utilities, Property Taxes or Rent)	\$	\$
Transportation (Maintenance, Gas, Parking)	\$	\$
Insurance (Home, Auto)	\$	\$
Clothing	\$	\$
Entertainment	\$	\$
Vacation	\$	\$
Alimony Payments (Non-Deductible)	\$	\$
Other	\$	\$
Your Total Living Expenses		\$

How are your expenses allocated? You _____ % Your Spouse _____ %

If no guidance is provided we will allocate based on your Gross Incomes or your Net Worth.

Your Tax Deductible Expenses

Description	Payer	Monthly	Annual	Stop Date*
Professional / Union Dues		\$	\$	
Child Care		\$	\$	
Tuition Fees		\$	\$	
Medical Expenses		\$	\$	
Charitable Donations		\$	\$	
Child Support Payments		\$	\$	
Alimony Payments		\$	\$	
Other		\$	\$	

*If no date is provided we will continue until your retirement.

About Your Cash Flow

Temporary Income or Capital Receipts

Description	Recipient (You /Your Spouse)	Taxable (Y/N)	Start Year	Number of Years	Annual Amount
Example: Inheritance	You	N	2005	1	\$100,000
1.					\$
2.					\$
3.					\$
4.					\$

*Do you anticipate receiving an inheritance from outside of Canada?

☐ Yes ☐ No

If yes, specify from where: _____

Temporary Future Expenses, Lump Sum Expenses or Reoccurring Expenses

Description	Payer	Start Year	Number of Years	Annual Expense
Example: New Car	You	2005	every 5 years	\$40,000
1.				\$
2.				\$
3.				\$
4.				\$

What are your current savings strategies?

Non-Registered Savings (Investment Portfolios and/or Company Plans)

Description	Contributor	Amount	Employer Contribution	Frequency	Start Date	Stop* Date
		\$	\$			
		\$	\$			
		\$	\$			

Registered Savings (RSP, Spousal RSP or Defined Contribution[†])**

Description	Contributor	Amount	Employer Contribution	Frequency	Start Date	Stop* Date
		\$	\$			
		\$	\$			
		\$	\$			

* If no date is provided we will continue until your Retirement

** Please enter any contributions to your Defined Benefit plan on the following page.

† Enter the market value of your Defined Contribution on *About Your Net Worth*.

As indicated in your most recent Canada Revenue Agency notice of assessment:

	You	Your Spouse
Indicate your Pension Adjustment amount	\$	\$
Indicate any unused RSP carry forward from previous years	\$	\$
Indicate any unrealized capital losses	\$	\$

About Your Retirement

	You	Your Spouse
Your anticipated retirement Age:	_____	_____
Your anticipated Retirement Expenses? (determined on page 6)	\$ _____	\$ _____
(How will your expenses allocated)	_____ %	_____ %
Your anticipated retirement incomes		
<input type="checkbox"/> Canadian or Quebec Pension Plan		
Number of Years Contributed	_____	_____
Anticipated benefit at age 65: (\$ or %)	_____	_____
Please provide a statement if available		
<input type="checkbox"/> Old Age Security		
Number of Years Resided in Canada	_____	_____
Anticipated benefit at age 65:	_____ %	_____ %
<input type="checkbox"/> Defined Benefit Pension Plan		
Your annual contribution	\$ _____	\$ _____
Benefit Start Date	_____	_____
Integrated with CPP/QPP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indexation during retirement	_____ %	_____ %
Estimated benefit (in today's \$)	\$ _____	\$ _____
Estimated survivor benefit	_____ %	_____ %
Please provide a statement if available		
<input type="checkbox"/> Other Pensions or Annuity Income		
Start Year	_____	_____
Number of Years	_____	_____
Indexation during retirement	_____ %	_____ %
Estimated benefit (in today's \$)	\$ _____	\$ _____
Estimate survivor benefit	_____ %	_____ %
<input type="checkbox"/> Retiring Allowance		
Anticipated Date of Receipt	_____	_____
Anticipated Amount	\$ _____	\$ _____
Amount Transferable to RSP	\$ _____	\$ _____

About Your Education Goal(s)

Child's Name	Start Year/Age	Years of Attendance	Estimated* Annual Cost	Amount Saved to Date	RESP Yes/No	Annual Contribution
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		

*Indicate future expenses as they would cost today. We will make any necessary adjustments for inflation.

About Your Estate

A life expectancy assumption of age 90 is used for all our financial plans. Is there any medical reason, or other, that would justify us using a reduced assumption: _____

If so, please indicate the desired life expectancy for your financial plan: You _____ Your Spouse _____

Your Death

Your Spouse's Death

In the event of your death, what will your surviving family's Annual Living Expenses be? (As a % of Your Total Living Expenses determined on page 6)

_____ %

_____ %

Do you have a will? ☐ Yes ☐ No – Date _____

Does it reflect your current wishes? ☐ Yes ☐ No

Comments: _____

Are you comfortable with the executor of your estate? ☐ Yes ☐ No

Comments: _____

Do you have a Power of Attorney/Mandate? ☐ Yes ☐ No – Date _____

What would you want to have happen if you died tomorrow? _____

Have you put a plan in place to ensure your family/dependents are provided for? _____

Do you anticipate the need to assist dependents/family members with special needs? ☐ Yes ☐ No

Comments: _____

Please be guided by the questions below when filling in the following table:

Who do you want to be a beneficiary of your estate?

How much do you hope to provide your beneficiaries with?

What specifically do you intend to transfer (assets, etc) to cover these needs?

When do you wish to provide for your beneficiaries (Year needed if prior to your death)?

Beneficiary Name(s)	Where do they reside?	Amount/Share of your Estate you hope to Transfer	What assets do you hope will cover these needs	Date (Year or at Death) you hope to Transfer

Charity Name(s)	Where is it registered?	Amount/Share of your Estate you hope to Transfer	What assets do you hope will cover these needs	Date (Year or at Death) you hope to Transfer

Protecting Your Wealth

Life Insurance

	Policy 1	Policy 2	Policy 3	Policy 4
Insured Member				
Owner				
Beneficiary				
Premium Payer				
Insurance Company				
Policy Type				
Death Benefit	\$	\$	\$	\$
Cash Surrender Value	\$	\$	\$	\$
Anniversary Date				
Coverage Cease at Age/Date				
Annual Amount	\$	\$	\$	\$
Premiums Cease at Age				
Group Policy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Disability Insurance

	Policy 1	Policy 2	Policy 3	Policy 4
Insured Member				
Premium Payer				
Group Policy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance Company				
Policy Type				
Anniversary Date				
Short Term Coverage				
Number of Months				
Benefit				
Taxable	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Long Term Coverage				
Number of Months				
Benefit				
Taxable	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Supplementary Coverage				
Number of Months				
Benefit				
Taxable	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Benefit Indexed by Inflation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Waiting Period (After Disability)				
Premium Amount	\$	\$	\$	\$
Premium Cease at Age				

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www.rbcinvestments.com



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