

myGPSTM

QUESTIONNAIRE



RBC Wealth Management

ABOUT YOU

Client A		Client B	
Name		Name	
Date of birth	mm/yyyy	Date of birth	mm/yyyy
Citizenship		Citizenship	
Province of residency		Province of residency	
Occupation		Occupation	
If Business Owner	Incorporated <input type="checkbox"/> Unincorporated <input type="checkbox"/>	If Business Owner	Incorporated <input type="checkbox"/> Unincorporated <input type="checkbox"/>
If Employee	Do you receive stock options? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Employee	Do you receive stock options? Yes <input type="checkbox"/> No <input type="checkbox"/>

ABOUT YOUR CHILDREN

	Child A	Child B	Child C
Name			
Date of birth	mm/yyyy	mm/yyyy	mm/yyyy
Citizenship			
Province of residency			

	Child D	Child E	Child F
Name			
Date of birth	mm/yyyy	mm/yyyy	mm/yyyy
Citizenship			
Province of residency			

ABOUT YOUR PARENTS

	Client A Parent 1	Client A Parent 2	Client B Parent 1	Client B Parent 2
Name				
Date of birth	mm/yyyy	mm/yyyy	mm/yyyy	mm/yyyy
Citizenship				
Province of residency				

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ABOUT YOUR NET WORTH

INVESTABLE ASSETS

Institution	Ownership	Account Type	Account #	Market Value	Book Value (purchase cost)
	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint <input type="checkbox"/>				
	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint <input type="checkbox"/>				
	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint <input type="checkbox"/>				
	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint <input type="checkbox"/>				
	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint <input type="checkbox"/>				
	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint <input type="checkbox"/>				
	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint <input type="checkbox"/>				

LIFESTYLE ASSETS

Property Type	Ownership	Market Value	Purchase Price	Country	Province/State	Year of Purchase	Year of Sale
Principal <input type="checkbox"/> Secondary <input type="checkbox"/> Investment <input type="checkbox"/> Other <input type="checkbox"/>	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint <input type="checkbox"/>			Canada <input type="checkbox"/> U.S. <input type="checkbox"/> Other <input type="checkbox"/>			
Principal <input type="checkbox"/> Secondary <input type="checkbox"/> Investment <input type="checkbox"/> Other <input type="checkbox"/>	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint <input type="checkbox"/>			Canada <input type="checkbox"/> U.S. <input type="checkbox"/> Other <input type="checkbox"/>			
Principal <input type="checkbox"/> Secondary <input type="checkbox"/> Investment <input type="checkbox"/> Other <input type="checkbox"/>	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint <input type="checkbox"/>			Canada <input type="checkbox"/> U.S. <input type="checkbox"/> Other <input type="checkbox"/>			
Principal <input type="checkbox"/> Secondary <input type="checkbox"/> Investment <input type="checkbox"/> Other <input type="checkbox"/>	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint <input type="checkbox"/>			Canada <input type="checkbox"/> U.S. <input type="checkbox"/> Other <input type="checkbox"/>			

LIABILITIES

Type	Ownership	Balance (\$)	Rate (%)	Renewal Date	Amortization (years until paid off)
Mortgage <input type="checkbox"/> Personal Loan <input type="checkbox"/> Investment Loan <input type="checkbox"/>	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint <input type="checkbox"/>			mm / dd / yyyy	
Mortgage <input type="checkbox"/> Personal Loan <input type="checkbox"/> Investment Loan <input type="checkbox"/>	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint <input type="checkbox"/>			mm / dd / yyyy	
Mortgage <input type="checkbox"/> Personal Loan <input type="checkbox"/> Investment Loan <input type="checkbox"/>	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint <input type="checkbox"/>			mm / dd / yyyy	
Mortgage <input type="checkbox"/> Personal Loan <input type="checkbox"/> Investment Loan <input type="checkbox"/>	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint <input type="checkbox"/>			mm / dd / yyyy	

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ABOUT YOUR CASH FLOW

INCOME

Client	Income Type	Annual Amount (\$)	Start	End
Client A <input type="checkbox"/> Client B <input type="checkbox"/>	Employment <input type="checkbox"/> Rental <input type="checkbox"/> Other Taxable <input type="checkbox"/> Other Non-Taxable <input type="checkbox"/>		Current Age <input type="checkbox"/> At Retirement <input type="checkbox"/> At Age _____ At Year _____	Until Retirement <input type="checkbox"/> At Life Expectancy <input type="checkbox"/> At Age _____ At Year _____
Client A <input type="checkbox"/> Client B <input type="checkbox"/>	Employment <input type="checkbox"/> Rental <input type="checkbox"/> Other Taxable <input type="checkbox"/> Other Non-Taxable <input type="checkbox"/>		Current Age <input type="checkbox"/> At Retirement <input type="checkbox"/> At Age _____ At Year _____	Until Retirement <input type="checkbox"/> At Life Expectancy <input type="checkbox"/> At Age _____ At Year _____
Client A <input type="checkbox"/> Client B <input type="checkbox"/>	Employment <input type="checkbox"/> Rental <input type="checkbox"/> Other Taxable <input type="checkbox"/> Other Non-Taxable <input type="checkbox"/>		Current Age <input type="checkbox"/> At Retirement <input type="checkbox"/> At Age _____ At Year _____	Until Retirement <input type="checkbox"/> At Life Expectancy <input type="checkbox"/> At Age _____ At Year _____
Client A <input type="checkbox"/> Client B <input type="checkbox"/>	Employment <input type="checkbox"/> Rental <input type="checkbox"/> Other Taxable <input type="checkbox"/> Other Non-Taxable <input type="checkbox"/>		Current Age <input type="checkbox"/> At Retirement <input type="checkbox"/> At Age _____ At Year _____	Until Retirement <input type="checkbox"/> At Life Expectancy <input type="checkbox"/> At Age _____ At Year _____

EXPENSES

Client	Expense Type	Annual Amount (\$)	Start	End
Client A <input type="checkbox"/> Client B <input type="checkbox"/>	Retirement <input type="checkbox"/> Lifestyle <input type="checkbox"/> Donations <input type="checkbox"/> Other Indexed <input type="checkbox"/> Other Non-Indexed <input type="checkbox"/>		Current Age <input type="checkbox"/> At Retirement <input type="checkbox"/> At Age _____ At Year _____	Until Retirement <input type="checkbox"/> At Life Expectancy <input type="checkbox"/> At Age _____ At Year _____
Client A <input type="checkbox"/> Client B <input type="checkbox"/>	Retirement <input type="checkbox"/> Lifestyle <input type="checkbox"/> Donations <input type="checkbox"/> Other Indexed <input type="checkbox"/> Other Non-Indexed <input type="checkbox"/>		Current Age <input type="checkbox"/> At Retirement <input type="checkbox"/> At Age _____ At Year _____	Until Retirement <input type="checkbox"/> At Life Expectancy <input type="checkbox"/> At Age _____ At Year _____
Client A <input type="checkbox"/> Client B <input type="checkbox"/>	Retirement <input type="checkbox"/> Lifestyle <input type="checkbox"/> Donations <input type="checkbox"/> Other Indexed <input type="checkbox"/> Other Non-Indexed <input type="checkbox"/>		Current Age <input type="checkbox"/> At Retirement <input type="checkbox"/> At Age _____ At Year _____	Until Retirement <input type="checkbox"/> At Life Expectancy <input type="checkbox"/> At Age _____ At Year _____
Client A <input type="checkbox"/> Client B <input type="checkbox"/>	Retirement <input type="checkbox"/> Lifestyle <input type="checkbox"/> Donations <input type="checkbox"/> Other Indexed <input type="checkbox"/> Other Non-Indexed <input type="checkbox"/>		Current Age <input type="checkbox"/> At Retirement <input type="checkbox"/> At Age _____ At Year _____	Until Retirement <input type="checkbox"/> At Life Expectancy <input type="checkbox"/> At Age _____ At Year _____
Client A <input type="checkbox"/> Client B <input type="checkbox"/>	Retirement <input type="checkbox"/> Lifestyle <input type="checkbox"/> Donations <input type="checkbox"/> Other Indexed <input type="checkbox"/> Other Non-Indexed <input type="checkbox"/>		Current Age <input type="checkbox"/> At Retirement <input type="checkbox"/> At Age _____ At Year _____	Until Retirement <input type="checkbox"/> At Life Expectancy <input type="checkbox"/> At Age _____ At Year _____
Client A <input type="checkbox"/> Client B <input type="checkbox"/>	Retirement <input type="checkbox"/> Lifestyle <input type="checkbox"/> Donations <input type="checkbox"/> Other Indexed <input type="checkbox"/> Other Non-Indexed <input type="checkbox"/>		Current Age <input type="checkbox"/> At Retirement <input type="checkbox"/> At Age _____ At Year _____	Until Retirement <input type="checkbox"/> At Life Expectancy <input type="checkbox"/> At Age _____ At Year _____

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ABOUT YOUR CASH FLOW

SAVINGS

Client	Income Type	Annual Amount (\$)	Start	End
Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint (non-registered only) <input type="checkbox"/>	Non-Registered <input type="checkbox"/> RRSP <input type="checkbox"/> TFSA <input type="checkbox"/>		Current Age <input type="checkbox"/> At Retirement <input type="checkbox"/> At Age _____ At Year _____	Until Retirement <input type="checkbox"/> At Life Expectancy <input type="checkbox"/> At Age _____ At Year _____
Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint (non-registered only) <input type="checkbox"/>	Non-Registered <input type="checkbox"/> RRSP <input type="checkbox"/> TFSA <input type="checkbox"/>		Current Age <input type="checkbox"/> At Retirement <input type="checkbox"/> At Age _____ At Year _____	Until Retirement <input type="checkbox"/> At Life Expectancy <input type="checkbox"/> At Age _____ At Year _____
Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint (non-registered only) <input type="checkbox"/>	Non-Registered <input type="checkbox"/> RRSP <input type="checkbox"/> TFSA <input type="checkbox"/>		Current Age <input type="checkbox"/> At Retirement <input type="checkbox"/> At Age _____ At Year _____	Until Retirement <input type="checkbox"/> At Life Expectancy <input type="checkbox"/> At Age _____ At Year _____
Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint (non-registered only) <input type="checkbox"/>	DCPP Employee <input type="checkbox"/> DCPP Employer <input type="checkbox"/>		Current Age <input type="checkbox"/> At Retirement <input type="checkbox"/> At Age _____ At Year _____	Until Retirement <input type="checkbox"/> At Life Expectancy <input type="checkbox"/> At Age _____ At Year _____
Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint (non-registered only) <input type="checkbox"/>	DCPP Employee <input type="checkbox"/> DCPP Employer <input type="checkbox"/>		Current Age <input type="checkbox"/> At Retirement <input type="checkbox"/> At Age _____ At Year _____	Until Retirement <input type="checkbox"/> At Life Expectancy <input type="checkbox"/> At Age _____ At Year _____
Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint (non-registered only) <input type="checkbox"/>	Other <input type="checkbox"/> _____		Current Age <input type="checkbox"/> At Retirement <input type="checkbox"/> At Age _____ At Year _____	Until Retirement <input type="checkbox"/> At Life Expectancy <input type="checkbox"/> At Age _____ At Year _____

PENSION

Client	Annual Benefit (Future \$)	Indexed to Inflation?	Pension Start Date	Pension Reduced at 65	Reduction Amount (Future \$)	Commuted Value
Client A		Yes <input type="checkbox"/> No <input type="checkbox"/>	mm/dd/yyyy	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Client A		Yes <input type="checkbox"/> No <input type="checkbox"/>	mm/dd/yyyy	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Client B		Yes <input type="checkbox"/> No <input type="checkbox"/>	mm/dd/yyyy	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Client B		Yes <input type="checkbox"/> No <input type="checkbox"/>	mm/dd/yyyy	Yes <input type="checkbox"/> No <input type="checkbox"/>		

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ABOUT YOUR INSURANCE COVERAGE

OTHER INSURANCE COVERAGE

Client	Disability	Critical Illness	Long-Term Care
Client A	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Client B	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

ABOUT YOUR INSURANCE COVERAGE

LIFE INSURANCE COVERAGE

Ownership	Type	Insured	Death Benefit (\$)	Beneficiary	Cease Date
Client A <input type="checkbox"/> Client B <input type="checkbox"/>	Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life <input type="checkbox"/> Joint Last-to-Die <input type="checkbox"/> Joint First-to-Die <input type="checkbox"/> Group <input type="checkbox"/>	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Child _____ Parent _____		Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Parents <input type="checkbox"/> Estate <input type="checkbox"/> Other <input type="checkbox"/>	mm/dd/yyyy
Client A <input type="checkbox"/> Client B <input type="checkbox"/>	Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life <input type="checkbox"/> Joint Last-to-Die <input type="checkbox"/> Joint First-to-Die <input type="checkbox"/> Group <input type="checkbox"/>	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Child _____ Parent _____		Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Parents <input type="checkbox"/> Estate <input type="checkbox"/> Other <input type="checkbox"/>	mm/dd/yyyy
Client A <input type="checkbox"/> Client B <input type="checkbox"/>	Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life <input type="checkbox"/> Joint Last-to-Die <input type="checkbox"/> Joint First-to-Die <input type="checkbox"/> Group <input type="checkbox"/>	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Child _____ Parent _____		Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Parents <input type="checkbox"/> Estate <input type="checkbox"/> Other <input type="checkbox"/>	mm/dd/yyyy
Client A <input type="checkbox"/> Client B <input type="checkbox"/>	Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life <input type="checkbox"/> Joint Last-to-Die <input type="checkbox"/> Joint First-to-Die <input type="checkbox"/> Group <input type="checkbox"/>	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Child _____ Parent _____		Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Parents <input type="checkbox"/> Estate <input type="checkbox"/> Other <input type="checkbox"/>	mm/dd/yyyy
Client A <input type="checkbox"/> Client B <input type="checkbox"/>	Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life <input type="checkbox"/> Joint Last-to-Die <input type="checkbox"/> Joint First-to-Die <input type="checkbox"/> Group <input type="checkbox"/>	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Child _____ Parent _____		Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Parents <input type="checkbox"/> Estate <input type="checkbox"/> Other <input type="checkbox"/>	mm/dd/yyyy
Client A <input type="checkbox"/> Client B <input type="checkbox"/>	Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life <input type="checkbox"/> Joint Last-to-Die <input type="checkbox"/> Joint First-to-Die <input type="checkbox"/> Group <input type="checkbox"/>	Client A <input type="checkbox"/> Client B <input type="checkbox"/> Child _____ Parent _____		Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Parents <input type="checkbox"/> Estate <input type="checkbox"/> Other <input type="checkbox"/>	mm/dd/yyyy

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ABOUT YOUR ESTATE PLAN

Client A		Client B	
Do you have an up-to-date Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have an up-to-date Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an up-to-date Power of Attorney/Mandate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have an up-to-date Power of Attorney/Mandate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you be an executor/liquidator of someone's estate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you be an executor/liquidator of someone's estate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who will be the executor/liquidator of your estate?		Who will be the executor/liquidator of your estate?	

ABOUT YOUR RETIREMENT

Client A		Client B	
What is the age you intend to retire?		What is the age you intend to retire?	
Annual Pension Adjustment		Annual Pension Adjustment	
Amount of unused RRSP room?		Amount of unused RRSP room?	
Do you expect to receive CPP/QPP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you expect to receive CPP/QPP?	Yes <input type="checkbox"/> No <input type="checkbox"/>
At what age will you be receiving CPP/QPP? (between ages 60-70)		At what age will you be receiving CPP/QPP? (between ages 60-70)	
What percentage of CPP/QPP will you be receiving?		What percentage of CPP/QPP will you be receiving?	
What are your anticipated expenses in retirement (in today's \$)?		What are your anticipated expenses in retirement (in today's \$)?	
If you have any locked-in plans, which jurisdiction will they be converted?		If you have any locked-in plans, which jurisdiction will they be converted?	
Do you plan to maximize your annual RRSP contributions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you plan to maximize your annual RRSP contributions?	Yes <input type="checkbox"/> No <input type="checkbox"/>

ABOUT YOUR GOALS

Name of Goal	Goal Owner	Start Date	Value of Goal (\$)	End Date	Priority
	Client A <input type="checkbox"/> Client B <input type="checkbox"/>	mm/dd/yyyy		mm/dd/yyyy	Aspirational <input type="checkbox"/> Nice to Have <input type="checkbox"/> Must Have <input type="checkbox"/>
	Client A <input type="checkbox"/> Client B <input type="checkbox"/>	mm/dd/yyyy		mm/dd/yyyy	Aspirational <input type="checkbox"/> Nice to Have <input type="checkbox"/> Must Have <input type="checkbox"/>
	Client A <input type="checkbox"/> Client B <input type="checkbox"/>	mm/dd/yyyy		mm/dd/yyyy	Aspirational <input type="checkbox"/> Nice to Have <input type="checkbox"/> Must Have <input type="checkbox"/>
	Client A <input type="checkbox"/> Client B <input type="checkbox"/>	mm/dd/yyyy		mm/dd/yyyy	Aspirational <input type="checkbox"/> Nice to Have <input type="checkbox"/> Must Have <input type="checkbox"/>