



# COMPASS

Confidential Questionnaire



Printing Options

Once Compass questionnaire is completed, save the file and click on the link below (then attached questionnaire):

[New Compass Questionnaire \(FOR INTERNAL USE ONLY\)](#)

Client Name:

Household ID #

Date:

Advisor:

Branch:

Phone Number:

Additional Notes:

## About You

### You

Surname	<input type="text"/>		
Given Name	<input type="text"/>		
Date of Birth	<input type="text"/>	Gender	<input type="text"/>
Marital Status	<input type="text"/>		
Years Living Together	<input type="text"/>	Retired	<input type="text"/>
Citizenship	<input type="text"/>		

### Your Spouse

Surname	<input type="text"/>		
Spouse's Given Name	<input type="text"/>		
Date of Birth	<input type="text"/>	Gender	<input type="text"/>
Retired	<input type="text"/>		
Citizenship	<input type="text"/>		

### Address

Street	<input type="text"/>		
Province	<input type="text"/>	Postal Code	<input type="text"/>
Email	<input type="text"/>		

City	<input type="text"/>		
Home Phone	<input type="text"/>		
Email	<input type="text"/>		

### Employment (If Applicable)

Occupation	<input type="text"/>
Employer Name	<input type="text"/>

Occupation	<input type="text"/>
Employer Name	<input type="text"/>

## About Your Parents

### Your Parents

#### Parent 1

#### Parent 2

### Your Spouse's Parents

#### Parent 1

#### Parent 2

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Residence	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Citizenship	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## About Your Family

### Child 1

### Child 2

### Child 3

### Child 4

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (DOB)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Residence	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Citizenship	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Client	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child from previous relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School / Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Children of Their Own - Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Children of Their Own - DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Children of Their Own - Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Children of Their Own - DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Notes:

## About Your Goals

Goals and Objectives are the foundation of any comprehensive financial plan. Specific information about your goals and objectives will allow us to understand your priorities and concerns. Our goal is to reflect them in your personalised financial plan and answer your needs.

Explore the following categories and address those that are most pertinent to your personal situation – both on a financial and emotional level.

### Wealth Accumulation

Wealth Accumulation is the process of amassing savings to fund a major goal (i.e. retirement or education funding) or a major purchase (i.e. real estate, lifestyle assets). Identify major goals and/or purchases which are priorities to you. Remember that being specific will allow us to better analyze your ability to meet that goal or make that purchase. For example, telling us when you wish to retire and what you wish your lifestyle to be during retirement will clarify your expectations.

Typical objectives that may be relevant to you

<i>Retirement</i>	<i>Performance/Diversification</i>
<i>Education</i>	<i>Income Taxes</i>

### Wealth Conversion to Income

Converting wealth to income involves maximizing the after-tax income generated by your assets to meet your lifestyle needs. This could be as simple as generating investment income from your portfolio and could be as complex as converting a business asset to disposable income.

Identify and describe any current wealth conversion objectives or concerns and identify strategies that may already be in place.

Typical objectives that may be relevant to you

<i>Cash Flow</i>	<i>Building Equity</i>
<i>Major Purchases</i>	<i>Leveraging Credit</i>

### Wealth Transfer

Wealth Transfer involves the use of strategies to create and protect your wealth for your family and/or for a charity. Wealth transfer strategies may include will planning, the use of trusts, estate preservation, charitable gifting, and business succession planning.

Identify and describe any objectives or concerns you may have regarding wealth transfer. Identify any strategies that have been put in place to facilitate wealth transfer.

Typical objectives that may be relevant to you

<i>Tax Planning</i>	<i>Estate Preservation</i>
<i>Legacy Planning</i>	<i>Business Planning</i>

### Wealth Protection

Wealth Protection involves the use of strategies to protect your wealth, your lifestyle and to protect your independence from the risk of disability, illness or death. Wealth protection may also include creditor protection, power of attorneys and family law issues.

Identify and describe any wealth protection objectives or concerns that are important to you.

Typical objectives that may be relevant to you

<i>Life Insurance</i>	<i>Disability Insurance</i>
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Based on your personal situation, please list your most important goals in order of priority.

Also list any issues or questions you would like your personal plan to answer.

1.

2.

3.

4.

5.

## Asset Allocation

Statement Date: (MM/DD/YYYY)

In order to properly analyze your current asset mix and provide you with appropriate recommendations we require the details of your investment portfolios and profile 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.

Personal Assets	You		Fixed Income		Equities			Total (\$)
Investment Assets Held at RBC (\$)		Cash (\$)	Canadian (\$)	Foreign (\$)	Canadian (\$)	US (\$)	Foreign (\$)	
Non-Registered - Fair Market Value (FMV)		0	0	0	0	0	0	0
Non-Registered - Adjusted Cost Base (ACB)		0	0	0	0	0	0	0
Registered Savings Plan (RSP/RIF)		0	0	0	0	0	0	0
Locked-in Registered Plan (LIRA/DCPP/LIF)		0	0	0	0	0	0	0
Investment Assets Held Outside RBC (\$)		Cash (\$)	Canadian (\$)	Foreign (\$)	Canadian (\$)	US (\$)	Foreign (\$)	
Non-Registered - FMV		0	0	0	0	0	0	0
Non-Registered - ACB		0	0	0	0	0	0	0
Registered Savings Plan (RSP/RIF)		0	0	0	0	0	0	0
Locked-in Registered Plan (LIRA/DCPP/LIF)		0	0	0	0	0	0	0
TOTAL (\$)		0	0	0	0	0	0	0

Personal Assets	Your Spouse		Fixed Income		Equities			Total (\$)
Investment Assets Held at RBC (\$)		Cash (\$)	Canadian (\$)	Foreign (\$)	Canadian (\$)	US (\$)	Foreign (\$)	
Non-Registered - FMV		0	0	0	0	0	0	0
Non-Registered - ACB		0	0	0	0	0	0	0
Registered Savings Plan (RSP/RIF)		0	0	0	0	0	0	0
Locked-in Registered Plan (LIRA/DCPP/LIF)		0	0	0	0	0	0	0
Investment Assets Held Outside RBC (\$)		Cash (\$)	Canadian (\$)	Foreign (\$)	Canadian (\$)	US (\$)	Foreign (\$)	
Non-Registered - FMV		0	0	0	0	0	0	0
Non-Registered - ACB		0	0	0	0	0	0	0
Registered Savings Plan (RSP/RIF)		0	0	0	0	0	0	0
Locked-in Registered Plan (LIRA/DCPP/LIF)		0	0	0	0	0	0	0
TOTAL (\$)		0	0	0	0	0	0	0

Holding/Operating Company			Fixed Income		Equities			Total (\$)
Investment Assets Held at RBC (\$)		Cash (\$)	Canadian (\$)	Foreign (\$)	Canadian (\$)	US (\$)	Foreign (\$)	
Ownership (%)	FMV	0	0	0	0	0	0	0
Client A:	Client B:	0	0	0	0	0	0	0
Ownership (%)	FMV	0	0	0	0	0	0	0
Client A:	Client B:	0	0	0	0	0	0	0
Investment Assets Held Outside RBC (\$)		Cash (\$)	Canadian (\$)	Foreign (\$)	Canadian (\$)	US (\$)	Foreign (\$)	
Ownership (%)	FMV	0	0	0	0	0	0	0
Client A:	Client B:	0	0	0	0	0	0	0
Ownership (%)	FMV	0	0	0	0	0	0	0
Client A:	Client B:	0	0	0	0	0	0	0
TOTAL (\$)		0	0	0	0	0	0	0

## Client Investor Profile

Please provide us with the recommended asset allocation for your client or simply select the appropriate investor profile as provided by the RBC Investment Strategy Committee. This will serve as the basis of our projections.

Please Provide Your Client's Profile:		Cash	Fixed Income		Equities			Total
			Canadian	Global	Canadian	U.S.	Foreign	
<input type="checkbox"/>		%	%	%	%	%	%	0%
OR Select Your Client's Profile:			Canadian	Global	Canadian	U.S.	Foreign	
<input type="checkbox"/>	Secure	20%	80%	0%	0%	0%	0%	100%
<input type="checkbox"/>	Income	5%	80%	0%	15%	0%	0%	100%
<input type="checkbox"/>	Conservative	5%	60%	0%	21%	9%	5%	100%
<input type="checkbox"/>	Balanced	5%	27%	13%	33%	14%	8%	100%
<input type="checkbox"/>	Growth	5%	14%	6%	30%	30%	15%	100%
<input type="checkbox"/>	Aggressive Growth	5%	0%	0%	38%	38%	19%	100%

## About Your Net Worth

### Lifestyle Assets

Description	Ownership	Market Value	Adjusted Cost Basis	Purchase Date (if known)	Annual Growth (%)	Future Sale Date
Home						

### Business Assets

Description	Ownership	Market Value	Adjusted Cost Basis	Ownership Structure	Annual Growth (%)	Future Sale Date
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						

### Additional Details Required:

☐ If you own an operating company, is it a "Small business corporation" as per Income Tax Act?

☐ Have you taken your \$750,000 capital gains exemption?

If so, provide details:

☐ Do you have a buy-sell agreement?

If yes, indicate the date of the agreement:

☐ Is your buy-sell agreement funded?

### Liabilities

Description	Mortgage	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
Financial Institution						
Ownership						
Indicate Related Assets						
Deductible						
Insured						
Original Loan Amount						
Current Balance						
Monthly Payment						
Interest Rate						
Payment Type						
As of (MM/YY)						

# About Your Cash Flow

## Your Incomes

Description	Recipient	Amount	Frequency	Taxable	Start Date	Stop Date	Indexation (%)

## Your Living Expenses

### Total Annual After-Tax Living Expenses

(\$)/ YEAR

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

### How Are Your Expenses Allocated (%)?

You

Your Spouse

If no guidance is provided we will allocate based on your gross incomes or net worth.

You may complete the table below to assist in determining your total annual after-tax living expenses, or you can provide the total amount above. In either case, we will use the total living expenses provided for your planning purposes.

Housing Costs	\$0	Entertainment	\$0
Personal/Clothing	\$0	Recreation	\$0
Food	\$0	Vacation	\$0
Transportation	\$0	Other	\$0

Total Annual After-Tax Living Expenses  0 (\$)/ YEAR

## Your Tax Deductible Expenses

	Payer	Monthly	Annual Amount	Stop Date	Indexation (%)
Professional/ Union Dues			\$0		
Child Care			\$0		
Tuition Fees			\$0		
Medical Expenses			\$0		
Charitable Donations			\$0		
Child Support Payments			\$0		
Alimony Payments			\$0		
Other			\$0		

## Temporary Income or Capital Receipts

Description	Recipient	Annual Amount	Start Date/Year	Stop Date/Year	Taxable
Ex : Inheritance	You	\$100,000	2007	2007	No
1)					
2)					
3)					
4)					

Do you anticipate receiving an inheritance from outside of Canada?

If yes, specify from where:

## About Your Cash Flow

### Temporary Future Expenses, Lump Sum Expenses or Reoccurring Expenses

Description	Payer	Start Year	Stop Year	Annual Expense	Number of Years
<i>Example: New Car</i>	<i>You</i>	<i>2007</i>	<i>2042</i>	<i>\$40,000</i>	<i>every 5 years</i>
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					

### What are your current savings strategies?

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

Description	Contributor	Personal Contribution (\$)	Employer's Contribution (\$)	Frequency	Start Date	Stop Date *

#### Registered Savings (RRSP, Spousal RRSP or Defined Contribution†) \*\*

Description	Contributor	Personal Contribution (\$)	Employer's 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 (NOA):

	You	Your Spouse
Indicate your pension adjustment (PA) amount		
Indicate any unused RSP carry forward room from previous years		
Indicate any unused capital losses		

#### Additional Notes:

## About Your Retirement

You

Your Spouse

Your anticipated retirement age or date

Your anticipated retirement expenses (based on "CF" sheet)?

How will your expenses be allocated (%)

### Joint Tax Election to Split Pension Income ☐

By checking the above joint tax election option, both clients have agreed to split their pension income for tax purposes

**OR** If beneficial, will you and your spouse agree to split pension income for tax savings purposes.

### Your anticipated retirement incomes

You

Your Spouse

#### Canadian Pension Plan (CPP) or Quebec Pension Plan (QPP)

Number of years contributed

Anticipated **annual** benefit (\$ or %)

Benefit to start at age (or date)

If applicable, are you sharing your CPP?

#### Old Age Security (OAS)

Number of years resided in Canada

Anticipated benefit at age 65 (%)

#### Defined Benefit Pension Plan (DBPP)

Do you have a DBPP

Your annual contribution

Estimated **annual** benefit:

a) 1st defined benefit (in future \$)

Benefit period (From - To)

Indexation during retirement (%)

b) 2nd defined benefit (if applicable)

Benefit period (From - To)

Indexation during retirement (%)

Integrated with CPP/QPP

Estimated survivor benefit (%)

Please provide a statement if available

#### Other Pensions or Annuity Income

Start date/year

Number of years

Indexation during retirement %

Estimated **annual** benefit (in future \$)

Estimated survivor benefit (%)

#### Retiring Allowance

Anticipated date of receipt

Anticipated amount

Amount transferable to RRSP

## About Your Education Goal(s)

Child's Name	Start Year/Age	Type of Expense	Years of Attendance	Est. Annual Cost*	RESP	Amount Saved (\$)	Annual Deposit	Contributor

\*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

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 "About Your Cash Flow" sheet)?

## Your Death

## Spouse's Death

A. Do you have a Will?

Date

Does it reflect your current wishes?

Comments:

B. Are you comfortable with the executor of your estate?

Comments:

C. Do you have a Power of Attorney/Mandate?

Date \_\_\_\_\_

D. What would you want to have happen if you died tomorrow?

Have you been appointed executor/liquidator of an estate?

Comments:

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

Comments:

Do you anticipate the need to assist dependents and/or family members with special needs?

Comments:

**Additional Notes (e.g. charitable and/or non-charitable bequest, specific beneficiaries, etc.)**

## Protecting Your Wealth

### Life Insurance

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Insured Member					
Owner					
Beneficiary					
Premium Payer					
Insurance Company					
Policy Type					
Death Benefit (\$)					
Cash Surrender Value (\$)					
Anniversary Date					
Coverage Cease at Age / Date					
Premium Annual Amount (\$)					
Premiums Cease at Age					
Group Policy					

### Disability Insurance

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Insured Member					
Premium Payer					
Group Policy					
Insurance Company					
Policy Type					
Anniversary Date					
Short Term Coverage (STD)					
Benefit Period (No of Months)					
Benefit (\$)					
Taxable					
Long Term Coverage (LTD)					
Benefit Period (No of Months)					
Benefit (\$)					
Taxable					
Individual / Other Coverage					
Benefit Period (No of Months)					
Benefit (\$)					
Taxable					
Benefit Indexed Before Disability					
Benefit Indexed During Disability					
Waiting Period (STD/Individual)					
Waiting Period (LTD)					
Premium Annual Amount (\$)					
Premium Cease at Age					

Additional Notes: