myGPS™ QUESTIONNAIRE

Wealth Management
Dominion Securities

ABOUT YOU

	Client A			Client B	
Name			Name		
Date of birth *(mm/dd/yyyy)*			Date of birth *(mm/dd/yyyy)*		
Citizenship			Citizenship		
Province of residency			Province of residency		
Occupation			Occupation		
If Business Owner	☐ Incorporated	☐ Unincorporated	If Business Owner	☐ Incorporated	☐ Unincorporated
If Employee	Do you receive stock options?	☐ Yes ☐ No	If Employee	Do you receive stock options?	☐ Yes ☐ No

ABOUT YOUR CHILDREN

	Child A	Child B	Child C
Name			
Date of birth *(mm/dd/yyyy)*			
Citizenship			
Province of residency			

	Child D	Child E	Child F
Name			
Date of birth *(mm/dd/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/dd/yyyy)*				
Citizenship				
Province of residency				

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ABOUT YOUR NET WORTH

PERSONAL INVESTABLE ASSETS

Institution	Ownership	Account Type	Account #	Market Value	Book Value (purchase cost)
	☐ Client A ☐ Client B ☐ Joint				
	☐ Client A ☐ Client B ☐ Joint				
	☐ Client A ☐ Client B ☐ Joint				
	☐ Client A ☐ Client B ☐ Joint				
	☐ Client A ☐ Client B ☐ Joint				
	☐ Client A ☐ Client B ☐ Joint				
	☐ Client A ☐ Client B ☐ Joint				

LIFESTYLE ASSETS

Property Type	Ownership	Market Value	Purchase Price	Country	Province/State	Year of Purchase	Year of Sale
☐ Principal ☐ Secondary ☐ Investment ☐ Other	☐ Client A ☐ Client B ☐ Joint			☐ Canada ☐ U.S. ☐ Other			
☐ Principal ☐ Secondary ☐ Investment ☐ Other	☐ Client A ☐ Client B ☐ Joint			☐ Canada ☐ U.S. ☐ Other			
☐ Principal ☐ Secondary ☐ Investment ☐ Other	☐ Client A ☐ Client B ☐ Joint			☐ Canada ☐ U.S. ☐ Other			
☐ Principal ☐ Secondary ☐ Investment ☐ Other	☐ Client A ☐ Client B ☐ Joint			☐ Canada ☐ U.S. ☐ Other			

LIABILITIES

Type	Ownership	Balance ($)	Rate (%)	Renewal Date (mm/dd/yyyy)	Amortization (years until paid off)
☐ Mortgage ☐ Personal Loan ☐ Investment Loan	☐ Client A ☐ Client B ☐ Joint				
☐ Mortgage ☐ Personal Loan ☐ Investment Loan	☐ Client A ☐ Client B ☐ Joint				
☐ Mortgage ☐ Personal Loan ☐ Investment Loan	☐ Client A ☐ Client B ☐ Joint				
☐ Mortgage ☐ Personal Loan ☐ Investment Loan	☐ Client A ☐ Client B ☐ Joint				

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ABOUT YOUR CASH FLOW

INCOME

Client	Income Type	Annual Amount ($)	Start	End
☐ Client A ☐ Client B	☐ Employment ☐ Rental ☐ Other Taxable ☐ Other Non-Taxable		☐ Current Age ☐ At Retirement At Age ____ At Year ____	☐ Until Retirement ☐ At Life Expectancy At Age ____ At Year ____
☐ Client A ☐ Client B	☐ Employment ☐ Rental ☐ Other Taxable ☐ Other Non-Taxable		☐ Current Age ☐ At Retirement At Age ____ At Year ____	☐ Until Retirement ☐ At Life Expectancy At Age ____ At Year ____
☐ Client A ☐ Client B	☐ Employment ☐ Rental ☐ Other Taxable ☐ Other Non-Taxable		☐ Current Age ☐ At Retirement At Age ____ At Year ____	☐ Until Retirement ☐ At Life Expectancy At Age ____ At Year ____
☐ Client A ☐ Client B	☐ Employment ☐ Rental ☐ Other Taxable ☐ Other Non-Taxable		☐ Current Age ☐ At Retirement At Age ____ At Year ____	☐ Until Retirement ☐ At Life Expectancy At Age ____ At Year ____

EXPENSES

Client	Expense Type	Annual Amount ($)	Start	End
☐ Client A ☐ Client B ☐ Joint	☐ Pre-Retirement ☐ Retirement ☐ Lifestyle ☐ Donations ☐ Other Indexed ☐ Other Non-Indexed		☐ Current Age ☐ At Retirement At Age ____ At Year ____	☐ Until Retirement ☐ At Life Expectancy At Age ____ At Year ____
☐ Client A ☐ Client B ☐ Joint	☐ Pre-Retirement ☐ Retirement ☐ Lifestyle ☐ Donations ☐ Other Indexed ☐ Other Non-Indexed		☐ Current Age ☐ At Retirement At Age ____ At Year ____	☐ Until Retirement ☐ At Life Expectancy At Age ____ At Year ____
☐ Client A ☐ Client B ☐ Joint	☐ Pre-Retirement ☐ Retirement ☐ Lifestyle ☐ Donations ☐ Other Indexed ☐ Other Non-Indexed		☐ Current Age ☐ At Retirement At Age ____ At Year ____	☐ Until Retirement ☐ At Life Expectancy At Age ____ At Year ____
☐ Client A ☐ Client B ☐ Joint	☐ Pre-Retirement ☐ Retirement ☐ Lifestyle ☐ Donations ☐ Other Indexed ☐ Other Non-Indexed		☐ Current Age ☐ At Retirement At Age ____ At Year ____	☐ Until Retirement ☐ At Life Expectancy At Age ____ At Year ____
☐ Client A ☐ Client B ☐ Joint	☐ Pre-Retirement ☐ Retirement ☐ Lifestyle ☐ Donations ☐ Other Indexed ☐ Other Non-Indexed		☐ Current Age ☐ At Retirement At Age ____ At Year ____	☐ Until Retirement ☐ At Life Expectancy At Age ____ At Year ____
☐ Client A ☐ Client B ☐ Joint	☐ Pre-Retirement ☐ Retirement ☐ Lifestyle ☐ Donations ☐ Other Indexed ☐ Other Non-Indexed		☐ Current Age ☐ At Retirement At Age ____ At Year ____	☐ Until Retirement ☐ At Life Expectancy At Age ____ At Year ____

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ABOUT YOUR CASH FLOW

SAVINGS

Client	Account Type	Annual Amount ($ or % of Employment Income)	Start	End
☐ Client A ☐ Client B ☐ Joint (non-registered only)	☐ Non-Registered ☐ RRSP ☐ RRSP Maximum ☐ TFSA		☐ Current Age ☐ At Retirement At Age ______ At Year ______	☐ Until Retirement ☐ At Life Expectancy At Age ______ At Year ______
☐ Client A ☐ Client B ☐ Joint (non-registered only)	☐ Non-Registered ☐ RRSP ☐ RRSP Maximum ☐ TFSA		☐ Current Age ☐ At Retirement At Age ______ At Year ______	☐ Until Retirement ☐ At Life Expectancy At Age ______ At Year ______
☐ Client A ☐ Client B ☐ Joint (non-registered only)	☐ Non-Registered ☐ RRSP ☐ RRSP Maximum ☐ TFSA		☐ Current Age ☐ At Retirement At Age ______ At Year ______	☐ Until Retirement ☐ At Life Expectancy At Age ______ At Year ______
☐ Client A ☐ Client B ☐ Joint (non-registered only)	☐ DCPP Employee ☐ DCPP Employer		☐ Current Age ☐ At Retirement At Age ______ At Year ______	☐ Until Retirement ☐ At Life Expectancy At Age ______ At Year ______
☐ Client A ☐ Client B ☐ Joint (non-registered only)	☐ DCPP Employee ☐ DCPP Employer		☐ Current Age ☐ At Retirement At Age ______ At Year ______	☐ Until Retirement ☐ At Life Expectancy At Age ______ At Year ______
☐ Client A ☐ Client B ☐ Joint (non-registered only)	☐ Other ______		☐ Current Age ☐ At Retirement At Age ______ At Year ______	☐ Until Retirement ☐ At Life Expectancy At Age ______ At Year ______

PENSION

Client	Annual Benefit (Future $)	Survivor Benefit (%)	Indexed to Inflation?	Pension Start Date	Pension Reduced at 65	Reduction Amount (Future $)	Commuted Value
Client A			☐ Yes ☐ No	☐ Current Age ☐ At Retirement At Age ______ At Year ______	☐ Yes ☐ No		
Client A			☐ Yes ☐ No	☐ Current Age ☐ At Retirement At Age ______ At Year ______	☐ Yes ☐ No		
Client B			☐ Yes ☐ No	☐ Current Age ☐ At Retirement At Age ______ At Year ______	☐ Yes ☐ No		
Client B			☐ Yes ☐ No	☐ Current Age ☐ At Retirement At Age ______ At Year ______	☐ Yes ☐ No		

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ABOUT YOUR INSURANCE COVERAGE

LIFE INSURANCE COVERAGE

Ownership	Type	Insured	Death Benefit ($)	Beneficiary	Cease Date (mm/dd/yyyy)
☐ Client A ☐ Client B	☐ Term ☐ Whole Life ☐ Universal Life ☐ Joint Last-to-Die ☐ Joint First-to-Die ☐ Group	☐ Client A ☐ Client B Child ______ Parent ______		☐ Spouse ☐ Child(ren) ☐ Parents ☐ Estate ☐ Other	
☐ Client A ☐ Client B	☐ Term ☐ Whole Life ☐ Universal Life ☐ Joint Last-to-Die ☐ Joint First-to-Die ☐ Group	☐ Client A ☐ Client B Child ______ Parent ______		☐ Spouse ☐ Child(ren) ☐ Parents ☐ Estate ☐ Other	
☐ Client A ☐ Client B	☐ Term ☐ Whole Life ☐ Universal Life ☐ Joint Last-to-Die ☐ Joint First-to-Die ☐ Group	☐ Client A ☐ Client B Child ______ Parent ______		☐ Spouse ☐ Child(ren) ☐ Parents ☐ Estate ☐ Other	
☐ Client A ☐ Client B	☐ Term ☐ Whole Life ☐ Universal Life ☐ Joint Last-to-Die ☐ Joint First-to-Die ☐ Group	☐ Client A ☐ Client B Child ______ Parent ______		☐ Spouse ☐ Child(ren) ☐ Parents ☐ Estate ☐ Other	
☐ Client A ☐ Client B	☐ Term ☐ Whole Life ☐ Universal Life ☐ Joint Last-to-Die ☐ Joint First-to-Die ☐ Group	☐ Client A ☐ Client B Child ______ Parent ______		☐ Spouse ☐ Child(ren) ☐ Parents ☐ Estate ☐ Other	
☐ Client A ☐ Client B	☐ Term ☐ Whole Life ☐ Universal Life ☐ Joint Last-to-Die ☐ Joint First-to-Die ☐ Group	☐ Client A ☐ Client B Child ______ Parent ______		☐ Spouse ☐ Child(ren) ☐ Parents ☐ Estate ☐ Other	

OTHER INSURANCE COVERAGE

Client	Disability	Critical Illness	Long-Term Care
Client A	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Client B	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

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ABOUT YOUR ESTATE PLAN

Client A		Client B	
Do you have an up-to-date Will?	☐ Yes ☐ No	Do you have an up-to-date Will?	☐ Yes ☐ No
Do you have an up-to-date Power of Attorney/Mandate?	☐ Yes ☐ No	Do you have an up-to-date Power of Attorney/Mandate?	☐ Yes ☐ No
Will you be an executor/liquidator of someone's estate?	☐ Yes ☐ No	Will you be an executor/liquidator of someone's estate?	☐ Yes ☐ No
Who will be the executor/ liquidator of your estate?		Who will be the executor/ liquidator of your estate?	

ABOUT YOUR CORPORATION

CORPORATE INVESTABLE ASSET(S)

Ownership	Account Type	Market Value	Book Value (Initial Cost)	RDTOH Balance	CDA Balance
☐ Client A ☐ Client B ☐ Joint	☐ Holding Company ☐ Operating Company				
☐ Client A ☐ Client B ☐ Joint	☐ Holding Company ☐ Operating Company				
☐ Client A ☐ Client B ☐ Joint	☐ Holding Company ☐ Operating Company				
☐ Client A ☐ Client B ☐ Joint	☐ Holding Company ☐ Operating Company				
☐ Client A ☐ Client B ☐ Joint	☐ Holding Company ☐ Operating Company				
☐ Client A ☐ Client B ☐ Joint	☐ Holding Company ☐ Operating Company				

DEPOSITS TO THE INVESTMENT PORTFOLIO ACCOUNT

Ownership	Account Type	Amount	Indexation Rate (%)	Start Year (yyyy)	End Year (yyyy)
☐ Client A ☐ Client B ☐ Joint	☐ Holding Company ☐ Operating Company				
☐ Client A ☐ Client B ☐ Joint	☐ Holding Company ☐ Operating Company				
☐ Client A ☐ Client B ☐ Joint	☐ Holding Company ☐ Operating Company				
☐ Client A ☐ Client B ☐ Joint	☐ Holding Company ☐ Operating Company				
☐ Client A ☐ Client B ☐ Joint	☐ Holding Company ☐ Operating Company				
☐ Client A ☐ Client B ☐ Joint	☐ Holding Company ☐ Operating Company				

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ABOUT YOUR CORPORATION *(continued)*

ANNUAL DIVIDENDS

Ownership	Account Type	Amount	Indexation Rate (%)	Start Year (yyyy)	End Year (yyyy)
☐ Client A ☐ Client B ☐ Joint	☐ Holding Company ☐ Operating Company				
☐ Client A ☐ Client B ☐ Joint	☐ Holding Company ☐ Operating Company				
☐ Client A ☐ Client B ☐ Joint	☐ Holding Company ☐ Operating Company				
☐ Client A ☐ Client B ☐ Joint	☐ Holding Company ☐ Operating Company				
☐ Client A ☐ Client B ☐ Joint	☐ Holding Company ☐ Operating Company				
☐ Client A ☐ Client B ☐ Joint	☐ Holding Company ☐ Operating Company				

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?	
What percentage of CPP/QPP will you be receiving?		What percentage of CPP/QPP will you be receiving?	
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)	
Do you expect to receive OAS?	☐ Yes ☐ No	Do you expect to receive OAS?	☐ Yes ☐ No
What are your anticipated annual expenses in retirement (in today's $)?	$	What are your anticipated annual 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?	

ABOUT YOUR GOALS

Description	Client	Start Date	End Date	Annual Amount ($)	Inflation Rate	Importance
	☐ Client A ☐ Client B ☐ Joint	☐ Current Age ☐ At Retirement At Age ______ At Year______	☐ Until Retirement ☐ At Life Expectancy At Age ______ At Year ______			☐ Aspirational ☐ Nice to Have ☐ Must Have
	☐ Client A ☐ Client B ☐ Joint	☐ Current Age ☐ At Retirement At Age ______ At Year______	☐ Until Retirement ☐ At Life Expectancy At Age ______ At Year ______			☐ Aspirational ☐ Nice to Have ☐ Must Have
	☐ Client A ☐ Client B ☐ Joint	☐ Current Age ☐ At Retirement At Age ______ At Year______	☐ Until Retirement ☐ At Life Expectancy At Age ______ At Year ______			☐ Aspirational ☐ Nice to Have ☐ Must Have
	☐ Client A ☐ Client B ☐ Joint	☐ Current Age ☐ At Retirement At Age ______ At Year______	☐ Until Retirement ☐ At Life Expectancy At Age ______ At Year ______			☐ Aspirational ☐ Nice to Have ☐ Must Have