

QUESTIONNAIRE

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	<input type="checkbox"/> Incorporated <input type="checkbox"/> Unincorporated	If Business Owner	<input type="checkbox"/> Incorporated <input type="checkbox"/> Unincorporated
If Employee	Do you receive stock options? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Employee	Do you receive stock options? <input type="checkbox"/> Yes <input type="checkbox"/> 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)
	<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"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint				

LIFESTYLE ASSETS

Property Type	Ownership	Market Value	Purchase Price	Country	Province/State	Year of Purchase	Year of Sale
<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"/> 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			

LIABILITIES

Type	Ownership	Balance (\$)	Rate (%)	Renewal Date (mm/dd/yyyy)	Amortization (years until paid off)
<input type="checkbox"/> 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"/> 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"/> 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"/> 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				

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ABOUT YOUR CASH FLOW

INCOME

Client	Income Type	Annual Amount (\$)	Start	End
<input type="checkbox"/> 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 At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> At Life Expectancy At Age _____ At Year _____
<input type="checkbox"/> 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 At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> At Life Expectancy At Age _____ At Year _____
<input type="checkbox"/> 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 At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> At Life Expectancy At Age _____ At Year _____
<input type="checkbox"/> 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 At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> At Life Expectancy At Age _____ At Year _____

EXPENSES

Client	Expense Type	Annual Amount (\$)	Start	End
<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Pre-Retirement <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 At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> At Life Expectancy At Age _____ At Year _____
<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Pre-Retirement <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 At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> At Life Expectancy At Age _____ At Year _____
<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Pre-Retirement <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 At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> At Life Expectancy At Age _____ At Year _____
<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Pre-Retirement <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 At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> At Life Expectancy At Age _____ At Year _____
<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Pre-Retirement <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 At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> At Life Expectancy At Age _____ At Year _____
<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Pre-Retirement <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 At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> 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
<input type="checkbox"/> 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"/> RRSP Maximum <input type="checkbox"/> TFSA		<input type="checkbox"/> Current Age <input type="checkbox"/> At Retirement At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> At Life Expectancy At Age _____ At Year _____
<input type="checkbox"/> 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"/> RRSP Maximum <input type="checkbox"/> TFSA		<input type="checkbox"/> Current Age <input type="checkbox"/> At Retirement At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> At Life Expectancy At Age _____ At Year _____
<input type="checkbox"/> 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"/> RRSP Maximum <input type="checkbox"/> TFSA		<input type="checkbox"/> Current Age <input type="checkbox"/> At Retirement At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> At Life Expectancy At Age _____ At Year _____
<input type="checkbox"/> 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 At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> At Life Expectancy At Age _____ At Year _____
<input type="checkbox"/> 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 At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> At Life Expectancy At Age _____ At Year _____
<input type="checkbox"/> 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 At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> 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			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Current Age <input type="checkbox"/> At Retirement At Age _____ At Year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Client A			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Current Age <input type="checkbox"/> At Retirement At Age _____ At Year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Client B			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Current Age <input type="checkbox"/> At Retirement At Age _____ At Year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Client B			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Current Age <input type="checkbox"/> At Retirement At Age _____ At Year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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ABOUT YOUR INSURANCE COVERAGE

LIFE INSURANCE COVERAGE

Ownership	Type	Insured	Death Benefit (\$)	Beneficiary	Cease Date (mm/dd/yyyy)
<input type="checkbox"/> 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 Child _____ Parent _____		<input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Parents <input type="checkbox"/> Estate <input type="checkbox"/> Other	
<input type="checkbox"/> 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 Child _____ Parent _____		<input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Parents <input type="checkbox"/> Estate <input type="checkbox"/> Other	
<input type="checkbox"/> 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 Child _____ Parent _____		<input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Parents <input type="checkbox"/> Estate <input type="checkbox"/> Other	
<input type="checkbox"/> 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 Child _____ Parent _____		<input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Parents <input type="checkbox"/> Estate <input type="checkbox"/> Other	
<input type="checkbox"/> 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 Child _____ Parent _____		<input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Parents <input type="checkbox"/> Estate <input type="checkbox"/> Other	
<input type="checkbox"/> 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 Child _____ Parent _____		<input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Parents <input type="checkbox"/> Estate <input type="checkbox"/> Other	
<input type="checkbox"/> 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 Child _____ Parent _____		<input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Parents <input type="checkbox"/> Estate <input type="checkbox"/> Other	

OTHER INSURANCE COVERAGE

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

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ABOUT YOUR ESTATE PLAN

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

DEPOSITS TO THE INVESTMENT PORTFOLIO ACCOUNT

Ownership	Account Type	Amount	Indexation Rate (%)	Start Year (yyyy)	End Year (yyyy)
<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Holding Company <input type="checkbox"/> Operating Company				
<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Holding Company <input type="checkbox"/> Operating Company				
<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Holding Company <input type="checkbox"/> Operating Company				
<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Holding Company <input type="checkbox"/> Operating Company				
<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Holding Company <input type="checkbox"/> Operating Company				
<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Holding Company <input type="checkbox"/> Operating Company				

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ABOUT YOUR CORPORATION *(continued)*

ANNUAL DIVIDENDS

Ownership	Account Type	Amount	Indexation Rate (%)	Start Year (yyyy)	End Year (yyyy)
<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Holding Company <input type="checkbox"/> Operating Company				
<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Holding Company <input type="checkbox"/> Operating Company				
<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Holding Company <input type="checkbox"/> Operating Company				
<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Holding Company <input type="checkbox"/> Operating Company				
<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Holding Company <input type="checkbox"/> Operating Company				
<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Holding Company <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you expect to receive OAS?	<input type="checkbox"/> Yes <input type="checkbox"/> 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
	<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Joint	<input type="checkbox"/> Current Age <input type="checkbox"/> At Retirement At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> At Life Expectancy At Age _____ At Year _____			<input type="checkbox"/> 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"/> Joint	<input type="checkbox"/> Current Age <input type="checkbox"/> At Retirement At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> At Life Expectancy At Age _____ At Year _____			<input type="checkbox"/> 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"/> Joint	<input type="checkbox"/> Current Age <input type="checkbox"/> At Retirement At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> At Life Expectancy At Age _____ At Year _____			<input type="checkbox"/> 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"/> Joint	<input type="checkbox"/> Current Age <input type="checkbox"/> At Retirement At Age _____ At Year _____	<input type="checkbox"/> Until Retirement <input type="checkbox"/> At Life Expectancy At Age _____ At Year _____			<input type="checkbox"/> Aspirational <input type="checkbox"/> Nice to Have <input type="checkbox"/> Must Have