

Personal and Financial Log Book



Name	
Date	

The Wealthbuilding Group

5500 North Service Road, Suite 1003

Burlington ON, L7L 6W6

t: 905.333.4755

f: 905.333.4523

www.wealthbuilding.ca



WEALTHBUILDING
GROUP



HARBOURFRONT
WEALTH MANAGEMENT

*Snapshots*TM

This document is an important planning tool that helps your Advisor better understand your personal and financial goals so, together, you can reach them sooner.

Take the time to complete the information as thoroughly as you can. Doing so will give your Advisor a more complete picture of your investment, insurance, and estate planning needs. If you're not sure of an answer, you can leave it blank and discuss it later with your Advisor.

Not only is this document a convenient way to keep a better handle on your personal and financial information, it also becomes an invaluable tool for your loved ones should anything happen to you.

Share this document with your Advisor, and keep a copy for yourself in a secure location.



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Personal information

General information

For you

Your name			
Date of birth		S.I.N.	
Driver's licence number			

Employment

Employer/Company		Occupation	
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For your spouse/partner

Name			
Date of birth		S.I.N.	
Driver's licence number			
Is this a first marriage/ relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment

Employer/Company		Occupation	
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For your children

Name			
Date of birth		Phone number	
Address			

Name			
Date of birth		Phone number	
Address			

Name			
Date of birth		Phone number	
Address			

Name			
Date of birth		Phone number	
Address			

Financial information

Investment accounts

Please specify the type of accounts you hold (i.e. RRSPs, RRIFs, locked-in accounts, cash accounts, margin accounts, RESPs, TFSAs, annuities, etc.)

Type of account		Approximate value	
Account number		Ownership	<input type="checkbox"/> You <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
Firm		Beneficiary	

Type of account		Approximate value	
Account number		Ownership	<input type="checkbox"/> You <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
Firm		Beneficiary	

Type of account		Approximate value	
Account number		Ownership	<input type="checkbox"/> You <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
Firm		Beneficiary	

Investment accounts (continued)

Type of account		Approximate value	
Account number		Ownership	<input type="checkbox"/> You <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
Firm		Beneficiary	
Type of account		Approximate value	
Account number		Ownership	<input type="checkbox"/> You <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
Firm		Beneficiary	
Type of account		Approximate value	
Account number		Ownership	<input type="checkbox"/> You <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
Firm		Beneficiary	

Non-financial assets (i.e. vehicles, furniture, collectibles, miscellaneous)

Type		Estimated amount	
Type		Estimated amount	
Type		Estimated amount	
Type		Estimated amount	
Type		Estimated amount	
Type		Estimated amount	

Property

Main residence: address			
Names on Title(s)			
Purchase date		Purchase price	
Current taxes		Property number	
Mortgage: name of financial institution		Phone number	
Name of broker		Email address	
Mortgage number		Effective date	
Mortgage interest rate		Payment frequency	
Current balance		End of mortgage date	
Is your mortgage insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Other property (i.e. summer residence, investment or rental property)

Address			
Names on Title(s)			
Purchase date		Purchase price	
Current taxes		Property number	
Mortgage: name of financial institution		Phone number	
Name of broker		Email address	
Mortgage number		Effective date	
Mortgage interest rate		Payment frequency	
Current balance		End of mortgage date	
Is your mortgage insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Other property (continued)			
Address			
Names on Title(s)			
Purchase date		Purchase price	
Current taxes		Property number	
Mortgage: name of financial institution		Phone number	
Name of broker		Email address	
Mortgage number		Effective date	
Mortgage interest rate		Payment frequency	
Current balance		End of mortgage date	
Is your mortgage insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment income			
For you			
Gross annual income		Bonus	
Commissions		Employee share plan benefits	
Group RRSP/match			
Other income			
For your spouse/partner			
Gross annual income		Bonus	
Commissions		Employee share plan benefits	
Group RRSP/match			
Other income			
Insurance			
Please specify the type of insurance products you hold (i.e. term, whole life, universal, mortgage, group, disability, critical illness, long-term care, credit card, line of credit, etc.)			
Insurer		Agent's name	
Phone number		Email address	
Type		Policy number	
Beneficiary			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Face value/coverage amount		Insured	
Policy location			
Insurer		Agent's name	
Phone number		Email address	
Type		Policy number	
Beneficiary			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Face value/coverage amount		Insured	
Policy location			

Insurance (continued)

Insurer		Agent's name	
Phone number		Email address	
Type		Policy number	
Beneficiary			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Face value/coverage amount		Insured	
Policy location			

Insurer		Agent's name	
Phone number		Email address	
Type		Policy number	
Beneficiary			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Face value/coverage amount		Insured	
Policy location			

Insurer		Agent's name	
Phone number		Email address	
Type		Policy number	
Beneficiary			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Face value/coverage amount		Insured	
Policy location			

Insurer		Agent's name	
Phone number		Email address	
Type		Policy number	
Beneficiary			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Face value/coverage amount		Insured	
Policy location			

Pension plans

For you

Defined benefit		Defined contribution	
Deferred profit share purchase		Group RRSP	
Company name		Phone number	
Employee/plan number		Annual amount (\$)	
Start age		End age	
Bridge benefit (\$)		Survivor benefit (%)	
Defined benefit		Defined contribution	
Deferred profit share purchase		Group RRSP	
Company name		Phone number	

For you (continued)			
Employee/plan number		Annual amount (\$)	
Start age		End age	
Bridge benefit (\$)		Survivor benefit (%)	
For your spouse/partner			
Defined benefit		Defined contribution	
Deferred profit share purchase		Group RRSP	
Company name		Phone number	
Employee/plan number		Annual amount (\$)	
Start age		End age	
Bridge benefit (\$)		Survivor benefit (%)	
Defined benefit		Defined contribution	
Deferred profit share purchase		Group RRSP	
Company name		Phone number	
Employee/plan number		Annual amount (\$)	
Start age		End age	
Bridge benefit (\$)		Survivor benefit (%)	
Liabilities			
Loans			
Type of loan			
Amount owing		Financial institution	
Is the loan insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of loan			
Amount owing		Financial institution	
Is the loan insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of loan			
Amount owing		Financial institution	
Is the loan insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of loan			
Amount owing		Financial institution	
Is the loan insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Credit cards			
Type of card			
Amount owing		Financial institution	
Type of card			
Amount owing		Financial institution	
Type of card			
Amount owing		Financial institution	

Outstanding bills			
Type of bill			
Amount owing		Company	
Type of bill			
Amount owing		Company	
Type of bill			
Amount owing		Company	
Taxes			
Type of tax			
Amount owing			
Type of tax			
Amount owing			
Type of tax			
Amount owing			
Vehicles			
Type of vehicle		Debit amount	
Monthly payment		Interest rate	
Type of vehicle		Debit amount	
Monthly payment		Interest rate	
Type of vehicle		Debit amount	
Monthly payment		Interest rate	
Other			
Type			
Amount owing		Company	
Type			
Amount owing		Company	
Type			
Amount owing		Company	
Your business			
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Partner's name			
Address			
Phone number		Email address	
Who is the business owner?	<input type="checkbox"/> You <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint		
Business banking			
Firm		Account number	
Address			
Contact name		Phone number	
Email address			

Professional contacts

Power Attorney			
For you			
<input type="checkbox"/> Property	<input type="checkbox"/> Personal care	Location of document	
Name of Attorney			
Address			
Phone number		Email address	
<input type="checkbox"/> Property	<input type="checkbox"/> Personal care	Location of document	
Name of Attorney			
Address			
Phone number		Email address	
For your spouse/partner			
<input type="checkbox"/> Property	<input type="checkbox"/> Personal care	Location of document	
Name of Attorney			
Address			
Phone number		Email address	
<input type="checkbox"/> Property	<input type="checkbox"/> Personal care	Location of document	
Name of Attorney			
Address			
Phone number		Email address	
Financial Advisors			
Name		Role	<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Retirement <input type="checkbox"/> Upon your death
Firm			
Address			
Phone number		Email address	
Name		Role	<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Retirement <input type="checkbox"/> Upon your death
Firm			
Address			
Phone number		Email address	
Name		Role	<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Retirement <input type="checkbox"/> Upon your death
Firm			
Address			
Phone number		Email address	

Personal Banking

Name(s) of account holder(s)		Firm	
Address			
Account number		Ownership	<input type="checkbox"/> Individual <input type="checkbox"/> Joint
Type		Contact name	
Phone number		Email address	
Name(s) of account holder(s)		Firm	
Address			
Account number		Ownership	<input type="checkbox"/> Individual <input type="checkbox"/> Joint
Type		Contact name	
Phone number		Email address	
Name(s) of account holder(s)		Firm	
Address			
Account number		Ownership	<input type="checkbox"/> Individual <input type="checkbox"/> Joint
Type		Contact name	
Phone number		Email address	

Lawyer/notary

For you			
Name		Firm	
Phone number		Email address	
Name		Firm	
Phone number		Email address	
For your spouse/partner			
Name		Firm	
Phone number		Email address	
Name		Firm	
Phone number		Email address	

Accountants

Name		Firm	
Phone number		Email address	
Name		Firm	
Phone number		Email address	

Estate planning

Wills

For you			
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Will	
Date of last Will		Executor/Executrix	
Address			
Phone number		Email address	

For your spouse/partner			
Does your spouse/partner have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Will	
Date of last Will		Executor/Executrix	
Address			
Phone number		Email address	
Valuable documents			
Name of the person to contact who is aware of the location of your important documents			
Relationship		Phone number	
Funeral arrangements			
For you			
Name of funeral home			
Address			
Contact name		Phone number	
Have you pre-paid your funeral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount pre-paid for funeral	
Details of any arrangements			
For your spouse/partner			
Name of funeral home			
Address			
Contact name		Phone number	
Have you pre-paid your funeral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount pre-paid for funeral	
Details of any arrangements			
Cemetery plot			
For you			
Name of cemetery			
Address			
Burial plot or site number			
Contact name		Phone number	
For your spouse/partner			
Name of cemetery			
Address			
Burial plot or site number			
Contact name		Phone number	

Memberships

Rewards/points cards

I hold the following rewards/points cards (i.e. Air Miles, Aeroplan, HBC Rewards):

Type of card		Account number	
Name on card		Expiry date	
Type of card		Account number	
Name on card		Expiry date	
Type of card		Account number	
Name on card		Expiry date	
Type of card		Account number	
Name on card		Expiry date	
Type of card		Account number	
Name on card		Expiry date	
Type of card		Account number	
Name on card		Expiry date	

Clubs and associations

Name			
Address			
Phone number		Annual membership fees	
Who belongs to this club/association?	<input type="checkbox"/> Me <input type="checkbox"/> My spouse/partner <input type="checkbox"/> My children	Death benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name			
Address			
Phone number		Annual membership fees	
Who belongs to this club/association?	<input type="checkbox"/> Me <input type="checkbox"/> My spouse/partner <input type="checkbox"/> My children	Death benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name			
Address			
Phone number		Annual membership fees	
Who belongs to this club/association?	<input type="checkbox"/> Me <input type="checkbox"/> My spouse/partner <input type="checkbox"/> My children	Death benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name			
Address			
Phone number		Annual membership fees	
Who belongs to this club/association?	<input type="checkbox"/> Me <input type="checkbox"/> My spouse/partner <input type="checkbox"/> My children	Death benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No

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