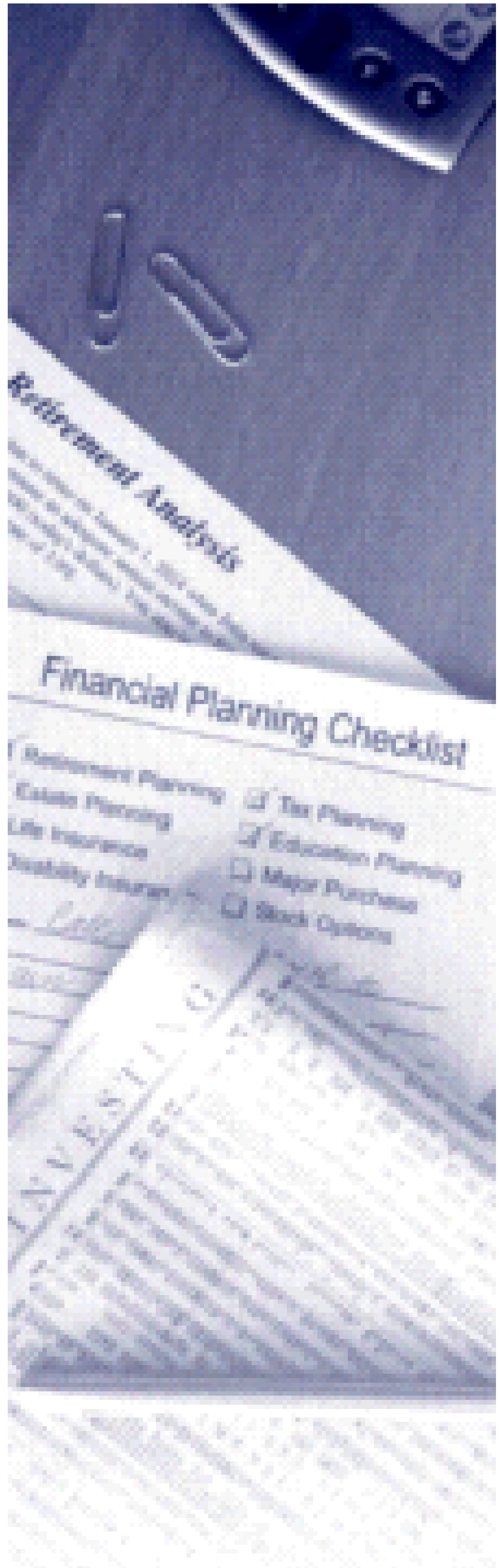
SCOTIAMCLEOD
FINANCIAL NAVIGATOR™

Fact Finder



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Overview

This *Fact Finder* is designed to help you gather the required information for your client's customized financial plan. The questionnaire's easy-to-follow format will allow you to enter your client's required personal data and financial details. These items are necessary so you can create a complete and thorough picture of your client's *current* and *future* financial situation.

The following sources will provide you with most of this information:

- ❑ Tax returns
- ❑ Pension statement from employer
- ❑ All life insurance and disability insurance policies
- ❑ Latest statements from trust companies, brokers, investment companies and banks pertaining to investments
- ❑ Budget of personal and living expenses
- ❑ Latest mortgage and other loan statements
- ❑ Latest will and power of attorney
- ❑ Other relevant documentation.

Client Information

Base Family

Marital Structure:
(e.g. Married, Divorced, Single)

Number of Dependants:

Street:

City: Province:

Country: Postal Code:

Home Phone:

Fax:

Business Phone:

Basic

CLIENT

Given Name:

Gender: Date of Birth:
(mm/dd/yy)

Social Insurance Number:

Fax: Business Phone:
(If different from the previous section)

CO-CLIENT

Given Name:

Gender: Date of Birth:
(mm/dd/yy)

Social Insurance Number:

Fax: Business Phone:
(If different from the previous section)

Name of Child or Dependant	Gender	Date of Birth

Advisors

Advisors

Lawyer:

Accountant:

Financial Advisor:

Power of Attorney:

Will Information

Does the **Client** have a Will? Yes ❑ No ❑ Last updated on:

Does the **Co-Client** have a Will? Yes ❑ No ❑ Last updated on:

Location of Will:

Additional Notes

Use this section to enter any other Client information that you feel would be relevant to your client's financial plan.

Assumptions

Milestones

CLIENT	**CO-CLIENT**
Retirement Date:	Retirement Date:
Age / Date (mm/dd/yy)	*Age / Date (mm/dd/yy)*
Life Expectancy:	Life Expectancy:
Age / Year	*Age / Year*

Inflation Data

Projected Inflation Rate: %

Historical Data

RRSP Contribution Data

Previous Year's Earned Income: **$**	Previous Year's Earned Income: **$**
Previous Year's Pension Adjustment: **$**	Previous Year's Pension Adjustment: **$**
RRSP Overcontribution Balance: **$**	RRSP Overcontribution Balance: **$**
RRSP Deduction Carryforward: **$**	RRSP Deduction Carryforward: **$**

RESP (Contributions as of the End of the Previous Year) - As Beneficiary

Member (Client, Co-Client, Dependant)	Total RESP Contributions	CESG Eligibility Carryforward	Total CESG Payments Received

Capital Loss Carryovers

Before May 23, 1985: **$**	Before May 23, 1985: **$**
After May 22, 1985 and before 1988: **$**	After May 22, 1985 and before 1988: **$**
In 1988 and 1989: **$**	In 1988 and 1989: **$**
After 1989 and before 2000: **$**	After 1989 and before 2000: **$**
In 2000: **$**	In 2000: **$**
After 2000: **$**	After 2000: **$**
Year 2000 inclusion rate:	Year 2000 inclusion rate:

Tax

Income Tax Rates (Pre-Retirement)

Member	Income (Annual Amount)	Average Tax Rate (%)	Marginal Tax Rate (%)
Client			
Co-Client			
Dependants			

Income Tax Rates (Retirement)

Member	Income (Annual Amount)	Average Tax Rate (%)	Marginal Tax Rate (%)
Client			
Co-Client			
Dependants			

Income Tax Rates (Estate)

Member	Income (Annual Amount)	Average Tax Rate (%)	Marginal Tax Rate (%)
Client			
Co-Client			
Dependants			

Return Rates

Non-Registered Assets

Investment Objective: Aggressive ❑ Advanced ❑ Balanced ❑ Moderate ❑ Conservative ❑

(Enter each asset type's expected rate of return for each return component. Note: Selecting an Investment Objective above will automatically fill in the appropriate rates for each asset type.)

Asset Type	Interest (%)	Dividends (%)	Capital Gains (%)	Deferred Growth (%)	Tax Free (%)
Mutual Funds					
Investments					
GICs					
Stocks					
Bonds					
T-Bills					
Cash Accounts					

Other Assets

Lifestyle Assets Return Rate %	Registered Assets Return Rate %

Additional Notes *Use this section to enter any other Assumptions that you feel would be relevant to your client's financial plan.*

Incomes

CLIENT	CO-CLIENT
Incomes	
Salary: $	Annual Salary: $
Is This Salary Indexed to Inflation? Yes ❑ +/- % No ❑	Is This Salary Indexed to Inflation? Yes ❑ +/- % No ❑

Description	Owner (Client, Co-Client, Joint)	Annual Amount	Applicable Period (e.g. Jan. 1990 - Dec 2011)	Index to Inflation (Yes / No)
Self-Employed				
Defined Benefit				
Tax-Free				
Royalty				
Alimony				
Misc. Dividend				

Defined Benefit Pensions *(Benefit Formula - Defined by the employer)*

Owner (Client, Co-Client)	Expected Annual Pension $	Owner's Age When Benefits Begin	Years of Service	Pension Formula (Contribution amount is entered under **Tax Related Expenses**)	Indexed to Inflation? (Yes / No)	Is Pension Integrated? (With CPP/QPP, OAS)

Defined Benefit Pensions *(Estimate Benefit - Defined by the employer)*

Owner (Client, Co-Client)	Expected Annual Pension $	Owner's Age When Benefits Begin	Pension Amount Option (% of final salary or estimated amount)	Indexed to Inflation? (Yes / No)

CPP/QPP & OAS

CPP/QPP Benefits

Split CPP? Yes ❑ No ❑ *(Choose **Yes** if CPP/QPP benefits are to be shared between both spouses when benefit payments begin)*

Owner (Client, Co-Client)	Benefits start at age	Start at retirement? (Yes / No)	CPP/QPP Benefit Eligibility (e.g. 100%)	Monthly Benefit (if not known, leave blank)

(The OAS Clawback will be automatically calculated by the program)

OAS Benefit

OAS Benefit Eligibility: %

Monthly Benefit (if not known, leave blank):

OAS Benefit Eligibility: %

Monthly Benefit (if not known, leave blank):

Additional Notes

Use this section to enter any other Income information that you feel would be relevant to your client's financial plan.

Expenses

CLIENT	CO-CLIENT

Lifestyle

Description	Owner (Client, Co-Client, Joint)	Monthly Amount	Applicable Period (e.g. Jan. 15, 2000 - Jan 15, 2025)	Index to Inflation (Yes / No)
Housing				
Food				
Transportation				
Entertainment				
Personal				
Other				

Employment

Description	Owner (Client, Co-Client, Joint)	Monthly Amount	Applicable Period (e.g. Jan. 15, 2000 - Jan 15, 2025)	Index to Inflation (Yes / No)
RPP-Defined Benefit				
Self-Employment				
Business				
Other				

Additional Notes *Use this section to enter any other Expense information that you feel would be relevant to your client's financial plan.*

Assets

Registered

(Use a separate sheet to enter additional details)

Name (e.g. John's Mutual Fund)	Owner (Client, Co-Client, Joint)	Type (e.g. RRSP, RRIF, RESP, Other)	Purchase Date	Market Value (As of the start of the year)	ACB (As of the start of the year)	Return Rate	Linked To (Retirement Goal, Education Goal, Major Purchase Goal)

Non-Registered

(Use a separate sheet to enter additional details)

*Enter each asset type's **aggregate** value as of the start of the year. Break down each asset's expected return rate based on its return component - e.g. If a Mutual Fund asset is earning 2% **Interest**, 2% **Dividends**, 4% **Capital Gains** and 4% **Deferred Growth**, you would enter **2-I, 2-D, 4-CG, 4-DG**. Or, you may prefer to include investment statements for any or all of this section. Enter **Default** to apply the system's default rate of return.*

Name (e.g. John's Mutual Fund)	Owner (Client, Co-Client, Joint)	Type (e.g. Mutual Fund, Stock, Bond)	Purchase Date	Market Value (As of the start of the year)	ACB (As of the start of the year)	Return Rate (Interest=I, Dividend=D, Capital Gains=CG, Deferred Growth=DG)	Linked To (Retirement Goal, Education Goal, Major Purchase Goal)

Lifestyle

(Use the back of this sheet to enter additional details)

Description (Name)	Owner (Client, Co-Client, Joint)	Type (e.g. Personal Use Property, Residence)	Purchase Date	Market Value (As of the start of the year)	Growth Rate (%)

Additional Notes *Use this section to enter any other Asset information that you feel would be relevant to your client's financial plan.*

Loans

Loans *(Use a separate sheet to enter additional loans)*

Description	Owner (Client, Co-Client, Joint)	Start Date	Interest Rate	Payment Type (e.g. Interest Only, PI)	Amortization (Years)	Payment Frequency (e.g. Weekly, Monthly)	Outstanding Principal Amount	Outstanding Principal Date	Insured (e.g. Life, Disability)

Additional Notes *Use this section to enter any other Loan information that you feel would be relevant to your client's financial plan.*

Strategies

Use this section to tell us about any planning strategies that you are currently applying (e.g. regular savings to an investment, additional payments towards a loan's principal, etc). Use a separate sheet to enter additional strategies.

Savings

Regular *(Savings made on a regular, periodic basis)*

Asset Name	Owner (Client, Co-Client)	Amount	Frequency (e.g. Monthly, Weekly)	Indexed to Inflation	When is this Transaction Applicable? (While Working, While Retired, Both, Other - e.g. Jan. 1990 - Dec 2025)

Lump Sum *(Savings made in one or more lump sums)*

Asset Name	Owner (Client, Co-Client)	Amount	Date	Indexed to Inflation	When is this Transaction Applicable? (While Working, While Retired, Both, Other - e.g. Jan. 1990 - Dec 2025)

RRSP Maximizer

(Maximum allowable contributions made to RRSPs each year, whenever possible)

Asset Name	Owner (Client, Co-Client)	Constrained by Cash Flow?	Time of Year (e.g. Jan. Dec.)	When is this Transaction Applicable? (While Working, Until Age 71, Other - e.g. Jan 1, 1995 to Dec 31, 2025)

Surplus Savings

(Savings put towards an asset using surplus cash at year-end)

Asset Name	Percentage of Surplus	When is this Transaction Applicable? (Upon Retirement, Upon Disability, Upon Death, Other - e.g. Jan. 15, 2003)

Debt Modification

Regular *(Any payments made directly toward the principal of an existing loan. These are over and above the required payments that are automatically defined for the loan.)*

Liability Name	Amount	Frequency (e.g. Monthly, Weekly)	Indexed to Inflation?	When is this Transaction Applicable? (While Working, While Retired, Both, Other - e.g. Jan. 1990 - Dec 2011)

Lump Sum *(Payments made in one or more lump sums toward the principal of an existing loan. These are over and above the required payments that are automatically defined for the loan.)*

Liability Name	Amount	Indexed to Inflation	When is this Transaction Applicable? (Upon Retirement, Upon Disability, Upon Death, Other - e.g. Jan. 15, 2003)

Additional Notes *Use this section to enter any Strategy information that you feel would be relevant to your client's financial plan.*

Goals

Retirement

Desired Income (after tax): $ Indexed to Inflation? Yes ❑ No ❑

Savings Plan Start Date: Indexed to Inflation? Yes ❑ No ❑

Link the Following Assets to this Goal:

Education

Description (e.g. John's College Tuition)	Education Start Age	Yearly Education Costs	Education Costs Indexed to Inflation?	Savings Plan Start Age	Savings Plan Indexed to Inflation?
Goal 1					
Goal 2					
Goal 3					
Goal 4					

Linked Assets: *(Link the following assets to each goal as defined above)*

Goal 1:

Goal 2:

Goal 3:

Goal 4:

Major Purchase

Description (e.g. Vacation)	Purchase Amount	Purchase Date	Purchase Indexed to Inflation?	Savings Plan Start Date	Savings Plan Indexed to Inflation?	Linked Assets (Assets that will be used to fund this goal)

Additional Notes *Use this section to enter any Goal information that you feel would be relevant to your client's financial plan.*

Insurance

Life Insurance

Calculate life insurance required for: Client ❑ Co-Client ❑ Survivorship Needs ❑

Percentage of Retirement Goal to Cover: % Percentage of Expenses to Cover: %

Additional Annual Incomes:

(e.g. salary amount resulting from return to workforce)

Member	Lump Sum Needs	Needs Indexed to Inflation (Yes / No)	Additional Annual Expenses (e.g. Child Care)	Expenses Indexed to Inflation (Yes / No)
Client				
Co-Client				

Proceeds Earn: % Premium per $1000: $

(Typical return on asset)

Coverage Owned (Existing Life Policies) *(* If the Death Benefits, Premiums or CSVs are not level, attach the appropriate schedules)*

Type (e.g. Whole Life, Variable, Term)	Policy Name	Insured Member (e.g. Client, Co-Client, Joint 1st to Die, Other)	Beneficiary (e.g. Client, Co-Client, Joint 1st to Die, Other)	Premium Payer	* Death Benefit	* Premiums	* Cash Surrender Value

Disability Insurance

Calculate disability insurance required for: Client ❑ Co-Client ❑

Percentage of Retirement Goal to Cover: % Percentage of Expenses to Cover: %

Member	Lump Sum Needs	Needs Indexed to Inflation (Yes / No)	Additional Annual Expenses (e.g. Nursing Care)	Expenses Indexed to Inflation (Yes / No)
Client				
Co-Client				

Coverage Owned (Existing Disability Insurance Policies)

Description (Group LTD, Group STD, Individual Disability)	Insured Member	Effective Date	Monthly Benefit	Taxable (Yes / No)	Monthly Premium	Waiting Period	Coverage Applies Until Age

Critical Illness Insurance

Additional Expenses (Required in the event of a Critical Illness)

Description	Member	Lump Sum Expense Amount	Expenses Indexed to Inflation (Yes/No/%)

Coverage Owned (Existing Critical Illness Insurance Policies)

Description (Cash to Insured, Medical Coverage)	Insured Member	Owner	Effective Date	Lump Sum Benefit	Taxable Percentage	Premium Payer	Monthly Premium	Premium Refund Percentage

Additional Notes *Use this section to enter any other Insurance information that you feel would be relevant to your client's financial plan.*

Other Information

Use this section to enter any other information that you feel would be relevant to your client's financial plan.

02.25.00