



Macdonald, Shymko & Company Ltd.

Fee Only Financial Advisors & Portfolio Manager

PERSONAL INFORMATION	CLIENT	CO-CLIENT
Name:		
Birthdate:		
Employer:		
Email Address:		
Street Address:		Home Phone:
City:	Province:	Postal Code:

Are you a citizen or resident of another country? _____

If yes, which countries? _____

GOALS & OBJECTIVES

SHORT TERM (1 to 3 Years)

1. _____

2. _____

3. _____

LONG TERM (4 to 8 Years)

1. _____

2. _____

3. _____

INCOME INFORMATION	CLIENT	CO-CLIENT	NOTES
Gross Employment Income/Year			
Investment Income/Year			
Rental Income/Year			
Pension Income/Year			
Other:			

FINANCIAL INDEPENDENCE & ESTATE ANALYSIS	CLIENT	CO-CLIENT
Projected Retirement Date:		
Expected Pension at Retirement Date:		

Annual income required during retirement: _____

Annual income required by survivor/beneficiary in current dollar terms: _____

Specify whether beneficiary is spouse, partner or dependent: _____

LIFE INSURANCE DATA	CLIENT	CO-CLIENT	NOTES
Term Insurance			
Group Insurance			
Universal/Whole Life Insurance			

www.macdonaldshymko.com



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ASSETS	CLIENT	CO-CLIENT	NOTES
Cash / Bank Accounts			
GICs & Term Deposits			
Bonds			
Mutual Funds			
Stocks			
RRSPs			
Locked-In RRSPs			
Spousal RRSPs			
Employer Pension Plan (RPP)			
Residence			
Rental Property			
Recreational Property			
Business Value			
Trust / Foundation			
Automobiles			
Household Furnishings			
Other:			
TOTAL ASSETS			

LIABILITIES	CO-CLIENT	CO-CLIENT	NOTES
Credit Cards			
Line of Credit			
Auto Loans			
Other:			
Mortgage—Residence			
Mortgage—Recreational			
Mortgage—Rental Properties			
Other:			
TOTAL LIABILITIES			



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CURRENT BUDGET—MONTHLY ANALYSIS	COMBINED	NOTES
SAVINGS		
Regular Bank/Investment Account Deposits		
Registered Retirement Savings Plan		
Tax Free Savings Account		
Employer Pension Plan		
Other: (eg. Employer Stock Savings, RESPs)		
LIVING EXPENSES		
Groceries & Restaurants		
Clothing		
Tobacco & Alcohol		
Grooming & Toiletries (haircuts, cosmetics, etc.)		
Medical (MSP, drugs, dental, vision, extended health)		
Household Help (gardener, housekeeper & supplies)		
Personal Allowances		
Other (eg. pets)		
HOUSING		
Rent or Mortgage Payments		
Property Taxes and/or Strata Fees		
House Insurance (fire, theft, tenant)		
Utilities (gas, hydro, phone, cable, internet)		
Painting, Repairs & Maintenance		
Replacement of Furniture, Appliances, etc.		
TRANSPORTATION		
Auto Loan or Lease Payments		
Maintenance (insurance, gas, tires, repair)		
Other (eg. Parking, taxi, transit, plane, boat, etc.)		



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CURRENT BUDGET (CONTINUED)	COMBINED	NOTES
LEISURE / HOBBIES		
Holidays/Vacation		
Arts & Entertainment		
Education (tuition & books)		
Other: (eg. Gym or club memberships)		
OBLIGATIONS		
Loan Payments (bank, charge cards)		
Support (alimony, child, parent, special ed)		
Insurance Premiums (life)		
Other:		
INCOME TAX		
Deductions from Payroll		
Quarterly Tax Remittances		
PAYROLL DEDUCTION		
Group Insurance, Disability, Dental, etc.		
EI & CPP		
Other:		
MISCELLANEOUS		
Donations		
Gifts (birthday, wedding, Christmas, etc.)		
Emergencies		
Other:		
TOTAL EXPENSES PER MONTH		

Additional Information/Comments: _____

