



# INITIAL CONSULTATION FORM

**Please tell us a little bit about yourself.**

Name: \_\_\_\_\_ Spouse/Partner's Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Tel.: \_\_\_\_\_ Spouse/Partner's Bus. Tel.: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Children: Please list their name(s) and date(s) of birth (dd/mm/yr).

\_\_\_\_\_

\_\_\_\_\_

**What are your priorities?** Please check all that apply to you.

- | <b>Lifestyle</b>                                      | <b>Family</b>   | <b>Home/<br/>Property</b>                                   | <b>Career/<br/>Business</b>                          | <b>Tax</b>  | <b>Legacy</b>                                   | <b>Anxieties</b>                                 |
|---|---|---|--|---|---|--|
| <input type="checkbox"/> Do retirement assessment     | <input type="checkbox"/> Protect family               | <input type="checkbox"/> Finance home/income property       | <input type="checkbox"/> Protect ability to work     | <input type="checkbox"/> Pay less tax                     | <input type="checkbox"/> Protect loved ones     | <input type="checkbox"/> Not having enough money |
| <input type="checkbox"/> Protect savings              | <input type="checkbox"/> Finance children's education | <input type="checkbox"/> Purchase cottage/vacation property | <input type="checkbox"/> Provide business succession | <input type="checkbox"/> Generate tax refunds             | <input type="checkbox"/> Gift loved ones        | <input type="checkbox"/> Losing capital          |
| <input type="checkbox"/> Make money grow              | <input type="checkbox"/> Finance vacation             | <input type="checkbox"/> Purchase cottage/vacation property | <input type="checkbox"/> Protect assets              | <input type="checkbox"/> Choose tax-efficient investments | <input type="checkbox"/> Plan charitable giving | <input type="checkbox"/> Starting plan too late  |
| <input type="checkbox"/> Finance significant purchase | <input type="checkbox"/> Assist parents               | <input type="checkbox"/> Protect home or property           | <input type="checkbox"/> Take sabbatical             |   | <input type="checkbox"/> Pass on assets         | <input type="checkbox"/> Market ups and downs    |
|   |   | <input type="checkbox"/> Renovate home                      |  |   |   |  |

Other, please describe: \_\_\_\_\_



### What are your top three priorities?

Please rate your top three priorities in order of importance to you.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Please don't forget to bring:

- all financially pertinent information to your scheduled meeting including:
  - copies of previous year's tax assessment;
  - RRSP statements;
  - pension statements;
  - life insurance;
  - investment account statements; and
  - any other information that we should be aware of.

Please email or fax this form back to our office prior to your consultation. We thank you for taking the time to complete this short questionnaire and look forward to meeting you.

## life ■ work ■ family

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