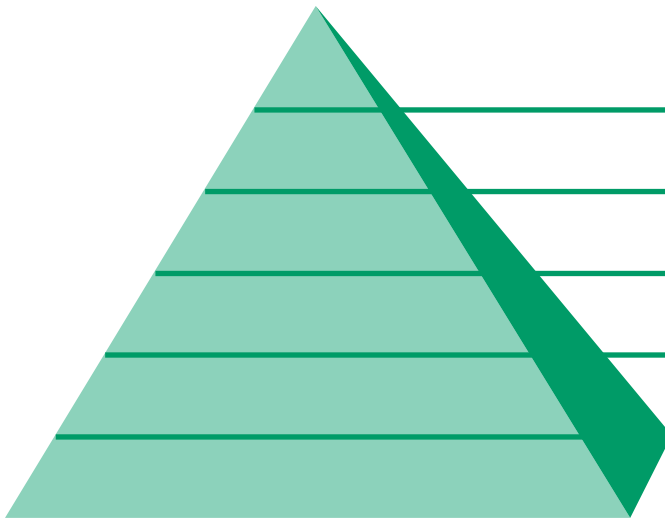




# DISCOVER

## YOUR FINANCIAL NEEDS

### *Financial Needs Pyramid*



Tax shelters

Asset accumulation

Loans/mortgage

Short-term cash flow

Insurance • life, general, disability, will, living will, POA

Protection is to financial planning what a foundation is to a house.

It needs to be solid and a good “fit”.



**Desjardins**  
**Financial Security®**  
Independent Network



	Client				Spouse					
First and last names										
Date of birth and sex	Year / Month / Day		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Year / Month / Day		<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Marital status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common-law <input type="checkbox"/> Civil union (Qc only) <input type="checkbox"/> Widowed				<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common-law <input type="checkbox"/> Civil union (Qc only) <input type="checkbox"/> Widowed					
Smoking status	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes					
Address	Street number and name									
	City				Province		Postal code			
	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Since:							
Telephone no.	Home:		Work:		Home:		Work:			
	Cell.:		Other:		Cell.:		Other:			
E-mail										
Health status	Good: <input type="checkbox"/> Yes <input type="checkbox"/> No				Good: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Retired										
Occupation/trade	<input type="checkbox"/> Self-employed				<input type="checkbox"/> Self-employed					
Employer	Since: Year / Month				Since: Year / Month					
Mortgage loan	Total	Balance \$	Rate	%	Total	Balance \$	Rate	%		
Amortization and term	Years Year / Month / Day				Years Year / Month / Day					
Financial institution/bank										
Guarantor										
Automobile	<input type="checkbox"/> Own	<input type="checkbox"/> Lease	Term and balance:		<input type="checkbox"/> No	<input type="checkbox"/> Own	<input type="checkbox"/> Lease	Term and balance:		<input type="checkbox"/> No
Driver's licence (other piece of identification)	N°				N°					
Marriage contract	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No					
Last will and testament	Yes: <input type="checkbox"/> Holographic <input type="checkbox"/> Notarized <input type="checkbox"/> Made in the presence of witnesses				Yes: <input type="checkbox"/> Holographic <input type="checkbox"/> Notarized <input type="checkbox"/> Made in the presence of witnesses					
	No <input type="checkbox"/> Reviewed Year / Month				No <input type="checkbox"/> Reviewed Year / Month					
Living will/POA	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>First and last names of children</b>										
Date of birth	Year / Month / Day		Year / Month / Day		Year / Month / Day		Year / Month / Day			
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Relationship										
Smoking status	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
RESP										
Health										
<b>Plans to have more children?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many?							
<b>Do you have any other dependants?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Who?							

Gross annual income

	Client	Spouse	Comments
Gross income			
Bonus			When?
Commissions			
Rental			
Investments			
Pension benefits (retirement, alimony)			
Dividends from private corporation(s)			
Other			
<b>Total gross monthly income</b>	<b>\$</b>	<b>\$</b>	
<b>Monthly savings capacity</b>	<b>\$</b>	<b>\$</b>	
<b>Total annual income</b>	<b>\$</b>	<b>\$</b>	



1 ■ Of the topics we've just discussed, what are your three main concerns?

1.

2.

3.

2 ■ What steps are you currently taking to reach your goals (or deal with your concerns)?

3 ■ What aspects would you like to improve this year?

Action plan

	Goals/concerns	Follow-up date	Completed on
1		Year / Month / Day	Year / Month / Day
2		Year / Month / Day	Year / Month / Day
3		Year / Month / Day	Year / Month / Day
4		Year / Month / Day	Year / Month / Day

	Client		Spouse	
	Month	Annual	Month	Annual
<b>Gross income</b> (calculated on page A2)	\$	\$	\$	\$
<b>Net income after taxes (1)</b>	\$	\$	\$	\$
<b>Minus: expenses</b>				
<b>Insurance</b>				
Automobile				
Home				
Group				
Medical				
Life, health (disability, critical illness, etc.)				
<b>Residence (primary and secondary)</b>				
Mortgage/condo fees				
Municipal and school taxes				
Heating/electricity costs				
Home repair/maintenance				
Telephone/cable/Internet				
<b>Transportation</b>				
Car payment or leasing cost				
Gas/maintenance				
Parking/public transit				
<b>Savings</b>				
Registered				
Non-registered				
<b>Debt repayment</b>				
Loans and credit cards				
Lines of credit				
<b>Family expenses</b>				
Food				
Child care/school fees				
Personal/professional care				
Medicine				
Clothes				
<b>Miscellaneous</b>				
Spending money/eating out				
Gifts and entertainment				
Sports				
Vacations				
Child support paid				
Pets				
Instalments	/3	x 12	/3	X 12
Other				
<b>Total expenses (2)</b>				
<b>Remaining income (1 - 2)</b>	\$	\$	\$	\$
<b>Your financial program budget</b>		\$		\$

Assets	Client <input type="checkbox"/> Family/joint <input type="checkbox"/>			Spouse			
	during lifetime	Converted to cash in the event of death or critical illness		during lifetime	Converted to cash in the event of death or critical illness		
Individual life insurance		\$			\$	\$	
Group life insurance		\$			\$	\$	
CPP/QPP benefit		\$2,500			\$2,500		
<b>Total life insurance</b>		\$	\$		\$	\$	
Cash	\$	\$	\$	\$	\$	\$	
Term deposits convertible to cash	\$	\$	\$	\$	\$	\$	
Savings bonds (Can. or Qc.)	\$	\$	\$	\$	\$	\$	
Stocks, bonds and mutual funds*	\$	\$	\$	\$	\$	\$	
QSSP*	\$		\$	\$	\$	\$	
RESP*							
Cash value (insurance)*	\$			\$			
<b>Total non-registered investments</b>	\$	\$	\$	\$	\$	\$	
RRSP, LIRA, RRIF and LIF*	\$		\$	\$		\$	
Pension plan	\$			\$			
Group plan*	\$			\$			
<b>Total registered investments</b>	\$		\$	\$		\$	
Primary home	\$	\$	\$	\$	\$	\$	
Second home or cottage*	\$	\$	\$	\$	\$	\$	
Income property*	\$	\$	\$	\$	\$	\$	
Other*	\$	\$	\$	\$	\$	\$	
<b>Total capital assets</b>	\$	\$	\$	\$	\$	\$	
Furniture, jewellery and personal effects	\$	\$	\$	\$	\$	\$	
Car	\$	\$	\$	\$	\$	\$	
Collections*	\$	\$	\$	\$	\$	\$	
Business assets*	\$	\$	\$	\$	\$	\$	
<b>Total miscellaneous assets</b>	\$	\$	\$	\$	\$	\$	
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	
<b>LIABILITIES</b>							
	<b>Insured</b>	<b>during lifetime</b>	<b>If uninsured in the event of death</b>	<b>critical illness</b>	<b>during lifetime</b>	<b>If uninsured in the event of death</b>	<b>critical illness</b>
Mortgage	<input type="checkbox"/> Yes	\$	\$	Refer to page E1 Financial needs analysis in the event of critical illness	\$	\$	Refer to page E1 Financial needs analysis in the event of critical illness
Automobile loan/lease	<input type="checkbox"/> Yes	\$	\$		\$	\$	
Personal loans	<input type="checkbox"/> Yes	\$	\$		\$	\$	
Credit cards/lines of credit	<input type="checkbox"/> Yes	\$	\$		\$	\$	
Business liabilities	<input type="checkbox"/> Yes						
Other (taxes payable)	<input type="checkbox"/> Yes	\$	\$		\$	\$	
<b>Estimated tax payable</b>							
Disposition of registered plans		\$	\$	\$	\$	\$	
Recapture of depreciation		\$	\$	\$	\$	\$	
Capital gains		\$	\$	\$	\$	\$	
<b>TOTAL LIABILITIES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	
<b>NET ASSETS</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	

Note: Ask for insurance policies and investment statements

\*These assets may be taxed when converted to cash.

	Client	Spouse	Comments
<b>Desired retirement age</b>			
<b>Desired income</b> (% of current income or \$)			
<b>RRSP</b>			
Annual group RRSP contribution			
Annual individual RRSP contribution			
Unused contribution room			
<b>Defined benefit plan</b> (ask for statements)			Plan coordinated with QPP/CPP: Yes <input type="checkbox"/> No <input type="checkbox"/>
Minimum retirement age			
Annual actuarial reduction rate			
Age for actuarial reduction calculation			
% of income per year of service			
Number of contribution years			
Average salary (last five years)			
<b>Defined contribution plan</b> (ask for statements)			
Total accrued amount			
Employee share in % of income			
Employer share in % of income			
<b>QPP/CPP</b> (annual)	\$10,135	\$10,135	Maximum gross amount according to the MPE at age 65 (- 6% per year if retirement taken before age 65)
<b>OAS</b> (annual)	\$5,816	\$5,816	At age 65 only

Note: Please complete documents J1 and J2; Risk tolerance profile.

- 1 ■ How much annual income do you think you will need when you retire?  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2 ■ Do you know how much you need to invest annually to achieve this goal?  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3 ■ What average rate of return would you like to use to prepare the estimates?  
 \_\_\_\_\_  
 \_\_\_\_\_
- 4 ■ Do you plan to make any major purchases when you retire?  
 \_\_\_\_\_  
 \_\_\_\_\_
- 5 ■ Would you like to contribute financially to your grandchildren's education?  
 \_\_\_\_\_  
 \_\_\_\_\_
- 6 ■ Do you currently borrow to invest in your RRSPs?  
 \_\_\_\_\_  
 \_\_\_\_\_
- 7 ■ What is the most highly regarded quality in a financial advisor?  
 \_\_\_\_\_  
 \_\_\_\_\_

Mutual funds, segregated funds, other			
Investment type		Capital	
Company		Issue date	
Contract number		Maturity date	
Fee type		Beneficiaries	

Mutual funds, segregated funds, other			
Investment type		Capital	
Company		Issue date	
Contract number		Maturity date	
Fee type		Beneficiaries	

Mutual funds, segregated funds, other			
Investment type		Capital	
Company		Issue date	
Contract number		Maturity date	
Fee type		Beneficiaries	

Mutual funds, segregated funds, other			
Investment type		Capital	
Company		Issue date	
Contract number		Maturity date	
Fee type		Beneficiaries	

Mutual funds, segregated funds, other			
Investment type		Capital	
Company		Issue date	
Contract number		Maturity date	
Fee type		Beneficiaries	

Mutual funds, segregated funds, other			
Investment type		Capital	
Company		Issue date	
Contract number		Maturity date	
Fee type		Beneficiaries	

Mutual funds, segregated funds, other			
Investment type		Capital	
Company		Issue date	
Contract number		Maturity date	
Fee type		Beneficiaries	

	Client	Spouse	Comments
Last year's salary/ indexation	\$ /	\$ /	Will you continue saving?
Additional monthly expenses	\$	\$	
Covered by: Employment insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Workers' compensation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	B to 5A
% of time: office/ administrative work	%		% of time specifically doing this work
% of time: manual/ physical labour	%		% of time specifically doing this work
% of time: worked at home/ on the road	% / %		% of time specifically doing this work
Time worked	/		
Hours per week and weeks per year			
<b>Individual disability insurance coverage</b>			
Monthly benefit			
Benefit payment period			
Waiting period			
<b>Group disability insurance coverage</b>			
Monthly benefit			
Benefit payment period			
Waiting period			
<b>Credit insurance coverage</b>			
Mortgage			
Personal loans			
Monthly benefit			
Benefit payment period			

Note: Complete form G1/Statement of contracts currently in force.

1 ■ If you were to become disabled, would it be important for you to be able to continue saving?

---

2 ■ What would you be saving for?

---

3 ■ What net monthly income do you need to maintain your lifestyle? (Review budget on page A5 for minimum expenses)

---

4 ■ Should this income be indexed? %

---

5 ■ Would it be important for you that the definition of total disability remain the same after two years?

---

Note: Ask for the group insurance booklet.

1 ■ What do you think your monthly expenses would be in the event of a loss of independence?  
 \_\_\_\_\_

2 ■ Would you like to remain at home? Average monthly cost for home care is between \$1,500 and \$3,200. Yes  No

3 ■ Would you like to stay in a private care facility? Average monthly cost is between \$2,600 and \$5,500. Yes  No

4 ■ Would you like to stay in a CHSLD (Residential and long-term care facility)? Average monthly cost is between \$1,500 and \$3,000. Yes  No

5 ■ What additional amount do you need for personal expenses?  
 \_\_\_\_\_

**Monthly annuity calculation**

Home care  Family care

**Total average monthly cost for long-term care (LTC)<sup>1</sup>:** \_\_\_\_\_ A

**Minus:**

A ■ LTC insurance policy currently in-force ( \_\_\_\_\_ ) B  
 Company: \_\_\_\_\_  
 Premium (monthly cost): \_\_\_\_\_ \$

B ■ Net monthly income (complete tables 1 to 3) ( \_\_\_\_\_ ) C

**Details regarding the coverage options**

**Benefit payment period** 2 years  5 years  Lifetime

**Premium duration** 20 years<sup>2</sup>  Lifetime

**Waiting period** 30 days  90 days  180 days

**Option to increase the insurance amount (recommended to offset inflation)** Yes  No

**Table 1 – Calculation of assets readily convertible to cash**

Assets convertible to cash			
Primary home	\$		
Second home <sup>3</sup>	\$		
Income property <sup>3</sup>	\$		
Automobile	\$		
Personal property <sup>3</sup>	\$		
Other	\$	\$	
Minus: Liabilities			
Mortgage loan	\$		
Personal loan	\$		
Other debts	\$		
Tax on capital gains	\$		
Others	\$	\$ ( _____ )	
<b>Total assets convertible to cash</b>			<b>\$</b> Insert amount into table 2

<sup>1</sup> The Independent Living FNA brochure (05041E05) can help you determine the average monthly cost.

<sup>2</sup> "Lifetime" benefit payment period.

<sup>3</sup> May be taxed when converted to cash.

Table 2 – Calculation of income from assets convertible to cash				
Assets convertible to cash	Rate of gross return expected		Total	Income from assets convertible to cash
\$ _____	X	% =	\$ _____	÷ 12 \$ _____
Insert amount into table 3				

Table 3 – Calculation of net monthly income				
<b>Monthly income</b>				
Income from assets convertible to cash (amount from table 2)	\$ _____			
RRSP/LIF	\$ _____			
Life annuity	\$ _____			
Investments income	\$ _____			
CPP/OAS/QPP pension	\$ _____			
Pension plan	\$ _____			
Other	\$ _____			
<b>Total monthly income</b>	\$ _____	X	% = \$ _____	
			Applicable tax factor (table 4)	
<b>Minus: Monthly expenses</b>				
Housing	\$ _____			
Spousal expenses	\$ _____			
Grocery	\$ _____			
Clothes	\$ _____			
Medical care	\$ _____			
Personal care	\$ _____			
Gifts/entertainment	\$ _____			
Insurance	\$ _____			
Telephone, cable	\$ _____			
Miscellaneous expenses	\$ _____			
Other	\$ _____			
<b>Total monthly expenses</b>	\$ _____		\$ ( _____ )	
<b>Net monthly income</b>				\$ _____
Insert amount into box C				

Table 4 – Applicable tax factor to calculate net income (approximate rates)			
Monthly income tax brackets	Factor	Monthly income tax brackets	Factor
\$833 to \$2,499	80%	\$5,417 to \$7,916	65%
\$2,500 to \$3,916	74%	\$7,917 to \$11,666	60%
\$3,917 to \$5,416	70%	\$11,667 and over	56%

	Client	Spouse	Comments
<b>Current disability insurance</b>			
Self-employed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
% of income covered	%	%	Generally 70% in disability insurance
Waiting period	days	days	
<b>Expenses following diagnosis</b>			
Loss of income (short-term)	\$	\$	Motivation
Loss of income (spouse)	\$	\$	
Professional home care	\$	\$	
Housekeeping (home)	\$	\$	
Accommodations	\$	\$	
Travel	\$	\$	
<b>Subtotal</b>	<b>\$</b>	<b>\$</b>	
<b>Quality of life expenses</b>			
Salary maintenance	\$	\$	Motivation
Career change	\$	\$	
Out-of-country treatment	\$	\$	
Home adaptation	\$	\$	
Wheelchair or scooter	\$	\$	
Vehicle purchase or adaptation	\$	\$	
Repayment (loans, lines of credit, credit cards)	\$	\$	
Early retirement	\$	\$	
Projects or trips	\$	\$	
Other	\$	\$	
Business (hiring a replacement)	\$	\$	
<b>Subtotal</b>	<b>\$</b>	<b>\$</b>	
<b>Total expenses</b>	<b>\$</b>	<b>\$</b>	
Individual disability insurance	Minus	Minus \$	
Group health insurance	Minus	Minus \$	
Net assets in the event of critical illness	Minus	Minus \$	See Assets minus liabilities statement (if result is negative, add it)
Other	Minus	Minus \$	
<b>Total capital needed</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

1 ■ If you were diagnosed with a critical illness tomorrow, what would be the financial impact for you and your family?

\_\_\_\_\_

\_\_\_\_\_

2 ■ If your child were diagnosed with a critical illness, wouldn't you want to have the money to ensure that he or she got the best possible care?

\_\_\_\_\_

\_\_\_\_\_

	Client	Family/joint	Spouse
<b>Net monthly income</b> (before death)	\$ (1)		\$
Monthly savings	\$ (2)		\$
Mortgage payment	\$ (3) if insured		\$
<b>Net monthly income requirements after death</b>	= \$ (4) (70% of income or 1-[2+3])		= \$
Present income of surviving spouse	\$ (if family)		\$
Pension of surviving spouse (CPP/QPP)	\$ See grid below.		\$
Orphan's pension (CPP/QPP)	\$ \$64 per child (CPP: \$195)		\$ \$64 per child (CPP: \$195)
Other income	\$		\$
<b>Total</b>	= \$ (5)		= \$
<b>Monthly income shortfall (4-5)</b>	= \$ X Factor (see H1) = \$	<b>A</b>	= \$ x F = \$ <b>A</b>
<b>Assets convertible to cash at death</b>			
CPP/QPP benefit	\$2,500		\$2,500
Home	\$		\$
Cottage and other properties	\$		\$
Investments	\$		\$
Life insurance	\$ (other than mortgage)		\$ (other than mortgage)
Group life insurance	\$		\$
Other	\$		\$
<b>Total assets</b>	= \$	<b>B</b>	= \$ <b>B</b>
<b>Liabilities and expenses at death</b>			
Mortgage	\$ If uninsured		\$ If uninsured
Debt(s)	\$		\$
Final tax expenses	\$		\$
Funeral expenses <sup>1</sup>	\$ Note 1		
Readjustment/emergency <sup>2</sup>	\$ Note 2		
Education fund	\$		\$
Other	\$		\$
<b>Total liabilities</b>	= \$	<b>C</b>	= \$ <b>C</b>
<b>Assets convertible to cash at death</b>	= \$	<b>D</b>	= \$ <b>D</b>
		<b>(B - C)</b>	<b>(B - C)</b>
<b>Life insurance required</b>	= \$	<b>(A - D)</b>	= \$ <b>(A - D)</b>

A: Amount of capital required to make up the monthly income shortfall.

B: Assets converted to cash or received at death.

C: Liabilities and expenses at death.

A - D [D = B - C] = life insurance amount required to make up the income shortfall. If D is negative, add it to A.

**Note 1: Funeral expenses**

- Includes:
- Funeral costs
  - Probate of will
  - Estate settlement

**Note 2: Readjustment/emergency**

- Includes:
- Additional child care costs
  - Housekeeping
  - Advance payment of several months' rent
  - Leave without pay
  - Trip

Life, critical illness, disability and long-term care insurance policies			
G <input type="checkbox"/> I <input type="checkbox"/> Policy type		Face amount	
Company		Issue date	
Policy number		Expiry date	
Additional benefits		Policyowner	
Insureds		Premium mode	
		Beneficiaries	
Cash value		Policy loans	
<b>Insurance objectives</b>			

Life, critical illness, disability and long-term care insurance policies			
G <input type="checkbox"/> I <input type="checkbox"/> Policy type		Face amount	
Company		Issue date	
Policy number		Expiry date	
Additional benefits		Policyowner	
Insureds		Premium mode	
		Beneficiaries	
Cash value		Policy loans	
<b>Insurance objectives</b>			

Life, critical illness, disability and long-term care insurance policies			
G <input type="checkbox"/> I <input type="checkbox"/> Policy type		Face amount	
Company		Issue date	
Policy number		Expiry date	
Additional benefits		Policyowner	
Insureds		Premium mode	
		Beneficiaries	
Cash value		Policy loans	
<b>Insurance objectives</b>			

Life, critical illness, disability and long-term care insurance policies			
G <input type="checkbox"/> I <input type="checkbox"/> Policy type		Face amount	
Company		Issue date	
Policy number		Expiry date	
Additional benefits		Policyowner	
Insureds		Premium mode	
		Beneficiaries	
Cash value		Policy loans	
<b>Insurance objectives</b>			

This table is used to calculate the amount of capital required and the resulting life insurance needs. Find the factor that corresponds to the chosen capital duration and estimated interest rate and multiply it by the monthly income shortfall following death. This will give you the insurance capital required.

Example: You entered \$1,500 in field F "Monthly income shortfall" of the "Income required by the surviving spouse" section. You want this monthly income to be generated over 20 years with an interest rate of 4%. The grid below indicates that you must use the factor of 165.57. Multiply this factor by \$1,500 to get a capital of \$248,355. You can round off this amount and enter it in field G.

If your customer finds the insurance amount too high, you can choose an average rate of return to show him the period at the end of which the capital he has chosen will be depleted.

Example: For monthly needs of \$1,500, a capital of \$100,000 at an interest rate of 4% will be depleted in less than 7 years. ( $\$100,000 \div \$1,500 =$  factor of 66.67. In the 4% column, this factor corresponds to a period of 6 to 7 years.)

Duration of capital	Average rate of return (before taxes and inflation)					
	3%	4%	5%	6%	7%	8%
5 years	55.79	54.48	53.21	51.98	50.80	49.65
6 years	65.98	64.13	62.35	60.64	59.00	57.41
7 years	75.87	73.40	71.05	68.80	66.64	64.59
8 years	85.47	82.31	79.32	76.48	73.78	71.21
9 years	94.78	90.87	87.19	83.71	80.43	77.32
10 years	103.82	99.10	94.67	90.52	86.63	82.97
11 years	112.59	107.00	101.80	96.94	92.41	88.18
12 years	121.11	114.60	108.57	102.99	97.81	93.00
13 years	129.37	121.89	115.02	108.68	102.84	97.44
14 years	137.39	128.91	121.15	114.04	107.53	101.55
15 years	145.17	135.64	126.98	119.10	111.90	105.34
16 years	152.72	142.12	132.53	123.85	115.99	108.84
17 years	160.05	148.34	137.81	128.34	119.79	112.07
18 years	167.16	154.31	142.83	132.56	123.34	115.05
19 years	174.06	160.05	147.61	136.53	126.65	117.81
20 years	180.76	165.57	152.16	140.28	129.73	120.35
21 years	187.26	170.87	156.48	143.81	132.61	122.70
22 years	193.57	175.97	160.59	147.13	135.30	124.87
23 years	199.69	180.86	164.51	150.26	137.80	126.87
24 years	205.64	185.57	168.23	153.21	140.14	128.72
25 years	211.40	190.08	171.77	155.98	142.31	130.43
26 years	217.00	194.43	175.14	158.60	144.34	132.00
27 years	222.43	198.60	178.35	161.06	146.24	133.46
28 years	227.70	202.61	181.40	163.38	148.00	134.80
29 years	232.82	206.46	184.30	165.57	149.65	136.05
30 years	237.78	210.16	187.06	167.63	151.18	137.19
31 years	242.60	213.72	189.68	169.56	152.62	138.25
32 years	247.28	217.13	192.18	171.39	153.95	139.23
33 years	251.81	220.42	194.56	173.11	155.20	140.13
34 years	256.22	223.57	196.82	174.73	156.36	140.96
35 years	260.49	226.60	198.97	176.26	157.44	141.73
Preservation of capital	400.00	300.00	240.00	200.00	171.40	150.00

**Time horizon**

**1▪ How old are you?**

- A. Age 66 and over [1]
- B. Age 56 to 65 [3]
- C. Age 46 to 55 [5]
- D. Age 36 to 45 [7]
- E. Age 35 and under [10]

**2▪ When are you planning to withdraw your investments?**

- A. Less than 3 years [0]
- B. 3 to 5 years [3]
- C. 6 to 10 years [5]
- D. 11 to 20 years [7]
- E. More than 20 years [10]

**3▪ In the short and mid-term (3 to 5 years), do you plan to:**

- A. Withdraw some of your investments (HBP, children studies, retirement, etc.)? [1]
- B. Use your investments and returns as your main source of income? [3]
- C. Use your returns only as your main source of income? [5]
- D. Use your returns as a secondary source of income? (occasional withdrawals) [7]
- E. No withdrawals? (accumulation and growth) [10]

**Financial situation**

**4▪ What is the gross annual income in your household before taxes?**

- A. Under \$30,000 [1]
- B. \$30,000 to \$49,999 [3]
- C. \$50,000 to \$99,999 [5]
- D. \$100,000 to \$149,999 [7]
- E. \$150,000 and more [10]

**5▪ What is the market value of your current investment portfolio?**

- A. Under \$25,000 [1]
- B. \$25,000 to \$49,999 [3]
- C. \$50,000 to \$99,999 [5]
- D. \$100,000 to \$300,000 [7]
- E. \$300,000 and more [10]

**6▪ How do you evaluate your financial and family situation?  
(Choose the answer that best reflects your situation based on the examples.)**

- A. I am starting my career. I use many short-term financing tools (credit cards, personal loans, line of credit, etc.). I save little or nothing. [1]
- B. My financial situation is changing. I am contracting major loans (mortgage, car). I am starting my family (marriage, house, children). [3]
- C. My financial situation is more defined. My career and income are stable and allow me to start paying back my major loans and to save for emergencies. My children are attending postsecondary school. If I am retired, my income depends on my investment returns. [5]
- D. My financial situation is stable and well-defined. My income is gradually increasing. My loans are almost completely paid back. My children have moved out of the house. If I am retired, market fluctuations do not affect my income. [7]
- E. My income more than covers my expenses. My financial obligations are low. I can save a large portion of my income. [10]

**Risk tolerance**

**7▪ How often do you review your investment portfolio?**

- A. Never or rarely. [1]
- B. Frequently (quarterly or less) and I sell the investments that have decreased in value to buy more of the ones that have appreciated. [0]
- C. Once a year and I keep the investments that have produced negative returns. [6]
- D. Once a year to determine which investments to choose for my upcoming purchases. [15]
- E. Once a year or more to evaluate my investment portfolio and adapt it if my financial objectives have changed. I invest for the long term. [20]

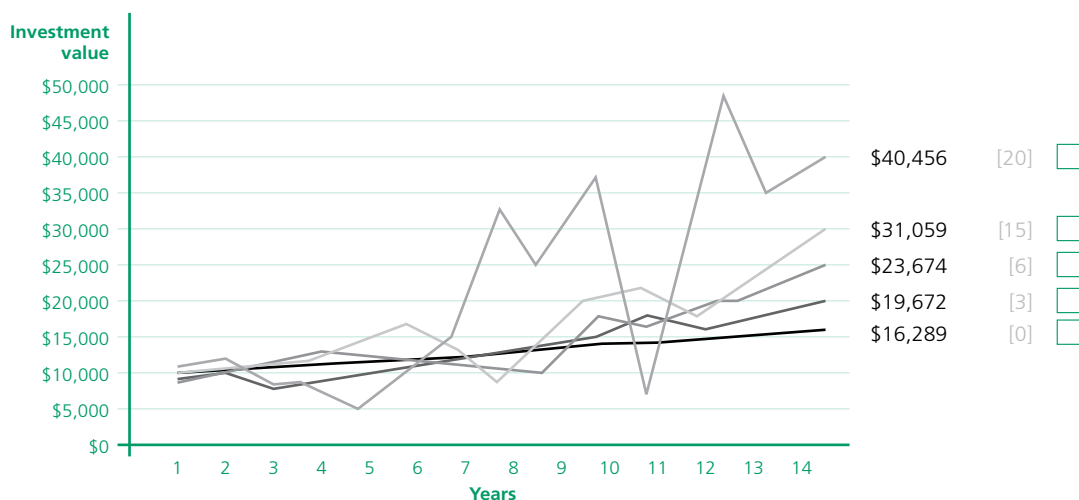
**8▪ Assuming a short-term market decline, what temporary decrease in the value of your investments would you accept?**

- A. None [0]
- B. Up to 5% [3]
- C. From 6% to 15% [6]
- D. From 16% to 25% [15]
- E. Over 25% [25]

**9▪ How do you rate your investment knowledge?**

- A. **Nil:** This is my first experience with investments. [1]
- B. **Low:** I have basic investment knowledge. I know investments have different levels of risk. [3]
- C. **Moderate:** I know different types of investments and their level of risk. I own different investments. [6]
- D. **Advanced:** I am familiar with mutual funds, bonds and equities. I understand the interaction between the levels of risk, different investment types, returns and fluctuation in time. [10]
- E. **Expert:** I have in-depth knowledge of the financial market, its movement and its effect on my investments. [20]

**10▪ Keeping in mind an original investment of \$10,000, choose the market value evolution curve with which you feel most secure.**



**Results**

**TOTAL:**  Secure: 0 to 29      Growth: 85 to 109  
 Moderate: 30 to 59      Speculative: 110 and +  
 Balanced: 60 to 84

Does your investment choice match the risk tolerance profile determined?      Yes       No

Comments:

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Client's signature (owner, co-owner if applicable) \_\_\_\_\_

Date of signature  
 Year / Month / Day

Representative's signature \_\_\_\_\_

Date of signature  
 Year / Month / Day













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