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The information you provide is used as a general guide to help you assess your current financial situation, provide steps to help you meet your goals, and provide resources to help you continue to plan for your future. At RBC Wealth Management, we are committed to helping you build a goal-based financial plan based on what's most important to you. Because we believe that the greatest returns are realized when you grow more than wealth.



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Name(s):

Date:

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Financial Advisors:

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Any information provided in this questionnaire will be considered confidential. This questionnaire is not to be construed as a representation by us or as an offer to sell or a solicitation of an offer to buy any products or services. Please do not return this completed questionnaire via standard email, as we cannot ensure the security of those transmissions. Your financial advisor can provide you with options to return this questionnaire.

## Personal

Personal information						
	Client (C)			Co-client (Co)		
Name						
Date of birth		Gender	<input type="checkbox"/> M <input type="checkbox"/> F		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Employment income	\$			\$		
Marital status		State of residence				

When you think about retirement, what do you most look forward to?

Activity	Client/Co-client	Activity	Client/Co-client
Active lifestyle	<input type="checkbox"/> / <input type="checkbox"/>	Start a business	<input type="checkbox"/> / <input type="checkbox"/>
Quiet lifestyle	<input type="checkbox"/> / <input type="checkbox"/>	Time with friends and family	<input type="checkbox"/> / <input type="checkbox"/>
Opportunity to help others	<input type="checkbox"/> / <input type="checkbox"/>	Less stress - peace of mind	<input type="checkbox"/> / <input type="checkbox"/>
Moving to a new home	<input type="checkbox"/> / <input type="checkbox"/>	Other:	<input type="checkbox"/> / <input type="checkbox"/>
Work by choice	<input type="checkbox"/> / <input type="checkbox"/>	Other:	<input type="checkbox"/> / <input type="checkbox"/>
Time to travel	<input type="checkbox"/> / <input type="checkbox"/>	Other:	<input type="checkbox"/> / <input type="checkbox"/>

## Concerns

When you think about retirement, what worries or concerns you?

Concern	Client/Co-client	Degree (low/medium/high)
<b>Money</b>		
Not having a paycheck anymore	<input type="checkbox"/> / <input type="checkbox"/>	
Running out of money	<input type="checkbox"/> / <input type="checkbox"/>	
Suffering investment losses	<input type="checkbox"/> / <input type="checkbox"/>	
Leaving a legacy & potential estate taxes	<input type="checkbox"/> / <input type="checkbox"/>	
<b>Health</b>		
Cost of health care or long-term care	<input type="checkbox"/> / <input type="checkbox"/>	
Dying early	<input type="checkbox"/> / <input type="checkbox"/>	
Living too long	<input type="checkbox"/> / <input type="checkbox"/>	
Getting Alzheimer's or other illness	<input type="checkbox"/> / <input type="checkbox"/>	
<b>Personal &amp; family</b>		
Being bored	<input type="checkbox"/> / <input type="checkbox"/>	
Too much time together	<input type="checkbox"/> / <input type="checkbox"/>	
Parents needing care	<input type="checkbox"/> / <input type="checkbox"/>	
Kids mismanaging money	<input type="checkbox"/> / <input type="checkbox"/>	
<b>Something else</b>		
Other:	<input type="checkbox"/> / <input type="checkbox"/>	

Retirement age and living expense			
At what age would you like to retire?	Client (e.g., age 65)	Co-client (e.g., age 65, together)	Your living expense will be estimated (approximately 60%-70% of total employment income) and two goals will be created: Basic Living Expense (Need) and Extra Living Expense (Want).
Basic Living Expense			

Rate the importance of each goal on a scale of 10 - 1, with 10 being the most important. This groups your goals by needs, wants, and wishes.



Most Common Goals			Other Goals		
Travel	College	Wedding	New Home	Celebration	
Car	Home Improvement	Major Purchase	Start Business	Provide Care	
Health Care	Gift or Donation	Leave Bequest	Private School	Other	

Importance High Low 10 ←→ 1	Description	Start year	Target amount	Frequency (annual, one time, etc.)	How many times	End date
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

Social security benefits		
	Client	Co-client
Are you eligible?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Receiving now	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Receiving now
Amount of benefit	\$ _____ <input type="checkbox"/> Use program estimate	\$ _____ <input type="checkbox"/> Use program estimate
When to start	<input type="checkbox"/> at full retirement age <input type="checkbox"/> at retirement <input type="checkbox"/> at age _____	<input type="checkbox"/> at full retirement age <input type="checkbox"/> at retirement <input type="checkbox"/> at age _____

Retirement income (pension, part time work, rental property, annuities, royalties, alimony)							
Description	Owner		Monthly amount	Starts	Ends	Inflates?	% Survivor (pension only)
	C	Co					
	<input type="checkbox"/>	<input type="checkbox"/>	\$			<input type="checkbox"/>	%
	<input type="checkbox"/>	<input type="checkbox"/>	\$			<input type="checkbox"/>	%

Investment assets not held at RBC Wealth Management				Estimate of overall allocation: Cash ____% Bond ____% Stock ____%			
Description	Client			Co-client			
	Value	Annual additions		Value	Annual additions		
Total employer retirement plan	\$	\$		\$	\$		
Assets: 401(k), 403(b), or other. Your contribution: ____% Company match: ____% of first: ____%							
Total traditional IRA	\$	\$		\$	\$		
Total Roth IRA	\$	\$		\$	\$		
Total tax-deferred	\$	\$		\$	\$		
Joint assets	Value	Annual additions	Joint assets	Value	Annual additions		
Total taxable	\$	\$	Total tax-free	\$	\$		

Lifestyle Assets – other homes, real estate, personal property, collectables, inheritance						
Description	Owner			Current Value	Year Sell/Received	Cash Received (After-tax)
	C	Co	Joint			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Insurance								
Description	Insured			Type			Benefit	Premium
	C	Co	Joint	LTC	Life	DI		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Liabilities							
Description	Owner			Current Balance	Monthly Payment	Term	Interest Rate
	C	Co	Joint				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Risk score	Household	Client	Co-client
How much market risk are you willing to accept? On a scale of 1 to 100, with 1 being lowest risk and 100 being the highest risk what's your risk score?			

66% of all investors select a score between 40 and 60. Less than 1% select a score lower than 20 or greater than 80. Does your score feel right as you compare yourself to others?

	Household			Men			Women		
Age group	> 64	50-64	< 50	> 64	50-64	< 50	> 64	50-64	< 50
Average score	47	50	54	50	54	59	45	48	52

	Very conservative	Conservative	Balanced	Growth	Aggressive growth
RBC risk profile	0-20	21-40	41-60	61-80	81-100

RBC Wealth Management does not provide tax or legal advice. All decisions regarding the tax or legal implications of your investments should be made in connection with your independent tax or legal advisor.