

(I) CLIENT DATA QUESTIONNAIRE

HEALTH

	Client	Spouse
Do you have regular medical check-ups?		
Do you suffer from any long term disability or health problems?		

DEPENDENTS/CHILDREN

Name	Date of Birth	Sex	Passport/Identity No.	Relationship

OTHER PROFESSIONALS CURRENTLY ENGAGED

	Name	Firm	Address	Contact Details
Accountant/Tax advisor				
Lawyer				
Insurance advisor				
Stockbroker/Securities dealer				
Mutual fund agent				
Real estate agent				
Trust corporation				

GOALS AND OBJECTIVES

Employment

1. Do you foresee any substantial change in your income in the next two to five years?

2. Do you have any concerns about job security?

3. Do you have a date in mind for retirement?

4. After retirement, do you intend to work again either on a full time or part time basis?

5. Can you look forward to retirement income from a pension plan or other source? Do you know at this time how much per year?

6. What do you estimate your 'after tax' retirement income needs to be (in today's dollars)?
