

# BMO WealthPath<sup>®</sup> Discovery Document

**Date of Meeting:** \_\_\_\_\_ **Target Plan Delivery Date:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **Spouse/Common Law Partner:** \_\_\_\_\_

**Reason for the Meeting:**

- Initial discovery
- Annual review
- Material change

**Meeting Highlights:**

Key takeaways: \_\_\_\_\_

\_\_\_\_\_

Missing information: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_



## People

**What do you most enjoy doing?** \_\_\_\_\_

**Who are the most important people in your life?** \_\_\_\_\_

**Are there dependants that should be considered for this wealth plan?** \_\_\_\_\_

**What are some family health concerns that should be considered for this wealth plan?** \_\_\_\_\_

**Are you a citizen or resident of any other country - including your partner and children?** \_\_\_\_\_

	Client	Spouse/Common Law Partner
Birth Year		
Province		
Already retired?	Choose an item ▼	Choose an item ▼
<b>Dependants</b>	Choose an item ▼	Choose an item ▼
Name		
Birth Year		



**Goals**

What are your main financial concerns and what do you hope to achieve with this wealth plan? \_\_\_\_\_

Where do you see yourself in 5, 10 and 15 years down the road? \_\_\_\_\_

When is retirement? What does retirement look like for you and your family? \_\_\_\_\_

Do you feel that you are managing your taxes effectively? \_\_\_\_\_

Retirement Goal	Annual Amount	Start Year	End Year
A yearly amount that is needed throughout retirement.			



**Incomes & Expenses**

What are your current monthly household spending and income? \_\_\_\_\_

How do you foresee your household expenses or incomes changing in the future? \_\_\_\_\_

Are there any major purchases or expenses that we should consider? \_\_\_\_\_

Pre-Retirement Goal	Annual Amount	Start Year	End Year
A yearly amount that is needed for you to maintain your lifestyle while working.			

Milestone Goal	One-time Amount	Start Year	End Year
A one-time expense like a wedding, purchase of a house, or holiday.			

Education Goal	Annual Amount	Student Name	Start Year	End Year
A yearly amount needed to meet education expenses.				

**Pre-retirement**

Owner (s)	Income Type	Annual Amount	Start Year	End Year
Choose ▼	Choose ▼			
Choose ▼	Choose ▼			
Choose ▼	Choose ▼			
Choose ▼	Choose ▼			
Choose ▼	Choose ▼			
Choose ▼	Choose ▼			

**Retirement**

Owner (s)	Income Type	Annual Amount	Start Year	End Year
Choose ▼	Choose ▼			
Choose ▼	Choose ▼			
Choose ▼	Choose ▼			
Choose ▼	Choose ▼			
Choose ▼	Choose ▼			
Choose ▼	Choose ▼			



## Savings & Investments

How much are you saving each year? Will this continue, grow or shrink? \_\_\_\_\_

What drives your savings decisions? \_\_\_\_\_

Owner(s)	Savings	Balance	Cost Basis
Choose an item ▼	Choose an item ▼		
Choose an item ▼	Choose an item ▼		
Choose an item ▼	Choose an item ▼		
Choose an item ▼	Choose an item ▼		

Owner	Retirement Savings	Balance	Beneficiary	Unused Room
Choose an item ▼	Choose an item ▼			
Choose an item ▼	Choose an item ▼			
Choose an item ▼	Choose an item ▼			
Choose an item ▼	Choose an item ▼			
Choose an item ▼	Choose an item ▼			
Choose an item ▼	Choose an item ▼			

Owner	Locked-In	Balance	Beneficiary	Province
Choose an item ▼	Choose an item ▼			
Choose an item ▼	Choose an item ▼			
Choose an item ▼	Choose an item ▼			
Choose an item ▼	Choose an item ▼			

Owner(s)	Education & Disability	Balance	Beneficiary	Contributions To Date	Grants Received to Date	Unused Grant Room
Choose an item ▼	Choose an item ▼					
Choose an item ▼	Choose an item ▼					



## Property

What property do you own? \_\_\_\_\_

How do you see your property(ies) change over time? \_\_\_\_\_

Do you own any foreign properties? Any other considerations for the properties you own? \_\_\_\_\_

Owner (s)	Asset Type	Market Value	Adjusted Cost Base	Sale Date (If applicable)
Choose an item ▼	Choose an item ▼			
Choose an item ▼	Choose an item ▼			
Choose an item ▼	Choose an item ▼			
Choose an item ▼	Choose an item ▼			



## Debt

What is your current mortgage or debt balance? \_\_\_\_\_

How much is your monthly payment amount? \_\_\_\_\_

When do you hope to be debt free? Would you like to accelerate your mortgage payments? \_\_\_\_\_

Owner (s)	Liability Type	Balance	Linked Property	Interest Rate	Payment Type	Payment Amount/ Month	Payment Duration
Choose an item ▼	Choose an item ▼				Choose an item ▼		
Choose an item ▼	Choose an item ▼				Choose an item ▼		
Choose an item ▼	Choose an item ▼				Choose an item ▼		
Choose an item ▼	Choose an item ▼				Choose an item ▼		



## Insurance

Are you part of a group insurance plan? If yes, what are the benefits? \_\_\_\_\_

Do you have Life/Disability/Critical/Other insurance? If yes, what was the reason for buying the insurance? \_\_\_\_\_

**Protection for:** single income household, young children, elderly parents, disabled person, large debts, family health history, high risk lifestyle and large estate taxes.

Owner(s)	Term Life	Annual Premiums	Benefit Amount	Person Insured	Premium End Year	Beneficiary
Choose an item ▼						
Choose an item ▼						

Owner(s)	Whole Life/ Universal Life	Annual Premiums	Premiums	Benefit Amount	Person Insured	Premium End Year	Beneficiary	Cash Value	If Joint, First Death or Second Death
Choose an item ▼			Choose an item ▼						
Choose an item ▼			Choose an item ▼						

Owner	Disability	Annual Premiums	Coverage Amount	Taxable/ Non-Taxable	Max Benefit Age	Riders
Choose an item ▼						
Choose an item ▼						

Owner	Critical Illness	Annual Premiums	Benefit Amount	Term Remaining	Premium End Year	Return of Premium
Choose an item ▼						Choose an item ▼
Choose an item ▼						Choose an item ▼

Owner	Long Term Care	Annual Premiums	Lifetime Benefits	Benefit Period	Premium Period
Choose an item ▼					
Choose an item ▼					



### Business Owners

Are you or your partner a business owner? \_\_\_\_\_

What is the nature of your business and outlook? \_\_\_\_\_

What is your vision for the future of your company? \_\_\_\_\_

How does your ownership in this business fit into your overall financial picture? \_\_\_\_\_

If an ideal scenario were to take place, what would you want to have happen with respect to your ownership of the company?

\_\_\_\_\_

Name	Holdco or Opco	Owner(s)	Investment Account	Property Type	Property Value	Debt	Shareholder loan	Insurance Type	Benefit Amount
			\$		\$	\$	\$		\$
			\$		\$	\$	\$		\$



### Estate Planning

Who do you trust the most to manage your financial affairs during your lifetime and/or for your estate?

\_\_\_\_\_

Do you have a Will and Powers of Attorney in place?

Yes  No

**Yes:** What is the main objective of your Will? Have there been some significant changes since your last updated Will? If so, please explain.

\_\_\_\_\_

**No:** Without a Will, what do you wish to happen to the assets of your estate?

\_\_\_\_\_

Do you anticipate being a beneficiary of someone's estate in the future?

Yes  No

### Recommendations and Rationale

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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