

The first step
toward creating a
BMO WealthPath[®]
wealth plan.



Helping you understand how your money can work for you requires **the right information.**

We interact with money every single day. Getting a grip on the basics — where your money comes from, where it goes, and how to manage it — just makes good sense. Creating a custom wealth plan is the first step on the road to wherever you want to go. All you need is the right information: imagine if you could paint a picture of your financial life that told you where you stood, where you were headed in the future, and what you could achieve along the way. How helpful would that be?

My Wealth Facts is an interactive document — click the side tabs to navigate, and complete the sections in any order you like. You can also print this document and fill it in by hand. Don't worry about how many pages there are; you will only have to complete a small percentage of this questionnaire. Skip any sections that don't apply to you, and if you aren't sure about a section, leave a blank and we can complete it together. We're here to help.

Documents you may need.

If possible, gather copies of the following documents to help you complete **My Wealth Facts**. You can share your documents with your advisor when you meet, or send copies by email.

- Copy of your current wealth plan
- Recent tax return
- Employee benefit statement
- Corporate financial statements
- Pension and/or most recent company savings plan statements and policies
- CPP or QPP benefit statement
- Net worth statement
- Account statements from financial institutions (e.g. banks, investment firms)
- Mortgage, credit card and loan statements
- Corporate-owned insurance policy statement
- Insurance policies

Let's start with **you**.

	Tell us about yourself		Tell us about your spouse/partner	
Name				
Date of birth				
What is your citizenship?				
Employment status				
Marital status				
At what age do you hope to retire?				
Do you expect any major expenses or purchases in the future?	Yes	No	Yes	No
If yes, please provide details				

Tell us about your family and dependents				
Name				
Date of birth				
Gender				
What is their citizenship?				
What is their relationship to you and/or your spouse/partner?				
Is this person a dependent?	Yes	No	Yes	No
Do they have any special requirements?				
Are there education costs/tuition related to this dependent?				
How many more years of tuition?				

Additional comments:

Define what's important to **you**.

Great wealth planning helps you build a deeper understanding of your money. The questions below will help you think about where you are now and where you would like to be in the future. We will take time together to discuss your goals and ensure we capture what's most important to you.



Your situation today and goals for the future	You			Your spouse/partner		
I know exactly where my money goes each month	Yes	<input type="checkbox"/> Somewhat	No	Yes	Somewhat	No
I have a well-defined investment strategy	Yes	Somewhat	No	Yes	Somewhat	No
I clearly understand my company retirement plan and other benefits	Yes	Somewhat	No	Yes	Somewhat	No
What are the top three financial issues you currently face?	1.			1.		
	2.			2.		
	3.			3.		

Your goals for financial advice	You	Your spouse/partner
Who do you rely on for financial advice?		
What do you expect from a financial advisor?		
What is the most important service an advisor provides?		

Your personal and professional goals	You			Your spouse/partner		
What are the passions in your life?						
Do you see yourself buying or starting a business in the next 5 years?	Yes	<input type="checkbox"/> Somewhat	No	Yes	Somewhat	No
What would be the nature of the business if you were to proceed?						

Additional comments:

Rank your financial priorities.

Being clear about financial priorities is important when building your personalized wealth plan. This page is divided into four boxes. The top two boxes relate to your “**must have**” financial priorities. Use the left box to list shorter-term priorities (e.g., replace old furnace), and the right box for longer-term priorities (e.g., fund my retirement). The bottom two boxes relate to your “**nice to have**” financial priorities. Use the left box to list shorter-term priorities (e.g., take a vacation), and the right box for longer-term priorities (e.g., buy a second home).



		MUST HAVES	
SHORTER TERM			
		NICE TO HAVES	

Let's talk about **income**.

This section gives you an opportunity to outline your employment income details. The Total income line will automatically calculate the total based on the numbers you enter for yourself and your spouse/partner. **Fill in all that apply.**

Employment Income				
Details	You	Annual change	Your spouse/partner	Annual change
Before tax annual base salary				
Annual commission				
Annual bonus				
Annual car allowance				
Other employment income: (Define)				
Total income				

Income

Additional comments:

TIPS

Please include your Employer Benefit, Employee Share Ownership or Executive Compensation Statement when submitting this document, or bring the statements to your next meeting.

This section focuses on **employment benefits**.

Employment benefits	You			Your spouse/partner		
	Enter %/\$ amount	Monthly/Annually/Per pay		Enter %/\$ amount	Monthly/Annually/Per pay	
Defined contribution plan: Set amounts/unknown pension						
Employee contribution						
Employer contribution						
Employee share ownership program						
Employee contribution						
Employer contribution						
Defined benefit plan: Known pension benefit						
Voluntary employee contribution						
Estimated pension benefit at retirement						
Effective date when pension benefit begins						
Do you plan to take the lump sum value?	Yes	No	Not sure	Yes	No	Not sure
Is pension benefit at retirement indexed?	Yes	No	Not sure	Yes	No	Not sure

Income

Additional comments:

TIPS Please include your Employment Benefit, Employee Share Ownership or Executive Compensation Statement when submitting this document, or bring the statements to your next meeting.

Let's talk about **CPP, OAS, pension and annuity income.**

Retirement income details (enter annual gross amount)		
	You	Your spouse/partner
How long have you been contributing to CPP/QPP?		
What is the annual before tax amount you expect to receive?		
At what age will you receive/did you begin receiving CPP/QPP?		
If retired, what is the annual before tax CPP/QPP amount you receive?		
Are you eligible for OAS?	Yes No	Yes No
If retired, what is the annual before tax OAS amount you receive?		

Defined benefit pension plans		
Is your pension indexed?	Yes No	Yes No
What is your pension income?		
What is the survivor benefit percentage of your pension?		

Other retirement income		
Registered annuity		
Non-registered annuity		
Do you receive government-sponsored income from another country?		
Any other retirement income from a stream not previously mentioned (excluding investments and RRSPs)?		

Additional comments:



Please include CPP and pension statements when submitting this document, or bring the statement to your next meeting.



Let's talk about **income from spousal and child support.**

Spousal support received	You	Enter start/stop date	Your spouse/partner	Enter start/stop date
What is the annual before tax amount you expect to receive?				
Is this income taxable?	Yes No		Yes No	

Child support received	You	Enter start/stop date	Your spouse/partner	Enter start/stop date
What is the annual before tax amount you expect to receive?				
Is this income taxable?	Yes No		Yes No	

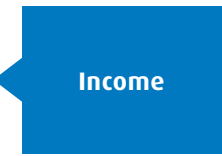
Spousal support paid	You	Enter start/stop date	Your spouse/partner	Enter start/stop date
What is the annual before tax amount you expect to pay?				
Is this income taxable?	Yes No		Yes No	

Child support paid	You	Enter start/stop date	Your spouse/partner	Enter start/stop date
What is the annual before tax amount you expect to pay?				
Is this income taxable?	Yes No		Yes No	

Additional comments:

TIPS

Please include your Notice of Assessment and T-1 General Tax Return form when submitting this document, or bring it with you to your next meeting.



Do you have any other sources of **income**?

	Details/description	You	Your spouse/partner
Other income #1			
Other income #2			
Other income #3			

Additional comments:

Income

TIPS

Please include your most recent income policy statements when submitting this document, or bring the statements to your next meeting.

This section (one of two) will help capture your **savings and investments assets**.

Details	Ownership name	Value \$ amount	Adjusted Cost Base	% in equity	Monthly/annual savings \$
Section 1: Liquid					
Deposit account(s)					
Savings account(s)					
Section 2: Registered					
DC Pensions/ Group RRSP					
RRSPs/ RRIFs					
TFSA					
RESP					
RDSP					
U.S.-based assets					

Savings and Investments

Additional comments:

TIPS Please include your most recent investment statements when submitting this document, or bring the statements to your next meeting.

This section (two of two) will help capture your **assets**.

Details	Ownership name	Value \$ amount	Adjusted cost base	Invested in (details)	Goal	Savings
Section 3: Non-registered						
Non-registered investments						
Section 4: Employee share ownership						
ESOP non-registered						
ESOP registered						

Savings and Investments

Additional comments:

TIPS Please include your most recent investment policy statements when submitting this document, or bring the statements to your next meeting.

This section will help define your **property**.

Details	Ownership name	Value \$ amount	Adjusted cost base	Sale date	Comments
List home, cottage and other properties					
Future/planned property purchase?					
Collectibles, art and other assets					



Additional comments:

This section will help define your annual total **expenses**.

We know that understanding and tracking your spending is the part of financial planning most people dread, but unconscious spending can potentially damage your future lifestyle. Tracking is important, and we are here to help: we encourage you to face your budget head on. Understanding where, how and why you spend your money is the key to financial control. It will give you an awareness of your finances that has more long-term value than anything you can buy, sell or invest in.

Expense reporting options	
Option 1: I will include my own spreadsheet	Yes, I will attach my own spreadsheet
Option 2: Assume you spend what you don't save. Based on the income and savings info you have provided, we will assume your current expenses equal 100% of your post-savings income. If you are retired, we will assume your expenses equal 80% of your post-savings income.	Yes, you can assume I spend what I don't save I am not retired I am retired
Option 3: Enter one total estimated amount	
Option 4: Outline and calculate your expenses in the fields provided	Click here to calculate your expenses in the fields provided

Additional comments:

This section will help define your annual total **expenses**.

Housing	Principal	Other
Hydro		
Water/sewer		
Natural gas		
Home insurance		
Home telephone		
Property taxes		
Misc. services		
Repairs & improvements		
Condo fees		
Home security		
Garden supplies		
Annual housing costs		

Vacation	
How many trips do you take per year?	
Air fare	
Accommodations	
Food	
Other (insurance, pet sitting, cash etc.)	
Rental car	
Cottage rental	
Annual vacation expenses	

Personal	
Clothing	
Gifts	
Salon/barber	
Misc. spending (ATM \$)	
Dependant/home care	
Annual personal expenses	

Recreation	
Membership/user fees	
Sports equipment	
Team dues	
Toys/child gear	
Annual recreation expenses	

Other	
Charitable donations	
Private school	
Other	
Annual other expenses	

Additional comments:



This section will help define your annual total **expenses**.

Daily Living		
Groceries		
Cell phones		
Child care		
Dry cleaning		
Dining out		
House cleaning		
Pet expenses		
Annual living expenses		

Transportation	
How often do you buy a new car? (Yrs)	
Approximate purchase price of car	
Monthly lease payment	
Monthly car payment	
Gas/fuel	
Car insurance	
Repairs/oil changes	
Registration/license	
Parking	
Public transportation	
Annual transportation expenses	

Post-secondary education	
Child's name	
Annual costs	
End date	
Child's name	
Annual costs	
End date	
Child's name	
Annual costs	
End date	
Child's name	
Annual costs	
End date	

Health	
Medical insurance	
Prescriptions	
Dental expenses	
Over-the-counter drugs	
Vitamins & health supplements	
Veterinarian	
Annual health related expenses	

Entertainment	
TV/internet	
Alcohol/tobacco	
Movies/concerts/shows	
Other (Books/music)	
Annual entertainment expenses	

Dues/subscriptions/fees	
Magazines & newspapers	
Lawyer/accountant fees	
Bank/credit card service charges	
Annual dues/subscription fees	

Additional comments:

This section will help define your **liabilities**.

Description	Ownership	Repayment frequency	Repayment amount	Repayment type	Interest rate	Outstanding balance	Is interest tax-deductible?
Mortgage							
1							
2							
3							
4							
Personal loan							
1							
2							
3							
4							
Credit card							
1							
2							
3							
4							
Other							

Liabilities

TIPS

Please include any recent mortgage, loan or credit card statements when submitting this document, or bring the statements to your next meeting.

Insurance coverage.

Please bring copies of policies that you have.

Life insurance death benefits	You		Your spouse/partner	
Employer-sponsored or group insurance				
Personal owned				
Other coverage				
Hospitalization, major medical, HMO, Medicare	Yes	No	Yes	No
Long-term care	Yes	No	Yes	No
Short-term disability	Yes	No	Yes	No
Long-term disability	Yes	No	Yes	No
Critical illness	Yes	No	Yes	No
Personal umbrella liability	Yes	No	Yes	No
Professional liability	Yes	No	Yes	No
Automobile	Yes	No	Yes	No
Homeowners/renters	Yes	No	Yes	No
Specified personal property (for valuables)	Yes	No	Yes	No
Other:				

Additional comments:

TIPS

Please include insurance policies or statements when submitting this document, or bring the statements to your next meeting.

Let's talk about **estates, trusts and wills.**

Wills	You		Your spouse/partner	
Do you have a will?	Yes	No	Yes	No
If yes, has it been reviewed in the last 3 years?	Yes	No	Yes	No
Do you have guardians for your children?	Yes	No	Yes	No
Do you have Power of Attorney for personal care?	Yes	No	Yes	No
Do you have Power of Attorney of finances?	Yes	No	Yes	No
Do you have legacy planning/specific legacy wishes?	Yes	No	Yes	No
If yes, please provide details				

Trusts	You		Your spouse/partner	
Have you established a trust?	Yes	No	Yes	No
If yes, please provide details				
Do you have an education trust fund for your children?	Yes	No	Yes	No
If so, approximately how much?				
Are you the beneficiary of any trust?	Yes	No	Yes	No
If yes, please provide details				

Additional comments:

Great work.

You have completed **My Wealth Facts**.
Now let's get started on your
BMO WealthPath wealth plan.

BMO Private Wealth is a brand name for a business group consisting of Bank of Montreal and certain of its affiliates in providing private wealth management products and services. Not all products and services are offered by all legal entities within BMO Private Wealth. Banking services are offered through Bank of Montreal. Investment management, wealth planning, tax planning, philanthropy planning services are offered through BMO Nesbitt Burns Inc. and BMO Private Investment Counsel Inc. Estate, trust, and custodial services are offered through BMO Trust Company. BMO Private Wealth legal entities do not offer tax advice. BMO Trust Company and BMO Bank of Montreal are Members of CDIC. © Registered trademark of Bank of Montreal, used under license.



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