EXPERT FINANCIAL ANALYSIS

PROPER PROTECTION, DEBT FREEDOM, AND FINANCIAL INDEPENDENCE

EXPERIOR FINANCIAL GROUP, INC

PERSONAL INFORMATION

First and Last Name of Client 1 :

Birthdate : D D M M Y Y Y Y

Gender : ☐ Male ☐ Female

First and Last Name of Client 2 :

Birthdate : D D M M Y Y Y Y

Gender : ☐ Male ☐ Female

CHILDREN'S INFORMATION

First and Last Name of Child 1 :

Birthdate : D D M M Y Y Y Y

Gender : ☐ Male ☐ Female

First and Last Name of Child 2 :

Birthdate : D D M M Y Y Y Y

Gender : ☐ Male ☐ Female

First and Last Name of Child 3 :

Birthdate : D D M M Y Y Y Y

Gender : ☐ Male ☐ Female

First and Last Name of Child 4 :

Birthdate : D D M M Y Y Y Y

Gender : ☐ Male ☐ Female

MAILING ADDRESS

Mailing Address:

City :

State:

Zip Code:

Client 1 Phone number:

Email:

Client 2 Phone number:

Email:

If you need to add more children, please add an additional page

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EXPERIOR FINANCIAL GROUP, INC

EMPLOYMENT

Client 1 Employer :

Start date :

D D M M Y Y Y Y

Address :

City :

Previous employer if less than 2 years :

Occupation :

Client 2 Employer :

Start date :

D D M M Y Y Y Y

Address :

City :

Previous employer if less than 2 years :

Occupation :

INCOME SOURCES

Client 1:

Monthly Income (pay-stub?): $_____$_____
Other Monthly Income: $_____$_____
Monthly Income Taxes: $_____$_____
How much was your last tax refund? $_____

How often do you get paid?
____Weekly ____Bi-weekly
____2 x/mo ____Monthly

Do you normally receive an income tax refund?
Yes ☐ No ☐

Client 2:

Monthly Income (pay-stub?): $_____$_____
Other Monthly Income: $_____$_____
Monthly Income Taxes: $_____$_____
How much was your last tax refund? $_____

How often do you get paid?
____Weekly ____Bi-weekly
____2 x/mo ____Monthly

Do you normally receive an income tax refund?
Yes ☐ No ☐

Would you like to put more money in your pocket now?
As an employee, it's very easy.

You might be able to increase your monthly take home pay by adjusting your withholdings.

Would you like to see how that savings could impact your financial program?

Yes ☐ No ☐

EXPERT FINANCIAL ANALYSIS

PROPER PROTECTION, DEBT FREEDOM, AND FINANCIAL INDEPENDENCE

EXPERIOR FINANCIAL GROUP, INC

CONSUMER/PERSONAL DEBT

Debt	Balance	Actual Payment	Insurance Premium	Interest rate
_____	$_____	$_____	$_____	_____%
_____	$_____	$_____	$_____	_____%
_____	$_____	$_____	$_____	_____%
_____	$_____	$_____	$_____	_____%
_____	$_____	$_____	$_____	_____%
_____	$_____	$_____	$_____	_____%
_____	$_____	$_____	$_____	_____%
_____	$_____	$_____	$_____	_____%
_____	$_____	$_____	$_____	_____%
_____	$_____	$_____	$_____	_____%

If additional debts are needed, please add an additional page

MORTGAGE

Name:

Payment type:

Current Home Value:

Purchase Price:

Monthly Property Tax:

Condo Fees:

Current Mortgage Start date:

Next Payment Date:

Starting Balance at the time of current renewal:

Interest rate:

Mortgage Term in Years:

Amortization Period:

Payment Frequency:

Payment:

Current Balance Owing:

If additional mortgages are in place, please add an additional page

EXPERT FINANCIAL ANALYSIS

PROPER PROTECTION, DEBT FREEDOM, AND FINANCIAL INDEPENDENCE

EXPERIOR FINANCIAL GROUP, INC

GOALS/SAVINGS FOR RETIREMENT

Client 1

Gross Income: _____

Retirement Age: _____

Life Expectancy: _____

(USA average Male 76.1 &
USA average Female 81.1)

Monthly Net Income: $_____

Monthly Gross Income: $_____

Percentage of Income: _____%

Inflation rate: _____%

Client 2

Gross Income: _____

Retirement Age: _____

Life Expectancy: _____

(USA average Male 76.1 &
USA average Female 81.1)

Monthly Net Income: $_____

Monthly Gross Income: $_____

Percentage of Income: _____%

Inflation rate: _____%

Are there any major purchases you would like to make in the next 3-5 years (home, car, etc.) _____

BENEFITS

	Client 1	Client 2
Do you want to include government pension benefits?	YES ☐ NO ☐	YES ☐ NO ☐
Government Pension Benefits:	YES ☐ NO ☐	YES ☐ NO ☐
Employer Pension Benefits:	YES ☐ NO ☐	YES ☐ NO ☐
What type of employer pension do you have?		
Defined Contribution Balance:		
Monthly Contribution – Your:		
Monthly Contribution – Employer:		
ROR:		
Is it for current or past employer?		
If "Past", please answer the questions below:		
Did You Move It?	YES ☐ NO ☐	YES ☐ NO ☐

*If "Yes": These numbers would already be included in their current investment amounts, and therefore will not be added to the total investments available for retirement.

Defined Benefit Plan	**Age:**		
	Years worked for this employer:		

BENEFITS CONTINUED

	Client 1	Client 2
Monthly Salary:		
% of salary taken to the plan:		
If "Yes": What %?		

INVESTMENTS

Industry Experts say people should budget **10%** of their monthly gross income for financial and retirement planning. **10%** of your monthly income is **$**_____. Do you feel that you can **increase to 10%** of your **gross monthly income**? **YES, NO** or is there an amount that you could feel comfortable setting aside each month over and above what you are currently doing?
$100 per month, $200 per month, $500 per month, or Other:_____

Investments (Client 1):	**Number 1**	**Number 2**	**Number 3**
Title:			
Owner:			
Investment Type:			
Amount Saved:			
Current ROR:			
Investment Frequency:			
Contribution:			

Investments (Client 2):	**Number 1**	**Number 2**	**Number 3**
Title:			
Owner:			
Investment Type:			
Amount Saved:			
Current ROR:			
Investment Frequency:			
Contribution:			

EDUCATION NEEDS FOR DEPENDENTS

Can include children who may not be your direct dependents but are still children you would like to support such as grandchildren or nieces and nephews.

	Child 1	Child 2	Child 3	Child 4
Years before the Education starts: *__Hint:__ The number of years depends on the period that should pass until the child starts Post-Secondary Education. For example, if the child is 5 years old now and is going to enter the University at the age of 18 then you should put in 13 years				
Years of Education: *__Hint:__ The number of years spent on the Post-Secondary Education (it depends on the University and the Department the Child is going to study at)				
Estimated Annual Cost:				
Current Amount Saved:				
Education Inflation Rate: *__Hint:__ Educational inflation rates have historically far exceeded regular inflation. The recent typical rate of 5% will be used for these calculations by default: Assumed 8% for investment periods of 10 years or longer. Assumed 5% for investment periods of 5 to 10 years. Assumed 1.5% for investment periods of less than 5 years.				
Percentage from total education cost to cover: monthly contribution:				
Rate of Return:				

If you need to add more children/ dependents, please add an additional page

EXPERT FINANCIAL ANALYSIS

PROPER PROTECTION, DEBT FREEDOM, AND FINANCIAL INDEPENDENCE

EXPERIOR FINANCIAL GROUP, INC

LIFE INSURANCE/INCOME PROTECTION

Goals:	Client 1	Client 2
Client's Gross Income ($):		
Inflation Rate (%):		
Survivor Income Goal (%):		
Funeral and Final Expenses ($): *Average is $7500 to $10,000		
Would you like to include Client's Debts in the Life Insurance Calculation?	YES ☐ NO ☐	YES ☐ NO ☐
Would you like to include Client's Mortgage in the Life Insurance Calculation?	YES ☐ NO ☐	YES ☐ NO ☐
Is the Client currently paying rent for the residence?	YES ☐ NO ☐	YES ☐ NO ☐
What is the Client's monthly payment for the rent ($)		
Do you currently have Mortgage Life Insurance?	YES ☐ NO ☐	YES ☐ NO ☐
Enter the amount you pay monthly for your coverage ($) *Get statement*		
Would you like to include Children's Education costs?		

Do you own personal life insurance other than through work? Yes No
IF NO: When people do not have life Insurance it is usually for a couple different reasons
Did not see the need, Could not afford it, Never got around to it, Other.

IF YES: Do you feel that you are over-insured or under insured, right now?
Over-insured, Under-insured, Don't Know

Does Client currently have any Life Insurance? *Get statement*	YES ☐ NO ☐	YES ☐ NO ☐
What kind of Life Insurance is it?		
Coverage Amount Client currently has ($):		
Amount paying per month ($):		

LIFE INSURANCE/INCOME PROTECTIONCONTINUED

	Client 1	Client 2
Has the Client ever been diagnosed with a serious health condition?	YES ☐ NO ☐	YES ☐ NO ☐
Health Diagnosis:		
Is the Client currently taking any medication?	YES ☐ NO ☐	YES ☐ NO ☐
Medication:		
Does the Client smoke or use any nicotine products?	YES ☐ NO ☐	YES ☐ NO ☐
What type of product?		
Quantity per (relevant to each type of product):		

If you were to consider a change in your plan, what interests you most? Lower cost, more protection, more savings? (If they have protection) If we put together a plan that improves your current plan, would you change if it were better? **YES** ☐ **NO** ☐

(If NO protection) If we put together a plan that will protect your family and it is within what you said you can put aside would you move forward? **YES** ☐ **NO** ☐

Do you have a will? **YES** ☐ **NO** ☐ **If it were affordable, would you like to have one?** **YES** ☐ **NO** ☐

	Client 1	Client 2
Do you use tobacco in any form?	YES ☐ NO ☐	YES ☐ NO ☐
Is there any reason either of you would not qualify for life insurance? (Medical History)	YES ☐ NO ☐	YES ☐ NO ☐
Do you have any Life Insurance coverage at work?	YES ☐ NO ☐	YES ☐ NO ☐
Group coverage amount paid for by employer	$_____	$_____
Amount of employee paid coverage	$_____	$_____
How much of the premium do you pay per month?	$_____	$_____

What happens to your group coverage if you leave your employer?_____

(generally this is lost if you leave due to a lay off or extended illness)

EXPERT FINANCIAL ANALYSIS

PROPER PROTECTION, DEBT FREEDOM, AND FINANCIAL INDEPENDENCE

EXPERIOR FINANCIAL GROUP, INC

FINANCIAL SITUATION (OTHER INCOME THAT HAS NOT BEEN INCLUDED)

	Client 1	Client 2
Collecting Child Support:		

BUDGET (MONTHLY SPENDING NEEDS)

Home	Budget	Actual
Property Taxes:		
Condo Fees:		
Home Insurance:		
Heating:		
Hydro:		
Telephone:		
Cable/Satellite:		
Internet:		
Repairs:		
Groceries:		
Other:		
Life/ Health		
Medical Care:		
Medicine:		
Other:		

BUDGET (MONTHLY SPENDING NEEDS CONTINUED)

Transportation/ Car	Budget	Actual
Transportation/ Car:		
Transit Pass:		
Car Loan Payment:		
Licensing and Registration:		
Car Insurance:		
Gas:		
Parking:		
Repairs:		
Car Wash:		
Car Accessories:		
Other:		

Entertainment/Wants	Monthly Spending Wants	
Restaurants/Bars/Take-out:		
Gym/Club Memberships:		
Clothing:		
Hair Care:		
Gifts:		
Movies:		
Vacations:		
Daily Coffees/Snacks:		
Tobacco:		
Alcohol:		
Other:		

Are you interested in Disability, Health and Dental, or Critical Illness Insurance Coverage?

FINANCIAL GOALS & DREAMS

Goal/Dream 1

Goal/Dream Name:
Current Goal Cost:
Current Amount Saved:
Monthly Contribution:
Desired Saving Amount:
Years to Goal Date:
Months to Goal Date:
Inflation Rate: **Rate of Return:**

Goal/Dream 2

Goal/Dream Name:
Current Goal Cost:
Current Amount Saved:
Monthly Contribution:
Desired Saving Amount:
Years to Goal Date:
Months to Goal Date:
Inflation Rate: **Rate of Return:**

Goal/Dream 3

Goal/Dream Name:
Current Goal Cost:
Current Amount Saved:
Monthly Contribution:
Desired Saving Amount:
Years to Goal Date:
Months to Goal Date:
Inflation Rate: **Rate of Return:**

If you need to add more goal/dreams, please add an additional page

EXPERT FINANCIAL ANALYSIS

PROPER PROTECTION, DEBT FREEDOM, AND FINANCIAL INDEPENDENCE

EXPERIOR FINANCIAL GROUP, INC

YOUR INVESTOR PROFILE

INFORMATION

First and Last Name:

Profession:

Last Financial Planning:

Birthdate :

D D M M Y Y Y Y

Since:

D D M M Y Y Y Y

Date:

D D M M Y Y Y Y

Last Will and Financial Planning Date:

D D M M Y Y Y Y

Employer:

Financial Objectives:

QUESTIONNAIRE

INVESTMENT HORIZON

HOW OLD ARE YOU?

- Over 71 (1 Point) ☐
- Between 65 and 70 (2 Points) ☐
- Between 55 and 64 (5 Points) ☐
- Between 41 and 54 (10 Points ☐
- Between 18 and 40 (20 Points) ☐

WHEN DO YOU PLAN TO START WITHDRAWING AT LEAST 25% OF YOUR SAVINGS?

- In less than 1 year (1 Point) ☐
- Between 1 and 3 years (2 Points) ☐
- Between 4 and 5 years (5 Points) ☐
- Between 6 and 9 years (10 Points) ☐
- In over 10 years (20 Points) ☐

IN THE NEXT FIVE YEARS, YOU PLAN TO:

- Make regular withdrawals from your capital (Home Buyers' Plan, Retirement, etc.) (1 Point) ☐
- Withdraw all your investment earnings and a portion of your capital (2 points) ☐
- Withdraw all your investment earnings without touching your capital (5 points) ☐
- Withdraw only a portion of your investment earnings (10 points) ☐
- Accumulate savings with your Invesment earnings (no withdrawals) (20 points) ☐

EXPERT FINANCIAL ANALYSIS

PROPER PROTECTION, DEBT FREEDOM, AND FINANCIAL INDEPENDENCE

EXPERIOR FINANCIAL GROUP, INC

INVESTOR PROFILE/FINANCIAL SITUATION

WHAT IS YOUR GROSS ANNUAL INCOME? (BEFORE TAXES)

- **$25,000 and less (1 Point)** ☐
- **$25,001 - $35,000 (2 Points)** ☐
- **$35,001- $50,000 (5 Points)** ☐
- **$50,001 - $100,000 (10 Points)** ☐
- **$100,001 and over (20 Points)** ☐

WHAT IS YOUR NET WORTH? (ASSETS MINUS LIABILITIES)

- **$25,000 and less (1 Point)** ☐
- **$25,001 - $50,000 (2 Points)** ☐
- **$50,001 - $100,000 (5 Points)** ☐
- **$100,001 - $200,000 (10 Points)** ☐
- **$200,001 and over (20 Points)** ☐

FINANCIAL SITUATION

INDICATE YOUR LEVEL OF TOLERANCE TOWARDS THE RISKS RELATED TO THE INVSTMENT OF YOUR MONEY

- ☐ Very Low - I do not like the idea of risking my money. My sole objective is to safely conserve my investments and shelter these amounts from the market fluctuations. (1 point)
- ☐ Low - While a drop in the value of my investments bothers me, I can tolerate occasional drops to a maximum of 5%, knowing that I will earn more investment earnings long term. (2 points)
- ☐ Moderate - I am prepared to tolerate a short-term drop of between 5%-10% of the value of my investments as long as I can count on higher investment earnings long term. (5 points)
- ☐ High - I am comfortable with a short-term drop of between 10%-20% of the value of my investments because I know that long term, my investment earnings will allow me to make up for this drop and obtain higher earnings. (10 points)
- ☐ Very High - I hope to achieve long-term growth. A short-term drop (less than 1 year) of 20% of the value of my investment's 20 points does not worry me. (20 points)

You have the possibility of investing $10,000 for one year. After one year, in what range would you accept the final potential value of your investments to be?

*If you cannot tolerate any decrease in your capital, look for investments without any downward risk.

- Gains only between $10,000 and $10,300 (1 Point) ☐
- Between $9,500 and $11,000 (2 Points) ☐
- Between $9,000 and $11,500 (5 Points) ☐
- Between $8,500 and $12,000 (10 Points) ☐
- Between $8,000 and $12,500 (20 Points) ☐

EXPERT FINANCIAL ANALYSIS

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EXPERIOR FINANCIAL GROUP, INC

INVESTOR PROFILE

INVESTMENT KNOWLEDGE

- ☐ Very Low - I am just starting to become familiar with investments. (1 point)
- ☐ Low - I know that certain investments are riskier than others. (2 points)
- ☐ Moderate - I know about different investment types and their risks (e.g. equities are risker than bonds). (5 points)
- ☐ High - I understand the earnings potential and risks involved with these types of investments and their fluctuations in value over time. (10 points)
- ☐ Very High - I keep a constant eye on stock markets (equities, bonds, funds, real estate, etc.) and I have in-depth knowledge of such investments. (20 points)

POINT CALCULATIONS

FINAL POINTS FOR THIS PROFILE

From 8 to 26 points = Prudent Profile
From 27 to 55 points = Moderate Profile
From 56 to 89 points = Balanced Profile
From 90 to 119 points = Growth Profile
From 120-160 points = Aggressive Profile

YOUR INVESTOR PROFILE RESULTS

CHOICE OF INVESTMENTS

If the investments selected do not reflect those suggested by the established profile, please state the reasons why: I wish to benefit from certain coverages. ☐
I understand that the choice of funds offered to me will be reduced and I accept that my investments will differ from those suggested by my profile. ☐

Other, specify: _____

I have reviewed this investor profile, I recognize it is accurate and I confirm having received a copy of it.

Client 1 Signature: _____ **Date:** _____

Client 2 Signature: _____ **Date:** _____

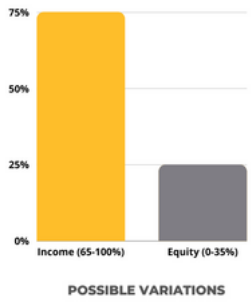
Associate Signature: _____ **Date:** _____

IMPORTANCE OF GOOD ASSET ALLOCATIONS

One of the factors that has the most influence on the return generated by your portfolio is its asset allocation. Therefore, when you establish the distribution of assets in your contract, it is very important to choose a combination of income and equity that corresponds to your investor profile and risk tolerance level. You must also take into account any other investments you may have elsewhere.

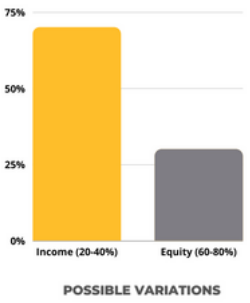
Prudent Profile: From 8 to 26 points

Capital security is important to you. You have low tolerance for volatility. You are mainly seeking investments that offer a regular income and capital preservation.



Growth Profile: From 90 to 119 points

You are seeking above average growth and are ready to accept a high level of risk. You are a patient investor and do not allow yourself to be influenced by fluctuations in your portfolio.



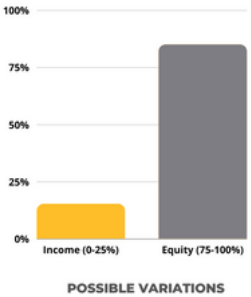
Moderate Profile: From 27 to 55 points

You are seeking a certain level of capital appreciation and your tolerance for risk is moderate. You favour investments that offer a relatively stable income.



Aggressive Profile: From 120 to 160 points

You have a strong tolerance for risk and market fluctuations do not worry you. You are seeking superior portfolio growth and are willing to accept substantial variations in the value of your portfolio from one year to the next.



Balanced Profile: From 56 to 89 points

You are seeking a balance between income and capital appreciation. Your risk tolerance level is average. You are targeting medium and long-term capital appreciation.





Income: bonds, money market, guaranteed interest funds and daily interest funds.
Equities: CDN, US, International and qlobal equities.

EXPERT FINANCIAL ANALYSIS

PROPER PROTECTION, DEBT FREEDOM, AND FINANCIAL INDEPENDENCE

EXPERIOR FINANCIAL GROUP, INC

YOUR KIND REFERRAL IS APPRECIATED

Referrals are my fee for service. It lets me know I am doing a good job and is much appreciated. I will not jeopardize our relationship and call your referrals if they do not want me to, so please check before putting their information down. Thank you.

Name:
Number of Children:
Own a home: ☐ Y ☐ N
Phone number:
Married or Common Law:
Employed or Self employed:

Name:
Number of Children:
Own a home: ☐ Y ☐ N
Phone number:
Married or Common Law:
Employed or Self employed:

Name:
Number of Children:
Own a home: ☐ Y ☐ N
Phone number:
Married or Common Law:
Employed or Self employed:

Name:
Number of Children:
Own a home: ☐ Y ☐ N
Phone number:
Married or Common Law:
Employed or Self employed:

Name:
Number of Children:
Own a home: ☐ Y ☐ N
Phone number:
Married or Common Law:
Employed or Self employed:

Name:
Number of Children:
Own a home: ☐ Y ☐ N
Phone number:
Married or Common Law:
Employed or Self employed:

Name:
Number of Children:
Own a home: ☐ Y ☐ N
Phone number:
Married or Common Law:
Employed or Self employed:

Name:
Number of Children:
Own a home: ☐ Y ☐ N
Phone number:
Married or Common Law:
Employed or Self employed:

CHECKLIST AND SIGNATURES

Checklist of statements collected:

Before leaving the clients home or online meeting, please make sure to collect the following documents listed below. This will help you do a proper job for them:

- ☐ **Debt Statements**
- ☐ **Life Insurance Statements**
- ☐ **Mortgage Statements**
- ☐ **Children's Education Statements**
- ☐ **Any Savings Statements**
- ☐ **Paystubs**
- ☐ **Collect any other statements or documents that will help you do a full analysis including pictures of their goals (i.e., If it is a specific boat).**

I authorize my representative, insurer, and authorized personnel to use the personal information contained in this document to review my financial needs and make appropriate recommendations. I authorize my Experior Financial Group representative to share all the above with any affiliated company required to develop and complete a comprehensive financial analysis of my situation including those recommendations. The personal information provided in this document is strictly for the purpose of analyzing financial needs and will remain confidential in accordance with the agent/Experior's privacy and disclosure policies. Only the representative, insurer and their authorized personnel will have access to the information in this file. If required by law, my information may be disclosed only to persons duly authorized by the client.
To the best of my knowledge, the above information is accurate and consistent with my situation.

Client Signature:		**Date:**	
Client Signature:		**Date:**	
Associate Signature:		**Date:**	