



INTEGRATED PLANNING: LINKING YOUR MONEY WITH LIFE PRIORITIES

What are your priorities?

YOUR LIFESTYLE	YOUR FAMILY	YOUR HOME/ PROPERTY	YOUR CAREER/ BUSINESS	YOUR TAXES	YOUR LEGACY	YOUR ANXIETIES
<input type="checkbox"/> Finance lifestyle	<input type="checkbox"/> Protect family	<input type="checkbox"/> Finance home	<input type="checkbox"/> Protect ability to work	<input type="checkbox"/> Pay less tax	<input type="checkbox"/> Protect loved ones	<input type="checkbox"/> Not having enough money
<input type="checkbox"/> Do retirement assessment	<input type="checkbox"/> Finance children's education	<input type="checkbox"/> Renovate home	<input type="checkbox"/> Provide business succession	<input type="checkbox"/> Generate tax refunds	<input type="checkbox"/> Gift loved ones	<input type="checkbox"/> Losing capital
<input type="checkbox"/> Fulfil income needs	<input type="checkbox"/> Finance vacation	<input type="checkbox"/> Purchase cottage/vacation property	<input type="checkbox"/> Protect family	<input type="checkbox"/> Choose tax-efficient investments	<input type="checkbox"/> Pass on assets	<input type="checkbox"/> Starting plan too late
<input type="checkbox"/> Protect savings and grow	<input type="checkbox"/> Assist parents	<input type="checkbox"/> Finance income property	<input type="checkbox"/> Protect assets	<input type="checkbox"/> Other _____	<input type="checkbox"/> Insurance needs	<input type="checkbox"/> Market ups and downs
<input type="checkbox"/> Make money grow	<input type="checkbox"/> life-changing event (divorce, death)	<input type="checkbox"/> Protect home or property	<input type="checkbox"/> Take sabbatical		<input type="checkbox"/> Plan charitable giving	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manage debt	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		<input type="checkbox"/> Minimize carbon footprint	
<input type="checkbox"/> Finance significant purchase					<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____						



What are your priorities?

NAME: _____

DATE: _____

Your money and life priorities go hand in hand. Depending on your priorities, we'll create a timeline for reviewing the items below that are relevant to you. The checklist will help us keep track of our meetings together and what we plan to discuss. It's also a useful resource when reviewing your annual financial plan to ensure it's aligned with your objectives.

	Priorities we'll focus on	Follow-up date
YOUR LIFESTYLE:		
<input type="checkbox"/> Finance lifestyle	_____	_____
<input type="checkbox"/> Do retirement assessment	_____	_____
<input type="checkbox"/> Fulfil income needs	_____	_____
<input type="checkbox"/> Protect and grow savings	_____	_____
<input type="checkbox"/> Make money grow	_____	_____
<input type="checkbox"/> Manage debt	_____	_____
<input type="checkbox"/> Finance significant purchase	_____	_____
<input type="checkbox"/> Other _____	_____	_____

YOUR FAMILY:		
<input type="checkbox"/> Protect family	_____	_____
<input type="checkbox"/> Finance children's education	_____	_____
<input type="checkbox"/> Finance vacation	_____	_____
<input type="checkbox"/> Assist parents	_____	_____
<input type="checkbox"/> Life changing event	_____	_____
<input type="checkbox"/> Other _____	_____	_____

YOUR HOME/PROPERTY:		
<input type="checkbox"/> Finance home	_____	_____
<input type="checkbox"/> Renovate home	_____	_____
<input type="checkbox"/> Purchase cottage/vacation property	_____	_____
<input type="checkbox"/> Finance income property	_____	_____
<input type="checkbox"/> Protect home or property	_____	_____
<input type="checkbox"/> Other _____	_____	_____

	Priorities we'll focus on	Follow-up date
YOUR CAREER/BUSINESS:		
<input type="checkbox"/> Protect ability to work	_____	_____
<input type="checkbox"/> Provide business succession	_____	_____
<input type="checkbox"/> Protect family	_____	_____
<input type="checkbox"/> Protect assets	_____	_____
<input type="checkbox"/> Take sabbatical	_____	_____
<input type="checkbox"/> Other _____	_____	_____

YOUR TAXES:		
<input type="checkbox"/> Pay less tax	_____	_____
<input type="checkbox"/> Generate tax refunds	_____	_____
<input type="checkbox"/> Choose tax-efficient investments	_____	_____
<input type="checkbox"/> Other _____	_____	_____

YOUR LEGACY:		
<input type="checkbox"/> Protect loved ones	_____	_____
<input type="checkbox"/> Gift loved ones	_____	_____
<input type="checkbox"/> Pass on assets	_____	_____
<input type="checkbox"/> Insurance needs	_____	_____
<input type="checkbox"/> Plan charitable giving	_____	_____
<input type="checkbox"/> Minimize carbon footprint	_____	_____
<input type="checkbox"/> Other _____	_____	_____

	Priorities we'll focus on	Follow-up date
YOUR ANXIETIES:		
<input type="checkbox"/> Not having enough money	_____	_____
<input type="checkbox"/> Losing capital	_____	_____
<input type="checkbox"/> Starting plan too late	_____	_____
<input type="checkbox"/> Market ups and downs	_____	_____
<input type="checkbox"/> Other _____	_____	_____

ACTION STEPS:		
1.	_____	_____
2.	_____	_____
3.	_____	_____

