



Wealth
Management

Wealth management questionnaire

The information you provide is used as a general guide to help you assess your current financial situation, provide steps to help you meet your goals, and provide resources to help you continue to plan for your future. At RBC Wealth Management, we are committed to helping you build a goal-based wealth plan based on what's most important to you. Because we believe that the greatest returns are realized when you grow more than wealth.

Name(s):	Date:
Financial advisors:	

Investment and insurance products offered through RBC Wealth Management are not insured by the FDIC or any other federal government agency, are not deposits or other obligations of, or guaranteed by, a bank or any bank affiliate, and are subject to investment risks, including possible loss of the principal amount invested.

Getting started

Gather documents pertaining to current and future cash flow and net worth

Attach the following documents if applicable:

- Account statements
- Company benefit statements (deferred compensation, pension, 401(k) match)
- Insurance policies (life insurance, annuities)
- Liability statements (mortgage, loan, credit card)
- Income statements (pay statements, Social Security benefits—estimated or actual)
- Business tax returns
- Company-provided employee stock option summary

About you			
Client full name and address of primary residence:		Co-client full name and address of primary residence:	
Date of birth:	Tax ID / SSN:	Date of birth:	Tax ID / SSN:
Home or mobile phone:	Business phone:	Home or mobile phone:	Business phone:
Email:		Email:	
Contact preferences: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile <input type="checkbox"/> Email		Contact preferences: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile <input type="checkbox"/> Email	
Citizenship:	Marital status:	Citizenship:	Marital status:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Employment status: <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker		Employment status: <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker	
Employment income	\$	Employment income	\$
Other income (non-investment only)	\$	Other income (non-investment only)	\$
Occupation or title:		Occupation or title:	
Employer name and address (if retired, state previous employer):		Employer name and address (if retired, state previous employer):	

Expectations

When you think about retirement, what do you most look forward to?

Activity	C	Co	Activity	C	Co
No longer working	<input type="checkbox"/>	<input type="checkbox"/>	Part-time work for a few years	<input type="checkbox"/>	<input type="checkbox"/>
Never completely retire	<input type="checkbox"/>	<input type="checkbox"/>	Start a business	<input type="checkbox"/>	<input type="checkbox"/>
Active lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	Time with friends and family	<input type="checkbox"/>	<input type="checkbox"/>
Quiet lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	Less stress—peace of mind	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to help others	<input type="checkbox"/>	<input type="checkbox"/>	Investing alongside your values	<input type="checkbox"/>	<input type="checkbox"/>
Moving to a new home	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Time to travel	<input type="checkbox"/>	<input type="checkbox"/>			

Concerns

When you think about retirement, what are you most worried about?

Money	C	Co	Degree of concern/comments
Not having a paycheck anymore	<input type="checkbox"/>	<input type="checkbox"/>	
Running out of money	<input type="checkbox"/>	<input type="checkbox"/>	
Suffering investment losses	<input type="checkbox"/>	<input type="checkbox"/>	
Leaving a legacy and potential estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	
Spending too much	<input type="checkbox"/>	<input type="checkbox"/>	
Access to liquidity	<input type="checkbox"/>	<input type="checkbox"/>	
Health	C	Co	Degree of concern/comments
Current or future health issues	<input type="checkbox"/>	<input type="checkbox"/>	
Cost of health care or long-term care	<input type="checkbox"/>	<input type="checkbox"/>	
Dying early	<input type="checkbox"/>	<input type="checkbox"/>	
Living too long	<input type="checkbox"/>	<input type="checkbox"/>	
Getting Alzheimer's or other illness	<input type="checkbox"/>	<input type="checkbox"/>	
Going into a nursing home	<input type="checkbox"/>	<input type="checkbox"/>	
Personal and family	C	Co	Degree of concern/comments
Being bored	<input type="checkbox"/>	<input type="checkbox"/>	
Too much time together	<input type="checkbox"/>	<input type="checkbox"/>	
Parents needing care	<input type="checkbox"/>	<input type="checkbox"/>	
Family needing financial help	<input type="checkbox"/>	<input type="checkbox"/>	
Kids mismanaging money	<input type="checkbox"/>	<input type="checkbox"/>	
Kids moving home	<input type="checkbox"/>	<input type="checkbox"/>	
Caring for family members with special needs	<input type="checkbox"/>	<input type="checkbox"/>	
Something else	C	Co	Degree of concern/comments
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

Goals

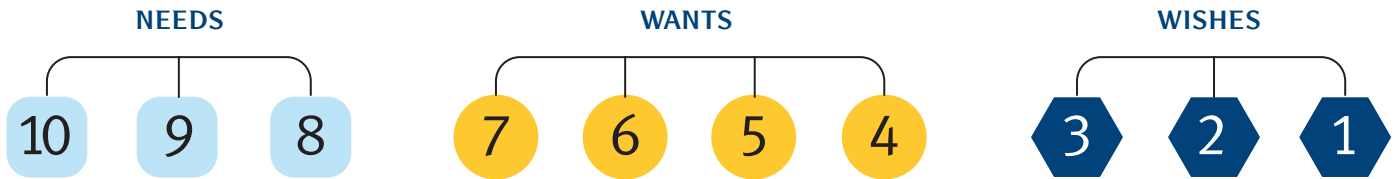
Retirement age and living expense	Client	Co-client
At what age would you like to retire?		

N/A already retired

How much will you need in retirement to cover your needs? Have you taken the time to estimate what your living expenses will be? We can help you determine your overall costs.

Goal importance scale

Rate the importance of each goal on a scale of 10–1, with 10 being the most important. This groups your goals by needs, wants and wishes.



Rank (10=high)	Description	Start year	Annual amount	Frequency	End date
	Basic living expenses	retirement	\$	annually	end of plan
	Health care		\$		
	Travel		\$		
	Car		\$		
	Home improvements		\$		
			\$		
			\$		
			\$		

Social Security benefits

Estimates can be found on www.ssa.gov

Client	Co-client
Are you eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving now (gross amount)	Are you eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving now (gross amount)
Amount of benefit \$ <input type="checkbox"/> Help me estimate	Amount of benefit \$ <input type="checkbox"/> Help me estimate
When to start <input type="checkbox"/> At full retirement age <input type="checkbox"/> At retirement <input type="checkbox"/> At age	When to start <input type="checkbox"/> At full retirement age <input type="checkbox"/> At retirement <input type="checkbox"/> At age

Retirement income

Pension, part-time work, rental property, annuities, royalties, alimony

Description	C	Co	J	Monthly amount	Starts	Ends	Inflates	% Survivor (pension only)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				

Investment assets

Assets not held at RBC Wealth Management

Investment type	Current value	Annual additions	Ownership				Approximate allocation		
			C	Co	J	O	Cash	Bond	Stock
Retirement plans (e.g., 401(k), 403(b))	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	%	%
Employer match	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	%	%
Traditional IRA	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	%	%
Roth IRA	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	%	%
Taxable	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	%	%
Other:	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	%	%
Other:	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	%	%

Other assets

Home(s), business, real estate (rental property, land), collectibles, inheritance, gifts, settlements/awards

Description	C	Co	J	Current value	Year sell/received	Cash received (after tax)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		\$

Insurance

Life, long-term, disability insurance

Description	C	Co	J	LTC	LIFE	DI	Benefit	Premium
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Liabilities

Mortgage(s), credit cards, car loans, home equity, student loan, etc.

Description	C	Co	J	Current balance	Monthly payment	Term	Years remaining	Interest rate
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			

Risk profile

Risk score

How much market risk are you willing to accept? On a scale of 1 to 100, with 1 being the lowest risk and 100 being the highest risk, what's your risk score?

Household	Client	Co-client

Two thirds of all investors score between 40 and 60, and only 1 in 1000 select a score lower than 20 or greater than 80. Does your score feel right as you compare yourself to others?

	Household			Men			Women		
Age group	1-50	51-64	65-100	1-50	51-64	65-100	1-50	51-64	65-100
Ave score	54	50	47	59	54	50	52	48	45

RBC risk profile

The market risk you're willing to accept will help determine your investment risk profile.

Risk profile	% in stocks
0-10	0%
11-20	20%
21-40	40%
41-60	60%
61-80	80%
81-100	98%

Wealth management document list

The following documents provide necessary information to assist with determining appropriate strategies and solutions. Please check the boxes below to indicate the documents you are providing. All materials provided are held in the strictest confidence.

Statements

- Bank (checking, savings, money market)
- Investments (stocks, bonds, funds, CDs)
- 401(k)
- Employer stock purchase plans
- Other

Loans/debts/liabilities

- Mortgage
- Home equity/line of credit
- Personal line of credit
- Other

Income

- Income tax returns – prior year
- Pension plan statement
- Other

Wealth protection annual statements

- Life insurance (personal and business)
- Disability insurance (short- and long-term)
- Long-term care insurance
- Other

Wealth transfer document list

Have you completed the following items:

- Will Yes No
- Trust documents Yes No
- Power of attorney Yes No
- Health care directive Yes No

Primary questions or concerns



**Wealth
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RBC Wealth Management does not provide tax or legal advice. All decisions regarding the tax or legal implications of your investments should be made in connection with your independent tax or legal advisor.

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