



Financial Advisor Name/FA Code _____

Meeting Date: MM/DD/YYYY _____

Meeting Time: AM/PM _____

1 Client Information (Please check one box and print name in full)

Account Holder (please check one box and print name in full) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Corporate _____

Last Name _____ First Name _____ Initial _____ DOB (MM/DD/YYYY) _____

Co-Account Holder (please check one box and print name in full) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Corporate _____

Last Name _____ First Name _____ Initial _____ DOB (MM/DD/YYYY) _____

Meeting Type

☐ By Phone ☐ In Person ☐ Other _____

Who Initiated Meeting

☐ Financial Advisor ☐ Client ☐ Other _____

Any Changes Recorded

☐ KYC Update ☐ Portfolio ☐ Other _____

2 Topics of discussion and information

Investment Review:

☐ New investment products ☐ Investment performance
☐ Portfolio rebalancing ☐ General market and economic

Retirement Planning:

☐ RRSP contributions ☐ Reviewed pensions (Company, OAS, CPP, Other)
☐ Updated retirement planner ☐ Converting RRSP/Pensions/Other

Other Financial Planning Topics Discussed/Reviewed:

☐ Wills/Estate/Life Insurance Planning ☐ Tax Planning ☐ Education Planning
☐ Net Worth Update ☐ Debt Management/Investment Loan ☐ Business Planning
☐ Changes in financial goals ☐ Changes in lifestyle that will affect your financing ☐ Major expenditures or planned expenditures
☐ Other _____

Reports Reviewed/Provided

☐ Fund Facts Document _____

☐ Client Information Document _____

☐ GP Wealth Track Report _____

☐ Portfolio Summary _____

☐ Retirement Planner _____

☐ Education Planner _____

☐ Net Worth Statement _____

☐ Insurance Analysis _____

Transactions

☐ New Plan Opened _____

☐ Additional Deposit _____

☐ Purchase _____

☐ Redemption _____

☐ Switch _____

Attachments

☐ Client Meeting Recap Letter _____

☐ KYC Form _____

☐ Trade Rationale _____

☐ Unsuitable Position Form _____

☐ Free Unit Disclosure Form _____

☐ Other _____

Next Scheduled Review/Meeting Date: _____

MM/DD/YYYY