Who we are

We bring a life-time of real experiences to each situation at Legato. Across many industries and situations, families and business owners can receive valuable advice on how they can benefit from the tax exemptions and dividend credits available in the Canadian life insurance industry and to insure against the risks of life.

Legato helps people insure, invest and create their best legacy,

Contact Us.

Legato Wealth Management Inc.
103 - 1678 West Broadway
Vancouver, British Columbia
Canada V6J-1X6

Phone: 604.727.2043
Email: don@legato.ca
Website: www.legato.ca

Legato

Getting To Know You

Smooth Legacy Transitions

Personal

Full Name: ______________________________

Birthdate: Day _____ Month _____ Year ___________ Age: _________

Married Common Law Separated Divorced Widowed Single

 # Children: 1 2 3 4 5 **# Dependents: 1 2 3 4 5**

Mobile Phone #:_ ______________________________

Email: ______________________________

Partner: ______________________________

Married Common Law Separated Divorced Widowed Single

Birthdate: Day _____ Month _____ Year __________ Age: _________

Mobile Phone #:_ ______________________________

Email: ______________________________

Child: ______________________________

Birthdate: Day _____ Month _____ Year __________ Age: _________

Child: ______________________________

Birthdate: Day _____ Month _____ Year __________ Age: _________

Home Address

Street: ______________________________

City: ______________________________

Province: ____________________ Postal Code: ____________________

Professional Advisors

Financial Advisor **Yes No**

Name: ______________________________

Company: ______________________________

Insurance Advisor **Yes No**

Name: ______________________________

Company: ______________________________

Tax Accountant **Yes No**

Name: ______________________________

Company: ______________________________

Estate Lawyer **Yes No**

Name: ______________________________

Company: ______________________________

Corporate Lawyer **Yes No**

Name: ______________________________

Company: ______________________________

Banker **Yes No**

Name: ______________________________

Bank:______________________________

Investments

Registered (RRSP/ TFSA, LIRA, Pension)

Market Value: $ ________________ Tax on Disposition: $ ______________

Pension: Yes No Source: ______________________________________

Taxable Investments

Market Value: $ __________________ Capital Gain: $__________________

Percentage in low risk or fixed income: 0% 5% 10% 15% 20%

Real Estate & Income Properties

Market Value: $ __________________ Capital Gain: $__________________

Mortgage Value: $ _______________ Location: ______________________

Multi-Family Apartment Hotel Commercial/ Industrial

Net Worth

Estimated Value of Assets Less Debt: $ ______________________________

Life Insurance Policies

Number of In Force Policies: 0 1 2 3 4 5 6 7

Face Value: $ _________________________ Term UL PAR

Face Value: $ _________________________ Term UL PAR

Activities

Sports:

Preferred: _________________________________

Extreme: Yes No

Describe: __________________________________

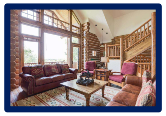
Clubs & Schools

Preferred: _________________________________

Special Needs: Yes No

Describe: __________________________________

Charity

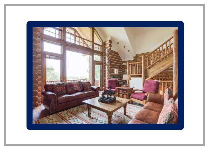


Preferred: _________________________________

Describe: __________________________________

____

Travel



Preferred: _________________________________

Countries Of Concern: Yes No

Describe: __________________________________

Health & Planning

Interest and Approach

Spending time on financial planning: Dislike Neutral Like

Growing family wealth for the long term: Dislike Neutral Like

Protecting family for unexpected change: Dislike Neutral Like

Health

Currently in good health with no major concerns: Yes No

Health History: Cancer Stroke MS Diabetes Heart Attack Other

Year of Incident: __________ Current Situation: Stable Needs Attention

Family Doctor

Name of Doctor: ____

Name of Clinic: ____

Address: ____

Clinic Phone: ____

Documents

Current Will: Yes No Last Updated: ____________________________

(Enduring) Power of Attorney for Financial and Legal: Yes No

Representation Agreement or Directive for Personal Care: Yes No

Corporate

Employment

Title: ____

Name of Company: ____

Annual Income: $ ____

Business Address & Type

Street: ____

City: ____

Province: ____

Postal Code: ____

Type: Sole Proprietorship Partnership Corporation Cooperative

My Relationship / Ownership

Sole Proprietor Partner Shareholder Employee Advisor Director

Hold Company / Trust Company / Foundation

Legal Name: ____

Location: ____

My Responsibility: ____