

## Who We Are

We bring a life-time of professional and personal experiences across many industries and relationship situations to each client conversation, review and recommendation.

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

## Contact Us

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# Legato

## Getting To Know You



**Smooth Legacy Transitions**

# Personal

**Full Name:** \_\_\_\_\_

Birthdate: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_\_ Age: \_\_\_\_\_

Status: Common Law Separated Single

# Children: \_\_\_\_\_

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** **Satisfied: 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)

RRSP Value: \$ \_\_\_\_\_ TFSA Value: \$ \_\_\_\_\_

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:

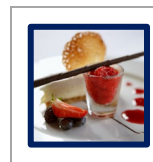


Current: \_\_\_\_\_

Extreme: Yes No

Describe: \_\_\_\_\_

## Clubs & Schools

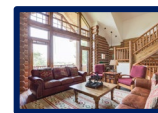


Current: \_\_\_\_\_

Special Needs: Yes No

Describe: \_\_\_\_\_

## Charity

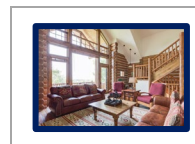


Donate to: \_\_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_

## Travel



Countries Outside Canada & USA:

\_\_\_\_\_

\_\_\_\_\_

# Health & Planning

## Goals

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: \_\_\_\_\_

My Employment Income: \$ \_\_\_\_\_

## Business Address

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Type: Sole Proprietorship Partnership Corporation Cooperative

## Relationship To Employer

Employee Sole Proprietor Partner Shareholder Advisor Director

## Hold Company / Trust Company / Foundation

Legal Name: \_\_\_\_\_

Location: \_\_\_\_\_

My Responsibility: \_\_\_\_\_