

nb Navigator

Your Guide to Financial Success



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Asset Worksheet



<p style="text-align: right; font-size: small;">Client 1</p> <p>Name: <input style="width: 90%;" type="text"/></p> <p>SIN: <input style="width: 90%;" type="text"/></p> <p>Date of Birth: <input style="width: 90%;" type="text"/> <small>(DD / MM / YYYY)</small></p> <p>Occupation : <input style="width: 90%;" type="text"/></p> <p>Annual Employment Income: \$ <input style="width: 80%;" type="text"/> -</p> <p>Annual Investment / Other Income: \$ <input style="width: 80%;" type="text"/> -</p> <p>Address: <input style="width: 90%;" type="text"/> <small>(Street)</small></p> <p>Home Phone : <input style="width: 90%;" type="text"/></p> <p>Mobile Number : <input style="width: 90%;" type="text"/></p> <p>Email : <input style="width: 90%;" type="text"/></p>	<p style="text-align: right; font-size: small;">Client 2</p> <p>Name: <input style="width: 90%;" type="text"/></p> <p>SIN: <input style="width: 90%;" type="text"/></p> <p>Date of Birth: <input style="width: 90%;" type="text"/> <small>(DD / MM / YYYY)</small></p> <p>Occupation : <input style="width: 90%;" type="text"/></p> <p>Employment Income: \$ <input style="width: 80%;" type="text"/> -</p> <p>Other Income: \$ <input style="width: 80%;" type="text"/> -</p> <p><input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <small>(City) (Province) (Postal Code)</small></p> <p>Preferred Contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> Email</p> <p>Mobile Number : <input style="width: 90%;" type="text"/></p> <p>Email : <input style="width: 90%;" type="text"/></p>
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Assets:	RRSP / RRIF	\$	-		RRSP / RRIF	\$	-	
	Pension	\$	-		Pension	\$	-	
	Other	\$	-		Other	\$	-	
	TFSA	\$	-		TFSA	\$	-	
	RESP	\$	-		Other	\$	-	
	Family Business	\$	-		Other	\$	-	
	Non-Registered (Open) Investments	\$	-		Non-Registered (Open) Investments	\$	-	
	Insurance Policy Cash Value	\$	-		Insurance Policy Cash Value	\$	-	
	House Market Value	\$	-		Rental Property	\$	-	
	TOTAL	\$	-		TOTAL	\$	-	

Liabilities:	Type	Balance	Rate	Payment	Term	Renewal Date	Amortization
	Mortgage	\$	-				
	Type	Balance	Rate	Payment	Term	Min Payment	Client Name
	HELOC						
	Credit Card 1	\$	-				
	Credit Card 2						
	Line of Credit 1	\$	-				
	Line of Credit 2						
	Car Loan/Lease						
	Student Loan						
Tax Deductible Debt							
TOTAL	\$	-					

Personal Networth = Assets - Liabilites: \$ -

Insurance:		Insured	Company	Issue Date	(Death) Benefit	Type	Premium	Cash Value	Beneficiaries
	Mortgage Insurance:								
	Life Insurance								
	Life Insurance								
	Critical Illness Insurance								
	Critical Illness Insurance								
	Disability Insurance								
	Disability Insurance								
	Long Term Care Insurance								
	Long Term Care Insurance								
Health & Dental Insurance									
Other									
Notes:									

Estate Planning:	Do you have an up-to-date Will? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you have Enduring Power of Attorney? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you have a representation agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>
	When was the last update to these documents? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you have any surviving Parents? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you expect an inheritance in the future? Yes <input type="checkbox"/> No <input type="checkbox"/>	



Goals & Dreams Worksheet



Name:

Date:

Please rank the following list in order of importance to you.

Time Horizon	Rank	Rank	Goals and Dreams	Amount
	<i>Client 1</i>	<i>Client 2</i>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	Save for a Major Purchase (House, car, boat, vacation, etc)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Manage Cashflow More Efficiently (Create Savings)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Become Debt-Free	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Become Able to Live Within My Means	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Save for University Education for Family Members (eg. Children)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Protect Your Income and Your Assets	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Ensure your family is taken care of in the case of death/disability	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Help support aging parents or dependent family members	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Make My Money work for me and support my lifestyle	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Be Able to Live Your Dreams in the Present	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Be able to spend more time with family	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Achieve Maximum Tax Efficiency Both Today & Tomorrow	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Retire Financially Successful	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Leave a Great Legacy	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Help to Keep Your Business Running Smoothly	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Pursue a dream and start a new business venture	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Other <input type="text"/>	<input type="text"/>

- Cash Flow Plans
- Debt Reduction
- Debt Settlement
- Credit Repair Solutions
- Mortgage Solutions
- HELOC Solutions

Debt & Cashflow Solutions:
Manage Your Debt & Cashflow

Insurance Solutions:
Protect Your Income & Your Assets

- Life Insurance
- Critical Illness
- Disability Insurance
- Long Term Care Insurance
- Health & Dental
- Group Benefits

Estate Planning Solutions:
Leave a Great Legacy

Investment Solutions:
Retire Financially Successful

- Segregated Funds
- Exempt Market Funds
- Mutual Funds
- Infinite Banking
- RESP Scholarship Plans





Household Cash Flow Analysis



NAME: _____

DATE: _____

Income Sources

	Month	Year
Employment Income - Spouse 1	\$ -	\$ -
Employment Income - Spouse 2	\$ -	\$ -
Investment Income	\$ -	\$ -
Rental Income	\$ -	\$ -
Other Income	\$ -	\$ -
Total GROSS Income :	\$ -	\$ -

Taxes & Deductions

Income Taxes Payable	\$ -	\$ -
Payroll Deductions	\$ -	\$ -
MSP Premiums	\$ -	\$ -
Investment Expenses	\$ -	\$ -
Rental Income Expenses	\$ -	\$ -
Other Income Expenses	\$ -	\$ -
Total NET Income :	\$ -	\$ -

Debt Service and Financial Fees & Expenses

Mortgage Payment	\$ -	\$ -
HELOC Payment	\$ -	\$ -
Credit Card 1	\$ -	\$ -
Credit Card 2	\$ -	\$ -
Line of Credit	\$ -	\$ -
Car Loan	\$ -	\$ -
Student Loans	\$ -	\$ -
Investment Loans	\$ -	\$ -
Bank and Credit Card Charges & Fees	\$ -	\$ -
Professional Fees	\$ -	\$ -
Other	\$ -	\$ -
TOTAL NET INCOME AFTER TAXES & DEBT:	\$ -	\$ -

% OF GROSS INCOME _____ %

Living Expenses: Health, Dental, & Wellness

	Month	Year
Medical Expenses (Vision Care)	\$ -	\$ -
Dental Expenses:	\$ -	\$ -
Vitamins & Supplements & Prescriptions	\$ -	\$ -
Medical Specialist (Physio, Accupuncture)	\$ -	\$ -
Chiropractor	\$ -	\$ -
Naturopath	\$ -	\$ -
Massage Therapist	\$ -	\$ -
Other	\$ -	\$ -
Total Health, Dental, & Wellness:	\$ -	\$ -

Living Expenses: Homeowner's Costs

	Month	Year
Property Tax:	\$ -	\$ -
Homeowner's Property Insurance	\$ -	\$ -
Utilities (Gas / Electricity / Water):	\$ -	\$ -
Renovations:	\$ -	\$ -
Condo or Community Fees:	\$ -	\$ -
Major Repairs & Maintenance	\$ -	\$ -
Other:	\$ -	\$ -
Total Homeowner's Costs:	\$ -	\$ -
Rent:	\$ -	\$ -

Living Expenses: Transportation Costs

Car Insurance (Licencing & Registration)	\$ -	\$ -
Gas	\$ -	\$ -
Car Maintenance (Oil, Scheduled Service, etc.)	\$ -	\$ -
Car Repairs	\$ -	\$ -
Parking:	\$ -	\$ -
Car Services (CAA, Onstar, Sirius, etc.)	\$ -	\$ -
Other:	\$ -	\$ -
Public Transportation:	\$ -	\$ -
Bicycle Maintenance	\$ -	\$ -
Total Transportation:	\$ -	\$ -

Living Expenses: Food & Household Costs

Groceries & Basic Food	\$ -	\$ -
Garden Upkeep:	\$ -	\$ -
Home Phone , Internet and Cable	\$ -	\$ -
House Alarm or Security:	\$ -	\$ -
Cell Phone Plan	\$ -	\$ -
Personal Care: Haircuts/Dry Cleaning	\$ -	\$ -
Basic Clothing	\$ -	\$ -
Pet Care Costs	\$ -	\$ -
Childcare Expense	\$ -	\$ -
Miscellaneous (Electronics, etc)	\$ -	\$ -
Maintenance & Repair:	\$ -	\$ -
Other:	\$ -	\$ -
Total Food & Household:	\$ -	\$ -

Fun: Discretionary Costs

Entertainment (Movies, Lotto, Subscriptions)	\$ -	\$ -
Eating Out (Restaurants, Coffee, Alcohol)	\$ -	\$ -
Hobbies:	\$ -	\$ -
Shopping	\$ -	\$ -
Gifts:	\$ -	\$ -
Memberships:	\$ -	\$ -
Holidays:	\$ -	\$ -
Pursue Lifelong Dreams	\$ -	\$ -
Children Recreation Programs	\$ -	\$ -
Other (Smoking)	\$ -	\$ -
Other:	\$ -	\$ -
Total Fun:	\$ -	\$ -

Charity & Donations

Ongoing Charitable Donation	\$ -	\$ -
Help Out Aging/Sick Family	\$ -	\$ -
Other Charitable Donations	\$ -	\$ -
Total Charity & Donations:	\$ -	\$ -

Education

Tutoring	\$ -	\$ -
Tuition:	\$ -	\$ -
Personal Growth	\$ -	\$ -
Other Education:	\$ -	\$ -
Total Education:	\$ -	\$ -



Household Cash Flow Analysis (Page 2)



CONTRIBUTIONS to Investments & Household Savings			PREMIUMS Required for Insurance		
RESP	\$ -	\$ -	Life Insurance - Spouse 1		\$ -
RRSP:	\$ -	\$ -	Life Insurance - Spouse 2		\$ -
TFSA:	\$ -	\$ -	Critical Illness - Spouse 1		\$ -
Non-Registered:	\$ -	\$ -	Critical Illness - Spouse 2		\$ -
Rental Property (Fees, Maintenance, Management)	\$ -	\$ -	Disability Insurance - Spouse 1		\$ -
Other:	\$ -	\$ -	Disability Insurance - Spouse 2		\$ -
"Rainy Day" (Emergency) Fund :			Long-term Care:		\$ -
General Everyday Savings :			Health and Dental Insurance:		\$ -
Short-Term Savings Goal :			Mortgage Insurance:		\$ -
Long-Term Savings Goal :			Travel Medical Insurance		\$ -
Other:	\$ -	\$ -	Other:		
			Other:		
Total Investment & Savings Expense	\$ -	\$ -	Total Insurance Expense:	\$ -	\$ -

SUMMARY

	Month	Year
Gross Income (All Sources)	\$ -	\$ -
Net Income (After Taxes & Deductions)	\$ -	\$ -
Total NET Income After Taxes & Debt Service	\$ -	\$ -
Total GROSS Income :	\$ -	\$ -
% of Gross Income <u>Available</u> for Lifestyle & Living Expenses	%	%

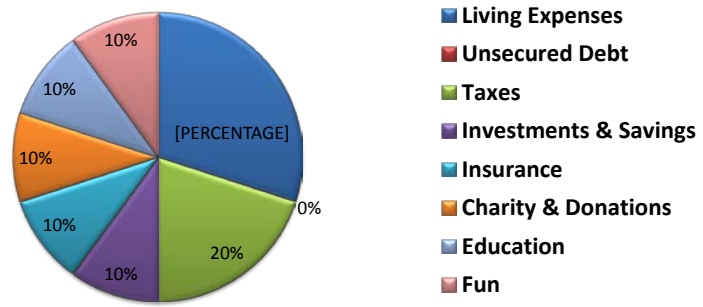
LIFESTYLE AND LIVING EXPENSES

<i>Living Expenses: Food & Household Costs</i>		\$ -
<i>Living Expenses: Homeowner's Costs</i>		\$ -
<i>Living Expenses: Health, Dental, & Wellness</i>		
<i>Living Expenses: Transportation Costs</i>		
TOTAL LIVING EXPENSES		
Education Expenses		
Fun (Discretionary) Expenses		
Charity and Donation Expenses		
Contributions to Investments & Savings		
Premiums Payable for Insurance		\$ -
TOTAL LIFESTYLE & LIVING EXPENSES	\$ -	\$ -

TOTAL REMAINING INCOME AFTER TAXES, DEBT, LIFESTYLE & LIVING EXPENSES: \$ -

Target Cash Flow Allocation	
Living Expenses	30%
Unsecured Debt	0%
Taxes	20%
Investments & Savings	10%
Insurance	10%
Charity & Donations	10%
Education	10%
Fun	10%
Total	100%

Target Cash Flow Allocation





Insurance Triage Questionnaire



Name:

Date:

In order to determine the optimal range of Insurance products for your solution that best suits your situation and budget, I need to ask I need to ask you a few personal questions that may seem odd. I need you to answer them to the best of your knowledge. All of these answer will remain confidential.

Do you have any life, critical illness, or disability insurance in force or pending currently? No

Have you ever had an insurance policy application declined, rated, or had a policy postponed? No

If yes, give details: _____

Did any of those policies require a medical exam or a blood or urine sample? No

Are you in a rush for any new coverage? Yes

What was the reason for the last time that you saw a medical doctor? When was it? Yes

Have you had any major health concerns yourself or within your extended family? Yes

Is there any history of heart attack, cancer or stroke within your extended family? Yes

Do you have any pending medical tests? Yes

If yes, give details: _____

Including the last 5 years, have you or do you expect to have any medical tests? Yes

Have you ever had an illness or injury which prevented you from performing your usual activities or regular duties of your occupation for a period exceeding 2 weeks? Yes

Have you ever been a smoker? Yes

If yes, give details: _____

Do you drink alcohol? Yes

If yes, give details: _____

Have you ever taken any non-prescription drugs like marijuana or cocaine, etc? Yes

If yes, give details: _____

Do you participate in any hazardous or extreme sports including sky diving and scuba diving? Yes

If yes, give details: _____

Including the last 5 years, have you had a traffic violations or any driving convictions? Yes

If yes, give details: _____

Have you ever had any trouble with the law? Yes

If yes, give details: _____

Are you comfortable with medical exams and blood tests? Yes