

Priorities Checklist

AGF SOUND CHOICES

Select the items below that are relevant to you. Can you rank them in order of importance? Or indicate your top three?

Your lifestyle	Your family	Your home/ property	Your career/ business	Your taxes	Your legacy	Your anxieties
<input type="checkbox"/> Finance lifestyle	<input type="checkbox"/> Provide for my family now / in the future	<input type="checkbox"/> Finance home	<input type="checkbox"/> Protect ability to work	<input type="checkbox"/> Pay less tax	<input type="checkbox"/> Protect loved ones	<input type="checkbox"/> Not having enough money
<input type="checkbox"/> Do retirement assessment		<input type="checkbox"/> Pay down financing	<input type="checkbox"/> Provide business succession	<input type="checkbox"/> Generate tax refunds	<input type="checkbox"/> Gift loved ones	<input type="checkbox"/> Losing capital
<input type="checkbox"/> Fulfil income needs	<input type="checkbox"/> Finance children's education	<input type="checkbox"/> Renovate home	<input type="checkbox"/> Protect family	<input type="checkbox"/> Choose tax-efficient investments	<input type="checkbox"/> Pass on assets	<input type="checkbox"/> Starting plan too late
<input type="checkbox"/> Protect savings and grow	<input type="checkbox"/> Finance vacation	<input type="checkbox"/> Purchase cottage/ vacation property	<input type="checkbox"/> Protect assets	<input type="checkbox"/> Dual citizen	<input type="checkbox"/> Insurance needs	<input type="checkbox"/> Market ups and downs
<input type="checkbox"/> Make money grow	<input type="checkbox"/> Assist parents	<input type="checkbox"/> Finance income property	<input type="checkbox"/> Take sabbatical	<input type="checkbox"/> Own / buy property in the States	<input type="checkbox"/> Plan charitable giving	<input type="checkbox"/> Aging illnesses
<input type="checkbox"/> Manage debt	<input type="checkbox"/> Life-changing event (divorce, declining health, death)	<input type="checkbox"/> Protect home or property	<input type="checkbox"/> Change careers	<input type="checkbox"/> Other	<input type="checkbox"/> Minimize carbon footprint	<input type="checkbox"/> Losing my job
<input type="checkbox"/> Finance significant purchase	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Go back to school		<input type="checkbox"/> Other	<input type="checkbox"/> My children moving back home
<input type="checkbox"/> Other			<input type="checkbox"/> Other			<input type="checkbox"/> Other

Linking your financial plan with life priorities

Name: _____ **Date:** _____

Your financial plan and life priorities go hand in hand. We'll create a timeline for focusing on the items below that are most relevant to you. The checklist will also be a useful resource for your annual financial review to help ensure your plan continues to be aligned with your priorities and objectives.

	Priorities we'll focus on	Follow-up date		Priorities we'll focus on	Follow-up date		Priorities we'll focus on	Follow-up date
Your Lifestyle:			Your career/business:			Your Anxieties:		
<input type="checkbox"/> Finance lifestyle	_____	_____	<input type="checkbox"/> Protect ability to work	_____	_____	<input type="checkbox"/> Not having enough money	_____	_____
<input type="checkbox"/> Do retirement assessment	_____	_____	<input type="checkbox"/> Provide business succession	_____	_____	<input type="checkbox"/> Losing capital	_____	_____
<input type="checkbox"/> Fulfil income needs	_____	_____	<input type="checkbox"/> Protect family	_____	_____	<input type="checkbox"/> Starting plan too late	_____	_____
<input type="checkbox"/> Protect and grow savings	_____	_____	<input type="checkbox"/> Protect assets	_____	_____	<input type="checkbox"/> Market ups and downs	_____	_____
<input type="checkbox"/> Make money grow	_____	_____	<input type="checkbox"/> Take sabbatical	_____	_____	<input type="checkbox"/> Aging illnesses	_____	_____
<input type="checkbox"/> Manage debt	_____	_____	<input type="checkbox"/> Change careers	_____	_____	<input type="checkbox"/> Losing my job	_____	_____
<input type="checkbox"/> Finance significant purchase	_____	_____	<input type="checkbox"/> Go back to school	_____	_____	<input type="checkbox"/> My children moving back home	_____	_____
<input type="checkbox"/> Other _____	_____	_____	<input type="checkbox"/> Other _____	_____	_____	<input type="checkbox"/> Other _____	_____	_____
Your Family:			Your Taxes:			Action steps:		
<input type="checkbox"/> Provide for my family	_____	_____	<input type="checkbox"/> Pay less tax	_____	_____	1.		
<input type="checkbox"/> Finance children's education	_____	_____	<input type="checkbox"/> Generate tax refunds	_____	_____	_____		
<input type="checkbox"/> Finance vacation	_____	_____	<input type="checkbox"/> Choose tax-efficient investments	_____	_____	2.		
<input type="checkbox"/> Assist parents	_____	_____	<input type="checkbox"/> Dual citizen	_____	_____	_____		
<input type="checkbox"/> Life-changing event	_____	_____	<input type="checkbox"/> Own/buy property in the States	_____	_____	3.		
<input type="checkbox"/> Other _____	_____	_____	<input type="checkbox"/> Other _____	_____	_____	_____		
Your home/property:			Your Legacy:			_____		
<input type="checkbox"/> Finance home	_____	_____	<input type="checkbox"/> Protect loved ones	_____	_____	_____		
<input type="checkbox"/> Pay down financing	_____	_____	<input type="checkbox"/> Gift loved ones	_____	_____	_____		
<input type="checkbox"/> Renovate home	_____	_____	<input type="checkbox"/> Pass on assets	_____	_____	_____		
<input type="checkbox"/> Purchase cottage/vacation property	_____	_____	<input type="checkbox"/> Insurance needs	_____	_____	_____		
<input type="checkbox"/> Finance income property	_____	_____	<input type="checkbox"/> Plan charitable giving	_____	_____	_____		
<input type="checkbox"/> Protect home or property	_____	_____	<input type="checkbox"/> Minimize carbon footprint	_____	_____	_____		
<input type="checkbox"/> Other _____	_____	_____	<input type="checkbox"/> Other _____	_____	_____	_____		

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