



# WORKSHOP EVALUATION FORM

Email to [info@dccompletefinancial.com](mailto:info@dccompletefinancial.com) when done

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ PC: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Your Age: \_\_\_\_\_ Spouse's Age: \_\_\_\_\_

Occupation \_\_\_\_\_ Still working? \_\_\_\_\_ Retired? \_\_\_\_\_

Email: \_\_\_\_\_

**The discussion was (enter a number 1-5, with 1 unacceptable and 5 VERY good):**

- Interesting and relevant topics
- Discussion time was stimulating
- Enough amount of time for discussion
- Appropriate amount of time for questions
- Satisfactory format, venue or location

**Topics I am interested in:**

**My primary concerns are (enter a number 1-5, with 1 unacceptable and 5 VERY good):**

- Creating enough money to leave behind for my child to live comfortably
- Running out of money during retirement (Outliving my retirement funds)
- Creating a life plan so my child will not be exempt nor a prisoner of social benefits
- Applying for the disability tax credit and other social and tax benefits
- Making sure I can stay with my child as long as I live

**I currently own:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> GIC's, term deposits | <input type="checkbox"/> Retirement plan (TFSA, RRSP, etc.) | <input type="checkbox"/> Life insurance |
| <input type="checkbox"/> Mutual funds         | <input type="checkbox"/> Long term care insurance           | <input type="checkbox"/> Annuity        |
| <input type="checkbox"/> Living trust         | <input type="checkbox"/> Stocks                             | <input type="checkbox"/> RDSP           |

**YES! I answered 3-5 above and I want a complimentary meeting.**

*Please indicate the best times to meet:*

- |                                     |                                     |                                    |                                    |
|-------------------------------------|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Mon.       | <input type="checkbox"/> Tues.      | <input type="checkbox"/> Wed.      | <input type="checkbox"/> Thurs.    |
| <input type="checkbox"/> 10:00 a.m. | <input type="checkbox"/> 12:00 p.m. | <input type="checkbox"/> 2:00 p.m. | <input type="checkbox"/> 4:00 p.m. |
| <input type="checkbox"/> 6:00 p.m.  | <input type="checkbox"/> 8:00 p.m.  |                                    |                                    |