Financial Planning Questionnaire

Client

Name: ______________________________

Date: ______________________________

Prepared By

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Below is a list of information and documents that will help us to complete an analysis of the attainability of your goals. Please bring copies of this information to your next meeting.

Assets

Investment account statements from financial firms, including:

- ☐ RRSP, RRIFS, TFSAs, RESPs, Locked-In Accounts, Non-Registered Cash Accounts
- ☐ Family Trust Accounts
- ☐ Private Corporation Accounts
- ☐ Operating Corporation Accounts

Income & Employment

- ☐ Most recent CRA income tax Notice of Assessment
- ☐ Most recent pension and/or company savings plan statements and policies
- ☐ CPP Pension Statement *see below

Insurance Statements

- ☐ Life, including Universal Life Investment Statements
- ☐ Disability
- ☐ Critical Illness

***CPP Hotline**

For an estimate of your Canada Pension Plan income at retirement, call the Contributions Information Management Program: 1-877-454-4051. From the main menu, choose option '6', then option '2', then option '0' to get a live person. You will need your S.I.N. # to verify your identity. They can provide you with an estimate over the phone as well as send you a statement.

As your Investment Advisory team, we are committed to working in a partnership with you to develop and implement a strategic plan to help you work towards achieving your financial goals.

In order to do so, we need to first understand the specifics of your current financial situation, recognize where you want to be in the future, and finally, develop a plan for how to get there. This Fact Finder contains important financial questions that will help you establish your current financial position and goals, which are critical in the process.

Client Information

Client 1 Name: ______________________ Date of Birth: ____________ Gender: ☐ M ☐ F Marital Status: ____________

Client 2 Name: ______________________ Date of Birth: ____________ Gender: ☐ M ☐ F Marital Status: ____________

Address: ____

Tel: (H) ______________ (O) ______________ E-mail: ______________________

Family Members

First Name	Last Name	Date of Birth	Relationship

Notes: ____

Financial Goals

Retirement Planning

	Client 1	Client 2		Client 1	Client 2
Planned Retirement Age			Yearly TFSA Savings		
Desired Level of Retirement Income (after tax)			Yearly RESP Savings		
Yearly RRSP Savings			Yearly Savings – Other		

Education Goal

	Goal 1	Goal 2	Goal 3
Member			
Education Start Age			
Annual Education Cost (today's $)			
Number of Years			

Major Purchase Goal

	Goal 1	Goal 2	Goal 3
Description			
Member			
Target Date			
Cost (today's $)			

Major Additions to or Withdrawals from Your Portfolio

Do you expect to **ADD** any lump sums to your portfolio in the future, for example from an inheritance, the sale of a business or the sale of real estate? If so, list the expected date, the amount and the source of funds:

	Date	Amount	Source of Funds
Contribution 1			
Contribution 2			

Do you expect to **WITHDRAW** any lump sums from your portfolio in the future, for example to buy a cottage or make a gift or donation to charity? If so, list the expected date, the amount and the intended use:

	Date	Amount	Intended Use
Withdrawal 1			
Withdrawal 2			

Cash Flow

Current Monthly Income

	Applicable Period	Salary (Incl. Bonus/Commission)	CPP* (*See Below)	OAS	Pensions	Other
Client 1						
Client 2						

Retirement Incomes

Description	Income Type (Salary, Pension, Other etc.)	Member	Amount/Frequency (e.g. $2,000/mo. or $24,000/yr.)	Applicable Period

RRSP Historical Data

	Prior Year's Earned Income	Prior Year's Pension Adjustment	Unused RRSP Deduction Limit
Client 1			
Client 2			

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Notes: ____________________

Net Worth

Assets	Current Value ($)	Purchase Amount	Liabilities	Balance ($)
Residence			Mortgage	
Cottage			Mortgage	
Other Real Estate			Mortgage	
Other Asset			Other	
Other Asset			Other	

Other Investment Accounts

Description	Account Type (RRSP, TFSA etc.)	Owner	Current Value ($)	Employee Monthly Savings ($)	Employer Monthly Savings ($)

Note:
If you have a LIRA (Locked-In Retirement Account) or LIF (Life Income Fund) that was transferred from a pension plan you held with a former employer, please note the name of that employer below.

Notes: ______________________________

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Insurance Coverage

Life Insurance Coverage

Description	Insured	Policy Type (Term, Permanent Life, Universal Life, etc.)	Death Benefit ($)	Beneficiary	Monthly Premium ($)

Disability Insurance Coverage

Description	Insured	Policy Type	Benefit ($)	Beneficiary	Monthly Premium ($)

Critical Illness Insurance Coverage

Description	Insured	Policy Type	Benefit ($)	Beneficiary	Monthly Premium ($)

Notes: ______________________________

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Estate Planning

Date of Last Will	
Executor	
Contingent Executor	
Guardian for Minor Children	
Power of Attorney for Personal Care	
Power of Attorney for Property	

Your Lawyer	
Firm	
Address	
Phone	
E-mail	

Your Accountant	
Firm	
Address	
Phone	
E-mail	

Notes: ______________________________

Relationship Conversation (RC) – Background

Educations:

Careers:

Story as a Couple (incl. wedding anniversary):

The Rest of the Story:

Relationship Conversation (RC) – Background – Continued

Relationship Conversation (RC) – Movie

Passions:

Travel:

Philanthropy:

Family:

The Rest of the Story:

Relationship Conversation (RC) – Movie – Continued