

# Financial Planning Questionnaire

## Client

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

Date: \_\_\_\_\_

## Prepared By

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Toll Free: \_\_\_\_\_

E-mail: \_\_\_\_\_

As your Investment Advisor, I am committed to working in a partnership with you to develop and implement a strategic plan to help you work towards achieving your financial goals for the future.

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 to 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 (Son, Daughter, Grandchild, etc.)	Dependent of

## Financial Goals

### Retirement Planning

	Client 1	Client 2		Client 1	Client 2
Planned Retirement Age			Company Pension		
Years to Retire			Government Pension		
Desired Level of Retirement Income (after tax)			OAS/CPP		

### RRSP Historical Data

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

### Education Goal

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

### Major Purchase Goal

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

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Cash Flow

### Monthly Income

	Applicable Period	Salary	Bonus/Commission	CPP/OAS	Pensions	Other
Client 1						
Client 2						

### Monthly Expenses

	Housing	Transportation	Food	Entertainment	Personal	Other
Amount (\$)						
Applicable Period						
Fixed Expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Retirement Incomes

Description	Income Type <small>(Salary, Self-employed, Other, etc.)</small>	Member	Amount/frequency <small>(e.g. \$220/mo. or \$24,000/yr.)</small>	Application Period

## Net Worth

Assets	Current Value (\$)	Purchase Amount	Liabilities	Balance (\$)	Interest Rate (%)	Amortization	Monthly Payment (\$)
Residence			Mortgage				
Cottage			Mortgage				
Vehicles			Line of Credit				
Jewelry			Loan				
Personal Use			Credit Cards				
Other			Other				



Insurance Coverage

Life Insurance Coverage

Description	Insured	Policy Type <small>(Term, Permanent Life, Universal Life, etc.)</small>	Death Benefit (\$)	Beneficiary	Monthly Premium (\$)

Disability Insurance Coverage

Description	Insured	Policy Type <small>(Group STD, Group LTD, Individual)</small>	Monthly Benefit (\$)	Monthly Premium (\$)

Critical Illness Insurance Coverage

Description	Insured	Policy Type	Benefit Amount (\$)	Monthly Premium (\$)

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	Client 1	Client 2
<b>Include CPP/QPP and/or OAS</b> • Calculate based on Salary/Self-employment income? • CPP/QPP Statement (attach copy)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b> "Choose the method in which NaviPlan incorporates CPP/QPP into the plan. NaviPlan can calculate the benefits based on salary or self-employed incomes entered under Cash Flow. Alternatively, directly enter the estimated benefits provided to the client on their CPP/QPP statement."		

**Defined Benefit**

Description <small>(eg: Benefit, Start Date, Survivor Amount, etc.)</small>	Member	Estimated Annual Amount (\$ or %)

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Insurance Analysis**

**Life Insurance**

	Client 1	Client 2	If Both Die
<b>Percentage of lifestyle expenses to cover</b> _____ %			
Cover Major Purchase Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay off liabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Lump Sum Expenses on Death (\$)			
Annual Ongoing Expenses (\$)			
Number of Years			

**Disability Insurance**

	Client 1	Client 2	If Both Die
<b>Percentage of lifestyle expenses to cover</b> _____ %			
Cover Major Purchase Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay off liabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Critical Illness Lump Sum Expenses**

Description	Member	Type	Amount
		<input type="checkbox"/> Non-medical <input type="checkbox"/> Medical	
		<input type="checkbox"/> Non-medical <input type="checkbox"/> Medical	

