

FINANCIAL PLANNING

Client fact finder

Getting to know you, your financial state,
and your life goals.



Your goals

Let's start with your goals. Tell us about your hopes and dreams and we'll work them into your plan.

YOUR GOALS

Retirement

AT WHAT AGE WOULD YOU LIKE TO RETIRE, OR, ARE YOU ALREADY RETIRED?

HOW WOULD YOU LIKE TO SPEND YOUR MONEY DURING RETIREMENT?

Education

Are there any students that you want to cover the expense of education for?

1	STUDENT NAME	DURATION	ESTIMATED COST
2	STUDENT NAME	DURATION	ESTIMATED COST
3	STUDENT NAME	DURATION	ESTIMATED COST
4	STUDENT NAME	DURATION	ESTIMATED COST
5	STUDENT NAME	DURATION	ESTIMATED COST
6	STUDENT NAME	DURATION	ESTIMATED COST

Cash reserve

Do you have an emergency savings fund?

AMOUNT	ASSETS ALLOCATED
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†The information you provide will be placed into our financial planning tools for further discussion on your financial plan.

Major expense

What are some major expense's you're planning to make in the future?

1	TYPE OF EXPENSE (Examples: Trip, Car, Cottage, etc.)	APPROXIMATE COST	DATE OF EXPENSE
2	TYPE OF EXPENSE (Examples: Trip, Car, Cottage, etc.)	APPROXIMATE COST	DATE OF EXPENSE
3	TYPE OF EXPENSE (Examples: Trip, Car, Cottage, etc.)	APPROXIMATE COST	DATE OF EXPENSE
4	TYPE OF EXPENSE (Examples: Trip, Car, Cottage, etc.)	APPROXIMATE COST	DATE OF EXPENSE
5	TYPE OF EXPENSE (Examples: Trip, Car, Cottage, etc.)	APPROXIMATE COST	DATE OF EXPENSE

Legacy

What are your legacy plans?

AMOUNT TO LEAVE TO HEIRS	AMOUNT TO LEAVE TO CHARITY
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Additional legacy questions

i **NOTE:** This question is not required for our data collection process

DO YOU HAVE A WILL?	LAST UPDATED:	DO YOU HAVE A LIVING WILL?
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
LIVING WILL LAST UPDATED:	SPECIFIED OR DESIRED POWER OF ATTORNEY (Full name)	

Other

DO YOU HAVE ANY GENERAL FINANCIAL QUESTIONS?

DO YOU HAVE ADDITIONAL GOALS YOU WISH TO ACHIEVE, IF SO, BY WHEN?

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Planning preferences

Tell us more about your
preferences so we deliver a plan
that makes sense for you.

PLANNING PREFERENCES

Increasing your monthly savings gives us room to fully customize the best plan for you.

HOW MUCH ADDITIONAL MONTHLY SAVINGS CAN YOU AFFORD?

How willing are you to adjust the following:

DELAY RETIREMENT?

☐ Not willing ☐ Hesitant ☐ Would consider ☐ Willing ☐ Very willing

REDUCE RETIREMENT SPENDING?

☐ Not willing ☐ Hesitant ☐ Would consider ☐ Willing ☐ Very willing

SHORT TERM PAIN FOR LONG TERM GAIN?

☐ Not willing ☐ Hesitant ☐ Would consider ☐ Willing ☐ Very willing

SAVE INCOME TAX REFUND?

☐ Not willing ☐ Hesitant ☐ Would consider ☐ Willing ☐ Very willing

DOWNSIZE YOUR HOME?

☐ Not willing ☐ Hesitant ☐ Would consider ☐ Willing ☐ Very willing

Personal information

Time for some introductions. Tell us a little bit about you and your family.

PERSONAL INFORMATION

Please fill out the information below for everyone included in your plan.

Client		Co-client	
FULL NAME		FULL NAME	
BIRTHDAY (MM/DD/YY)		BIRTHDAY (MM/DD/YY)	
MARITAL STATUS		MARITAL STATUS	
LOCATION		LOCATION	
City:	Province:	City:	Province:

Dependants

1	FULL NAME	BIRTHDAY (MM/DD/YY)	RELATIONSHIP
2	FULL NAME	BIRTHDAY (MM/DD/YY)	RELATIONSHIP
3	FULL NAME	BIRTHDAY (MM/DD/YY)	RELATIONSHIP
4	FULL NAME	BIRTHDAY (MM/DD/YY)	RELATIONSHIP
5	FULL NAME	BIRTHDAY (MM/DD/YY)	RELATIONSHIP
6	FULL NAME	BIRTHDAY (MM/DD/YY)	RELATIONSHIP

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Financial information

The information you provide in this section will help us create an accurate and informative plan.

FINANCIAL INFORMATION

Employment income

Please list the following details for your primary source of income

i NOTE: If you are not currently retired, enter the amount of earned income that you would report on your tax return.

Client		Co-client	
ANNUAL INCOME (before taxes)		ANNUAL INCOME (before taxes)	
NAME OF EMPLOYER		NAME OF EMPLOYER	
EMPLOYER ADDRESS		EMPLOYER ADDRESS	
EMPLOYER PHONE #	OCCUPATION	EMPLOYER PHONE #	OCCUPATION

Other taxable income

Are there any other sources of taxable income you have?

i NOTE: If you are not currently retired, other sources of income may include, bonus income, gratuities, or royalty income.

1	ANNUAL INCOME	SOURCE	OWNER OF INCOME
2	ANNUAL INCOME	SOURCE	OWNER OF INCOME
3	ANNUAL INCOME	SOURCE	OWNER OF INCOME
4	ANNUAL INCOME	SOURCE	OWNER OF INCOME
5	ANNUAL INCOME	SOURCE	OWNER OF INCOME

Expenses

Indicate below what type of expenses you have, and how often they occur.

NOTE: This question is not required for our data collection process

1	TYPE OF EXPENSE	FREQUENCY	AMOUNT	OWNER OF EXPENSE
2	TYPE OF EXPENSE	FREQUENCY	AMOUNT	OWNER OF EXPENSE
3	TYPE OF EXPENSE	FREQUENCY	AMOUNT	OWNER OF EXPENSE
4	TYPE OF EXPENSE	FREQUENCY	AMOUNT	OWNER OF EXPENSE
5	TYPE OF EXPENSE	FREQUENCY	AMOUNT	OWNER OF EXPENSE
6	TYPE OF EXPENSE	FREQUENCY	AMOUNT	OWNER OF EXPENSE
7	TYPE OF EXPENSE	FREQUENCY	AMOUNT	OWNER OF EXPENSE
8	TYPE OF EXPENSE	FREQUENCY	AMOUNT	OWNER OF EXPENSE
9	TYPE OF EXPENSE	FREQUENCY	AMOUNT	OWNER OF EXPENSE
10	TYPE OF EXPENSE	FREQUENCY	AMOUNT	OWNER OF EXPENSE
11	TYPE OF EXPENSE	FREQUENCY	AMOUNT	OWNER OF EXPENSE

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Pensions

Are you currently eligible for a pension plan?

NOTE: Many employers offer a pension plan that provides a monthly income in retirement based on years of service & age, , If you do not have a pension plan you may skip this section.

Client		Co-client	
START AGE	GROSS \$ AMOUNT (Annual)	START AGE	GROSS \$ AMOUNT (Annual)
% OF MAXIMUM (Optional)		% OF MAXIMUM (Optional)	

Defined benefit pensions

Enter in the monthly pension income that you would expect to receive during retirement

NOTE: please include current & past employers

1	MEMBER	MONTHLY AMOUNT	INDEXATION	BRIDGE	START AGE
2	MEMBER	MONTHLY AMOUNT	INDEXATION	BRIDGE	START AGE

Accounts

RRSPs

Do you have any RRSP accounts?

1	ACCOUNT OWNER	TOTAL MARKET VALUE	UNUSED ROOM
ADDITIONAL DETAILS			

2	ACCOUNT OWNER	TOTAL MARKET VALUE	UNUSED ROOM
	ADDITIONAL DETAILS		
3	ACCOUNT OWNER	TOTAL MARKET VALUE	UNUSED ROOM
	ADDITIONAL DETAILS		
4	ACCOUNT OWNER	TOTAL MARKET VALUE	UNUSED ROOM
	ADDITIONAL DETAILS		

TFSAs

Do you have any TFSAs?

1	ACCOUNT OWNER	TOTAL MARKET VALUE	UNUSED ROOM
	ADDITIONAL DETAILS		
2	ACCOUNT OWNER	TOTAL MARKET VALUE	UNUSED ROOM
	ADDITIONAL DETAILS		

Other accounts

Do you have any other accounts?

NOTE: Examples of account type include chequing/savings, defined contribution pension, non-registered, LIRA, etc.

1	ACCOUNT OWNER	ACCOUNT TYPE	TOTAL MARKET VALUE
	ADDITIONAL DETAILS		
2	ACCOUNT OWNER	ACCOUNT TYPE	TOTAL MARKET VALUE
	ADDITIONAL DETAILS		
3	ACCOUNT OWNER	ACCOUNT TYPE	TOTAL MARKET VALUE
	ADDITIONAL DETAILS		
4	ACCOUNT OWNER	ACCOUNT TYPE	TOTAL MARKET VALUE
	ADDITIONAL DETAILS		
5	ACCOUNT OWNER	ACCOUNT TYPE	TOTAL MARKET VALUE
	ADDITIONAL DETAILS		
6	ACCOUNT OWNER	ACCOUNT TYPE	TOTAL MARKET VALUE
	ADDITIONAL DETAILS		

Savings

What type of savings are you putting aside?

1

ACCOUNT OWNER	ACCOUNT	AMOUNT	FREQUENCY
ADDITIONAL DETAILS			

2

ACCOUNT OWNER	ACCOUNT	AMOUNT	FREQUENCY
ADDITIONAL DETAILS			

3

ACCOUNT OWNER	ACCOUNT	AMOUNT	FREQUENCY
ADDITIONAL DETAILS			

4

ACCOUNT OWNER	ACCOUNT	AMOUNT	FREQUENCY
ADDITIONAL DETAILS			

5

ACCOUNT OWNER	ACCOUNT	AMOUNT	FREQUENCY
ADDITIONAL DETAILS			

6

ACCOUNT OWNER	ACCOUNT	AMOUNT	FREQUENCY
ADDITIONAL DETAILS			

Real estate

Do you own any personal properties?

1	OWNER	PRINCIPAL RESIDENCE	MARKET VALUE	PURCHASE AMOUNT	MORTGAGE?
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No
2	OWNER	PRINCIPAL RESIDENCE	MARKET VALUE	PURCHASE AMOUNT	MORTGAGE?
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No
3	OWNER	PRINCIPAL RESIDENCE	MARKET VALUE	PURCHASE AMOUNT	MORTGAGE?
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No

Do you own any rental properties?

1	MARKET VALUE	PURCHASE AMOUNT	RENTAL INCOME	RENTAL EXPENSE	MORTGAGE?
					<input type="radio"/> Yes <input type="radio"/> No
2	MARKET VALUE	PURCHASE AMOUNT	RENTAL INCOME	RENTAL EXPENSE	MORTGAGE?
					<input type="radio"/> Yes <input type="radio"/> No
3	MARKET VALUE	PURCHASE AMOUNT	RENTAL INCOME	RENTAL EXPENSE	MORTGAGE?
					<input type="radio"/> Yes <input type="radio"/> No

Other assets

Are there any other assets you'd like to mention?

1	OWNER	ASSET TYPE	MARKET VALUE	PURCHASE AMOUNT
2	OWNER	ASSET TYPE	MARKET VALUE	PURCHASE AMOUNT
3	OWNER	ASSET TYPE	MARKET VALUE	PURCHASE AMOUNT

Mortgages & other liabilities

Fill out the information regarding any of your current liabilities

1	TYPE (For ex. Mortgage, Loan, Line of Credit, Credit Card)	BALANCE OWING	BALANCE AS OF DATE	INTEREST RATE
	PAYMENT TYPE (for ex. interest only, principal & Interest)	PAYMENT	PAYMENT FREQUENCY	
	ASSOCIATED WITH WHICH ASSET?	ARE INTEREST PAYMENTS TAX DEDUCTIBLE?		
		<input type="radio"/> Yes <input type="radio"/> No		
2	TYPE (For ex. Mortgage, Loan, Line of Credit, Credit Card)	BALANCE OWING	BALANCE AS OF DATE	INTEREST RATE
	PAYMENT TYPE (for ex. interest only, principal & Interest)	PAYMENT	PAYMENT FREQUENCY	
	ASSOCIATED WITH WHICH ASSET?	ARE INTEREST PAYMENTS TAX DEDUCTIBLE?		
		<input type="radio"/> Yes <input type="radio"/> No		
3	TYPE (For ex. Mortgage, Loan, Line of Credit, Credit Card)	BALANCE OWING	BALANCE AS OF DATE	INTEREST RATE
	PAYMENT TYPE (for ex. interest only, principal & Interest)	PAYMENT	PAYMENT FREQUENCY	
	ASSOCIATED WITH WHICH ASSET?	ARE INTEREST PAYMENTS TAX DEDUCTIBLE?		
		<input type="radio"/> Yes <input type="radio"/> No		
4	TYPE (For ex. Mortgage, Loan, Line of Credit, Credit Card)	BALANCE OWING	BALANCE AS OF DATE	INTEREST RATE
	PAYMENT TYPE (for ex. interest only, principal & Interest)	PAYMENT	PAYMENT FREQUENCY	
	ASSOCIATED WITH WHICH ASSET?	ARE INTEREST PAYMENTS TAX DEDUCTIBLE?		
		<input type="radio"/> Yes <input type="radio"/> No		

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Insurance policies

Do you have any insurance coverage?
If so, let us know what they are and
who they cover.

INSURANCE POLICIES

Life insurance

1	TYPE OF INSURANCE	TERM YEARS	INSURED
	BENEFICIARY	COVERAGE STARTS	COVERAGE ENDS
	INSURER	DEATH BENEFIT	
	PREMIUM AMOUNT & FREQUENCY	PREMIUM PAYER	
2	TYPE OF INSURANCE	TERM YEARS	INSURED
	BENEFICIARY	COVERAGE STARTS	COVERAGE ENDS
	INSURER	DEATH BENEFIT	
	PREMIUM AMOUNT & FREQUENCY	PREMIUM PAYER	
3	TYPE OF INSURANCE	TERM YEARS	INSURED
	BENEFICIARY	COVERAGE STARTS	COVERAGE ENDS
	INSURER	DEATH BENEFIT	
	PREMIUM AMOUNT & FREQUENCY	PREMIUM PAYER	

4	TYPE OF INSURANCE	TERM YEARS	INSURED
	BENEFICIARY	COVERAGE STARTS	COVERAGE ENDS
	INSURER	DEATH BENEFIT	
	PREMIUM AMOUNT & FREQUENCY	PREMIUM PAYER	

Disability insurance

1	INSURED	BENEFIT AMOUNT	BENEFIT FREQUENCY
	COVERAGE ENDS (AGE)	WAITING PERIOD	WAITING PERIOD DURATION
	INSURER	PREMIUM AMOUNT & FREQUENCY	

2	INSURED	BENEFIT AMOUNT	BENEFIT FREQUENCY
	COVERAGE ENDS (AGE)	WAITING PERIOD	WAITING PERIOD DURATION
	INSURER	PREMIUM AMOUNT & FREQUENCY	

3	INSURED	BENEFIT AMOUNT	BENEFIT FREQUENCY
	COVERAGE ENDS (AGE)	WAITING PERIOD	WAITING PERIOD DURATION
	INSURER	PREMIUM AMOUNT & FREQUENCY	

4	INSURED	BENEFIT AMOUNT	BENEFIT FREQUENCY
	COVERAGE ENDS (AGE)	WAITING PERIOD	WAITING PERIOD DURATION
	INSURER	PREMIUM AMOUNT & FREQUENCY	

Long-term care insurance

1	INSURED	BENEFIT AMOUNT	BENEFIT FREQUENCY
	COVERAGE ENDS (AGE)	WAITING PERIOD/DURATION	BENEFIT PERIOD/DURATION
	INSURER	PREMIUM AMOUNT & FREQUENCY	PREMIUMS END (AGE)

2	INSURED	BENEFIT AMOUNT	BENEFIT FREQUENCY
	COVERAGE ENDS (AGE)	WAITING PERIOD/DURATION	BENEFIT PERIOD/DURATION
	INSURER	PREMIUM AMOUNT & FREQUENCY	PREMIUMS END (AGE)

3	INSURED	BENEFIT AMOUNT	BENEFIT FREQUENCY
	COVERAGE ENDS (AGE)	WAITING PERIOD/DURATION	BENEFIT PERIOD/DURATION
	INSURER	PREMIUM AMOUNT & FREQUENCY	PREMIUMS END (AGE)

4	INSURED	BENEFIT AMOUNT	BENEFIT FREQUENCY
	COVERAGE ENDS (AGE)	WAITING PERIOD/DURATION	BENEFIT PERIOD/DURATION
	INSURER	PREMIUM AMOUNT & FREQUENCY	PREMIUMS END (AGE)

Critical illness insurance

1	INSURED	BENEFIT AMOUNT	INSURER
	PREMIUM AMOUNT & FREQUENCY	PREMIUMS END (AGE)	
2	INSURED	BENEFIT AMOUNT	INSURER
	PREMIUM AMOUNT & FREQUENCY	PREMIUMS END (AGE)	
3	INSURED	BENEFIT AMOUNT	INSURER
	PREMIUM AMOUNT & FREQUENCY	PREMIUMS END (AGE)	
4	INSURED	BENEFIT AMOUNT	INSURER
	PREMIUM AMOUNT & FREQUENCY	PREMIUMS END (AGE)	

Additional notes

Let us know if there is anything else you would like us to know that was not covered on the previous pages.

