

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 |
|--------|------------------|

†The information you provide will be placed into our financial planning tools for further discussion of your financial plan.

Major expense

What are some major expenses 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 |
|--------------------------|----------------------------|

Additional legacy questions

 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

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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) | MARITAL STATUS | BIRTHDAY (MM/DD/YY) | 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.

i 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?

i 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

i 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 | | | |

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| | | | |
|---|--------------------|--------------------|-------------|
| 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 | | |

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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 | | |

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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 | | | |

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Real estate

Do you own any personal properties?

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

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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 | |

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| | | | |
|---|----------------------------|-----------------|---------------|
| 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.

