



FINANCIAL PLANNING INFORMATION

Date: _____ IA Name: _____ FPS Name: _____

PERSONAL INFORMATION

	Client	Spouse
First name	_____	_____
Last name	_____	_____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Common law <input type="checkbox"/> Widowed
	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Date of birth	_____	_____
Retirement age	_____	_____
Date of Retirement	_____	_____
Province	_____	_____
Account Number	_____	_____
Preferred Contact Method (e-mail or phone)	_____	_____

DEPENDANTS

	Date of Birth	Relationship
1	_____	_____
2	_____	_____
3	_____	_____

RISK TOLERANCE*

	Client	Spouse
Non-Registered	_____	_____
Registered	_____	_____

* Please choose a risk tolerance level from the following options:

Conservative / Moderate / Moderate Growth / Moderate Aggressive / Aggressive Growth



LIFESTYLE NEEDS (AFTER-TAX)

Joint

Before retirement

At Retirement

EMPLOYMENT INCOME

Client

Spouse

Income amount

Employer

Occupation

GOVERNMENT BENEFITS

Client

Spouse

CPP Benefits

Starting age

OAS Benefits

NON-REGISTERED INVESTMENTS

Client

Spouse

Joint

ACB

Cash & Equivalents

Bonds

Equities

Annual Savings

Total

Investments outside of WG



RESP

	Dependant 1	Dependant 2	Dependant 3
Cash & Equivalents			
Bonds			
Equities			
Annual Savings			
Total			
Investments outside of WG			

TFSA

	Client	Spouse
Contribution Room Available		
Cash & Equivalents		
Bonds		
Equities		
Annual Savings		
Beneficiary Designation		
Total		
Investments outside of WG		

RRSP / RRIF INVESTMENTS

	Client	Spouse
Cash & Equivalents		
Bonds		
Equities		
Beneficiary Designation		
Total		
Investments outside of WG		



RRSP CONTRIBUTIONS

	Client	Spouse
Contribution room (include this year)		
Annual contribution amount		

DEFINED BENEFIT PLAN

	Client	Spouse
Annual pension amount		

DEFINED CONTRIBUTION PLAN

	Client	Spouse
Employee contribution (% of income)		
Employer contribution (% of income)		
Beneficiary Designation		

LOCKED-IN PENSION (LIRA/LIF)

	Client	Spouse
Pension Jurisdiction	<input type="checkbox"/> Federal <input type="checkbox"/> Provincial	<input type="checkbox"/> Federal <input type="checkbox"/> Provincial
Cash & Equivalents		
Bonds		
Equities		
Total		

PERSONAL USE REAL ESTATE

	Residence	Recreational 1	Recreational 2
Current value			
Adjusted cost base (ACB)			
Mortgage amount			
Monthly payment			
Annual interest rate			



LIFE INSURANCE

Group Life Insurance

Company	Owner	Type	Death Benefit	CSV	Premium
			\$	\$	\$
			\$	\$	\$
Total			\$	\$	\$

Notes:

Personal Life Insurance

Financial Institution	Owner	Type	Death Benefit	CSV	Premium
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Total			\$	\$	\$

Notes:

Disability Insurance

Financial Institution	Owner	Benefit Amount	Premium
		\$	\$
		\$	\$
		\$	\$
Total		\$	\$

Notes:



Critical Illness Insurance

Financial Institution	Owner	Benefit Amount	Premium
		\$	\$
		\$	\$
		\$	\$
Total		\$	\$

Notes:



GOALS:

Goal	Time Horizon	Importance	Priority

All About You

What is the most important financial issue in your life right now?

What are your concerns? What keeps you up at night?

What is it that you want that you haven't already achieved?

Do you feel financially secure?

If you had to spend a million dollars (not invest it or give it away) what would you buy?

If you had to give away a million dollars, who or what would you give it to?



Our financial plans assume a life expectancy of age 90. Is there any reason to use a different assumption?

Do you feel comfortable with your current Banker, Accountant, Lawyer? If not, would you like any recommendations?

Have you structured your affairs to maximize family income-splitting opportunities? (Spousal loans, Spousal RRSP, Family Trusts, Splitting pension income)

Do you enjoy your job?

When would you like to retire?

Would you like to continue working on a part-time or consulting basis throughout retirement?

OTHER INFORMATION:



Do you have other sources of income?

Are you expecting an inheritance in the future?

What is your debt situation?

How do you feel about the taxes you pay?

Do you have an interest in charitable giving?

Are you currently involved with any charitable organizations?

Do you wish to include charitable giving in your financial or estate plan?

Are you interested in leaving a legacy that includes a charity?



Do you have children or dependants? _____ How old are they? _____

Are your children in university? _____

Do you want to help fund your child's post secondary education?

Have you started saving for child's education through the creation of an RESP? ☐ Yes ☐ No

If yes, is your child's RESP registered as a single or family plan? _____

Is the account held with both parents listed as joint subscribers or in a single parent's name? _____

Are your children married? _____

How well do they get along with you and each other? _____

Should we consider the possibility of future marriage breakdown in your plan? _____

Have you ever gifted money to your children? ☐ Yes ☐ No

How was it done? _____

Do you intend to give your children money in the future? _____

Is everyone in your family generally healthy? _____

Are both of your parents/in laws living? _____

Are they dependent on you? Financially? Physically? Emotionally? _____

What are the most important values you learned growing up? _____

What do you want your children or grandchildren to learn from you? _____

How have you or will you convey your values to future generations? _____

If parents aren't living, did you receive an inheritance? _____

Where you involved in settling the estate? _____



LIFE AND INCOME PROTECTION

How much insurance coverage do you carry?

Is the risk of disability something you worry about?

What is the financial consequence to your family should you were to die today?

If you and your spouse were to pass away tomorrow, how would you like your assets to be distributed?

Can you tell me if any of your assets have been allocated to support your long term care expenses?

Have you made any provisions for your health care needs?

Have you made a Will?

When is the last time you reviewed your Wills and POAs?

What specific bequests have you made in your Will?

Do you have any assets of sentimental value that you want to ensure are preserved?

What plan do you currently have in place to secure these assets? e.g., the creation of a testamentary trust

How much money do you plan to leave in your estate?



1. If there are significant tax savings that can be achieved by implementing recommendations in this financial plan, where would the savings go in order of priority:

- | | |
|---|---|
| <input type="checkbox"/> Increase spending | <input type="checkbox"/> Retire earlier |
| <input type="checkbox"/> Increase savings/reduction in debt | <input type="checkbox"/> Reduce risk in your investments |
| <input type="checkbox"/> Help family during your lifetime | <input type="checkbox"/> Enhance your legacy to your family |
| <input type="checkbox"/> Charitable gifts | <input type="checkbox"/> Other (please specify) |

2. Please order the following goals in order of importance:

- | | |
|--|--|
| <input type="checkbox"/> To ensure a lifetime of financial independence | <input type="checkbox"/> To maximize inheritance for heirs |
| <input type="checkbox"/> To minimize tax and probate fees for the estate | <input type="checkbox"/> To make charitable donations |

3. Do you have any specific estate goals (indicate all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Covering taxes triggered on your death without your estate selling assets | <input type="checkbox"/> Providing for a special needs family member |
| <input type="checkbox"/> Leaving a gift to a charity | <input type="checkbox"/> Ensuring a specific legacy for family members or friends |
| <input type="checkbox"/> Minimizing taxes and fees on death | |

4. Health and family longevity are important considerations in determining an appropriate time horizon and specific recommendations. Please indicate any of the following that apply:

- | | |
|--|--|
| <input type="checkbox"/> I would like my assets to last at least until age _____ | <input type="checkbox"/> One or both of my parents have lived to age 90 |
| <input type="checkbox"/> One or both of my parents died before age 65 | <input type="checkbox"/> I have a medical history which includes diabetes, cancer, stroke or heart disease |

5. Please describe in a single sentence what would best describe your expectations from this financial planning process as it relates to your estate.

6. General plan for Distribution of Estate

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> To spouse | <input type="checkbox"/> To children |
| <input type="checkbox"/> To others | <input type="checkbox"/> Residue |
| <input type="checkbox"/> Any special provisions | <input type="checkbox"/> Executors |



Do you plan to purchase any real estate outside of Canada?

Do you wish for any properties to be transferred to the next generation?

Do you plan to downsize/sell/renovate your principal residence or other properties?

Have you ever considered renting any of your properties to provide additional cash flow in retirement?



HOLDCO

Name: _____

	Client	Spouse	Other
Ownership (%)	_____	_____	_____

	Common Shares	Preferred Shares
Client (ACB)	_____	Fair Market Value _____
Spouse (ACB)	_____	Client (ACB) _____
		Spouse (ACB) _____

TAX BALANCES

RDTOH Balance _____ CDA Balance _____

INVESTMENTS

		Fixed Income		Equities		
	Cash	CDN	Foreign	CDN	Foreign	Total
Market Value	_____	_____	_____	_____	_____	_____
ACB	_____	_____	_____	_____	_____	_____

Goodwill Value: _____

Fixed Asset Value: _____

Investor Profile: _____

Additional Details: _____



OPCO

Name: _____

	Client	Spouse	Other
Ownership (%)	_____	_____	_____

Common Shares	Preferred Shares
Client (ACB) _____	Fair Market Value _____
Spouse (ACB) _____	Client (ACB) _____
	Spouse (ACB) _____

TAX BALANCES

RDTOH Balance _____ CDA Balance _____

INVESTMENTS

		Fixed Income		Equities		
	Cash	CDN	Foreign	CDN	Foreign	Total
Market Value	_____	_____	_____	_____	_____	_____
ACB	_____	_____	_____	_____	_____	_____

Goodwill Value: _____

Fixed Asset Value: _____

Investor Profile: _____

Additional Details: _____



CORPORATE REAL ESTATE

	Property 1	Property 2	Property 3
Market Value			
ACB			
Growth Rate			
Sale Date			
Net Rental Income			
From Year-to-Year			
Mortgage Balance			
As of			
Monthly Payment			
Interest Rate			
Life Insured			

If Holdco exists, there may be an opportunity to structure corporate-owned life insurance through the HOLDCO which will afford the potential for creditor protection. This is particularly useful for corporate IRPs. Assets in the HOLDCO may consist of shares and/or cash instruments. Knowing that may help in determining how much is available for the IRP.

Additional

Details:
