

Confidential Client Questionnaire



Prepared for:

Prepared by:

Date:

Fact Finder

1 Client Information

This financial analysis is based primarily on the age of 'Client'. For this reason, we recommend that the primary wage earner's information be entered as 'Client'.

Client _____ Spouse/Partner _____
DOB _____ DOB _____
Male Female Male Female
Retired: Yes No Retired: Yes No
Marital Status: Married Common-Law Single Widowed Separated Divorced
Address _____
City _____ Province _____ Postal Code _____

2 Contact Information

Please enter your contact information and preferred method of contact.

Client	Spouse/Partner
Mobile Phone _____	Mobile Phone _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Email _____	Email _____
Alt. Email _____	Alt. Email _____
Preferred Contact _____	Preferred Contact _____

3 Employment Income

If you are not currently retired, please enter the earned income that you anticipate reporting on your tax return for the current taxation year. Do not include investment income such as interest, dividends or capital gains in this amount.

Client	Spouse/Partner
Annual Income \$ _____	Annual Income \$ _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Notes _____	

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4 Other Income *(Prior to Retirement)*

In addition to the earned income on which you pay tax, you may also be responsible for generating other income, such as corporate earnings, that is not paid to you directly but does benefit you financially. Please enter any additional taxable income sources.

Client	Spouse/Partner
Annual Amount \$ _____	Annual Amount \$ _____
To Age _____	To Age _____
Notes _____	

5 Pre-Retirement Lifestyle Needs

If you are not yet retired, please enter the estimated after-tax income you require each month to maintain your lifestyle. For assistance calculating this amount, see the worksheet included at the end of this document.

Monthly Income \$ _____

Notes _____

6 Retirement Lifestyle Needs

Please enter your expected retirement age and after-tax retirement lifestyle goals in today's dollars. A second stage of retirement is also available if you expect your lifestyle goal to increase or decrease at some point in the future. For assistance calculating this amount, see the worksheet included at the end of this document.

Client	Spouse/Partner
Retirement Lifestyle 1 Age _____	Retirement Lifestyle 1 Age _____
Monthly Income \$ _____	
Retirement Lifestyle 2 Age _____	
Monthly Income \$ _____	
Notes _____	

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7 Planned Expenses

If you are planning any major lump-sum expenses in the future, outline the planned age and estimated cost. You may want to include things such as purchasing a property, travel plans, or assisting a dependent with a major purchase. Describe any planned expenses including estimated costs and dates.

8 Goals and Objectives

Please summarize the other goals and objectives that you have for your family. You may want to include things that you would like to accomplish before you retire, during your retirement and on the distribution of your estate.

9 Pension Income

Many employers offer pension plans to provide a monthly income in retirement based on the employee's years of service and age. Please enter the monthly pension income that you expect to earn in retirement from your current and/or past Canadian employers, and any survivor benefits provided.

Client

Monthly Amount \$ _____

Indexed: Full Partial _____ %

Starting Age _____

Survivor _____ %

Notes _____

Spouse/Partner

Monthly Amount \$ _____

Indexed: Full Partial _____ %

Starting Age _____

Survivor _____ %

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10 Canadian Pension Plan (CPP/QPP)

Canada Pension Plan (CPP/QPP) provides a monthly pension to contributors upon retirement. Please enter the monthly amount of CPP/QPP that you are currently receiving or the % of maximum CPP/QPP that you expect to receive.

Client	Spouse/Partner
Current Monthly Benefits \$ _____	Current Monthly Benefits \$ _____
Or, Expected % of Maximum _____ %	Or, Expected % of Maximum _____ %
Starting Age _____	Starting Age _____
Notes _____	

11 Old Age Security

The Old Age Security program provides you with a modest pension starting age 65-67 (depending on date of birth) if you have lived in Canada for at least 10 years. Please enter the % of maximum OAS that you are currently receiving or expect to receive.

Client	Spouse/Partner
Expected % of Maximum _____ %	Expected % of Maximum _____ %
Starting Age _____	Starting Age _____
Notes _____	

12 Working in Retirement

Many people plan to transition into retirement by continuing to work for a number of years doing something they enjoy. Please enter the income that you expect to earn and the length of time, during which, you anticipate receiving it.

Client	Spouse/Partner
Monthly Amount \$ _____	Monthly Amount \$ _____
Indexed: Full <input type="checkbox"/> Partial <input type="checkbox"/> _____ %	Indexed: Full <input type="checkbox"/> Partial <input type="checkbox"/> _____ %
Starting Age _____	Starting Age _____
Ending Age _____	Ending Age _____
Notes _____	

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13 Other Retirement Income

In addition to the retirement income discussed previously, you may receive income in retirement from other sources, such as a rental property or an annuity. Please enter the monthly amount that you expect to receive in today's dollars.

Client	Spouse/Partner
Source _____	Source _____
Monthly Amount \$ _____	Monthly Amount \$ _____
Indexed: Full <input type="checkbox"/> Partial <input type="checkbox"/> _____ %	Indexed: Full <input type="checkbox"/> Partial <input type="checkbox"/> _____ %
Percentage Taxable _____ %	Percentage Taxable _____ %
Starting Age _____	Starting Age _____
Ending Age _____	Ending Age _____
Survivor _____ %	Survivor _____ %
Notes _____	

14 Registered Investments

Retirement Investments are designed to help you save for your retirement. Contributions are tax deductible and grow tax-free until withdrawn. Please enter the current asset value of all Registered Investments (RRSP/RRIF and Spousal RRSP/RRIF) and any contributions that you plan to make in the future.

Client	Spouse/Partner
Personal Value \$ _____	Personal Value \$ _____
Contribution Limit \$ _____	Contribution Limit \$ _____
Pension Adjustment \$ _____	Pension Adjustment \$ _____
RRSP Contribution \$ _____	RRSP Contribution \$ _____
Contribution Frequency: Annual <input type="checkbox"/> Monthly <input type="checkbox"/>	Contribution Frequency: Annual <input type="checkbox"/> Monthly <input type="checkbox"/>
Indexed <input type="checkbox"/> RRIF Age _____	Indexed <input type="checkbox"/> RRIF Age _____
Notes _____	

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15 Locked-In Plans

Locked-In Plans/Defined Contribution Plans are typically set up by an employer and could include LIFs, LIRAs or LRIFs. Please enter the total value of your Locked-In plans and any contributions that you and your employer plan to make in the future.

Client

Total Value \$ _____

Contributions \$ _____

Contribution Frequency: Annual Monthly

Indexed Province _____

Income Start Age _____

Income Amount: Minimum Maximum

Notes _____

Spouse/Partner

Total Value \$ _____

Contributions \$ _____

Contribution Frequency: Annual Monthly

Indexed Province _____

Income Start Age _____

Income Amount: Minimum Maximum

16 Non-Registered Investments

Non-Registered investments include any other investment accounts outside of RRSP/RRIFs and Pensions. This can include Savings Accounts and Cash Investments. Please enter the total value of your Non-Registered investments and any amounts you plan to save in the future.

Client

Total Value \$ _____

Cost Base \$ _____

Savings \$ _____

Savings Frequency: Annual Monthly Indexed

Joint

Total Value \$ _____

Cost Base \$ _____

Savings \$ _____

Savings Frequency: Annual Monthly Indexed

Spouse/Partner

Total Value \$ _____

Cost Base \$ _____

Savings \$ _____

Savings Frequency: Annual Monthly Indexed

Notes

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17 Tax Free Savings Accounts (TFSA)

Tax Free Savings Accounts (TFSA) allow you to earn tax free investment income. Please enter the total value of your TFSA investments and any amounts you plan to save in the future.

Client	Spouse/Partner
Total Value \$ _____	Total Value \$ _____
Savings \$ _____	Savings \$ _____
Savings Frequency: Annual <input type="checkbox"/> Monthly <input type="checkbox"/>	Savings Frequency: Annual <input type="checkbox"/> Monthly <input type="checkbox"/>
Indexed <input type="checkbox"/>	Indexed <input type="checkbox"/>
Contribution Room \$ _____	Contribution Room \$ _____
Notes _____	

18 Real Estate Holdings

For many people, their home represents the largest investment that they will ever make. In addition to your home, you may also own recreational and/or investment properties. Please enter the value of all your personal real estate holdings and any associated mortgage balance.

Principal Residence

Current Value \$ _____

Mortgage \$ _____ Interest Rate _____ % Monthly Payment \$ _____

Notes _____

Recreational Properties

Current Value \$ _____ Cost Base \$ _____

Mortgage \$ _____ Interest Rate _____ % Monthly Payment \$ _____

Notes _____

Investment/ Rental Properties

Current Value \$ _____ Cost Base \$ _____

Mortgage \$ _____ Interest Rate _____ % Monthly Payment \$ _____

Notes _____

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19 Other Assets

Please enter the value and cost base of any other assets that you own personally.

Assets that will increase in value at a rate equal to inflation.

Current Value \$ _____ Cost Base \$ _____

Notes _____

Assets that will increase in value at your investment rate of return.

Current Value \$ _____ Cost Base \$ _____

Notes _____

Assets that you do not anticipate will increase in value.

Current Value \$ _____ Cost Base \$ _____

Notes _____

20 Other Debts

Please enter the current balance of any debts, as well as the interest rate and monthly payment.

Credit Cards

Balance \$ _____ Interest Rate _____ % Monthly Payment \$ _____

Notes _____

Lines of Credit

Balance \$ _____ Interest Rate _____ % Monthly Payment \$ _____

Notes _____

Other Debts

Balance \$ _____ Interest Rate _____ % Monthly Payment \$ _____

Notes _____

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21 Personal Insurance

Please outline all personal Life, Disability, Critical Illness, or Long-Term Care insurance you currently own. This could be individually owned or provided through a group benefits plan. Describe the policy to the best of your abilities, including any premium payments and coverage.

Policy #1 _____ Insured _____
Coverage \$ _____ Premium \$ _____ Annual Monthly
Notes _____

Policy #2 _____ Insured _____
Coverage \$ _____ Premium \$ _____ Annual Monthly
Notes _____

Policy #3 _____ Insured _____
Coverage \$ _____ Premium \$ _____ Annual Monthly
Notes _____

Policy #4 _____ Insured _____
Coverage \$ _____ Premium \$ _____ Annual Monthly
Notes _____

Policy #5 _____ Insured _____
Coverage \$ _____ Premium \$ _____ Annual Monthly
Notes _____

22 Additional Notes

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23 Corporate Investments and Securities

If you are a major shareholder of a private corporation, you will want to include the value of any assets owned by the corporation in your financial planning. Please enter the total value of all corporate investment accounts as well as any future deposits.

Current Value \$ _____ Cost Base \$ _____

Savings \$ _____ Savings Frequency: Annual Monthly

Indexed

Notes _____

24 Corporate Real Estate

Please enter the value of all corporate real estate holdings and any associated mortgage balances.

Current Value \$ _____ Cost Base \$ _____

Mortgage \$ _____ Interest Rate _____ % Monthly Payment \$ _____

Notes _____

25 Goodwill and Operations

In addition to investments and real estate, your business may also have considerable value in the 'goodwill' of the day to day operations. The total value of your business includes all assets, investments, real estate and goodwill. Please enter the value of business operations and goodwill.

Current Value \$ _____

Notes _____

26 Share Value

The Fair Market Value (FMV) of the shares you own is calculated as 'Total Corporate Assets' less 'Total Corporate Liabilities'. The FMV of your shares less the Cost Base of your shares represent the capital gains that will be taxable on death.

Please enter the Ownership percentage and Cost Base of your shares.

Client
Ownership _____ %

Cost Base \$ _____

Spouse/Partner
Ownership _____ %

Cost Base \$ _____

Notes _____

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27 Small Business Income

For business owners, passive income will impact the amount of tax that has to be paid by reducing the small business deduction. Please enter the amount of small business income your businesses are currently generating.

Small Business Income

Annual Income \$ _____

Indexed _____ %

Ending Age _____

Notes _____

Other Passive Income

Annual Income \$ _____

Indexed _____ %

Ending Age _____

28 Corporate Insurance

Please outline all corporately owned Life or Critical Illness insurance. Describe the policy to the best of your abilities, including any premium payments and coverage.

Policy #1 _____

Insured _____

Coverage \$ _____

Premium \$ _____ Annual Monthly

Notes _____

Policy #2 _____

Insured _____

Coverage \$ _____

Premium \$ _____ Annual Monthly

Notes _____

Policy #3 _____

Insured _____

Coverage \$ _____

Premium \$ _____ Annual Monthly

Notes _____

Policy #4 _____

Insured _____

Coverage \$ _____

Premium \$ _____ Annual Monthly

Notes _____

Policy #5 _____

Insured _____

Coverage \$ _____

Premium \$ _____ Annual Monthly

Notes _____

Policy #6 _____

Insured _____

Coverage \$ _____

Premium \$ _____ Annual Monthly

Notes _____

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29 Additional Notes

Lifestyle Worksheet

The following worksheet will assist in calculating your pre-retirement lifestyle needs from section #5 of this document and/or your retirement lifestyle needs from section #6. Enter the monthly after-tax cost of each of the following areas.

Food and Shelter

Pre-Retirement Lifestyle

Retirement Lifestyle

Groceries \$ _____ \$ _____

Mortgage/Rent \$ _____ \$ _____

Property Taxes \$ _____ \$ _____

Maintenance/Upkeep \$ _____ \$ _____

Insurance \$ _____ \$ _____

Utilities \$ _____ \$ _____

\$ _____ \$ _____

\$ _____ \$ _____

Debt Service

Car Loans \$ _____ \$ _____

Retail Credit Cards \$ _____ \$ _____

Consumer Loans \$ _____ \$ _____

Lines of Credit \$ _____ \$ _____

Credit Cards \$ _____ \$ _____

Previous Years' Tax \$ _____ \$ _____

\$ _____ \$ _____

\$ _____ \$ _____

Personal Care

Child Care \$ _____ \$ _____

Prescriptions \$ _____ \$ _____

Clothing \$ _____ \$ _____

Personal Products \$ _____ \$ _____

Health and Dental \$ _____ \$ _____

Eye Care Products \$ _____ \$ _____

\$ _____ \$ _____

\$ _____ \$ _____

Lifestyle Worksheet

Transportation

Pre-Retirement Lifestyle

Retirement Lifestyle

Lease Payments \$ _____ \$ _____

Gas \$ _____ \$ _____

Insurance \$ _____ \$ _____

Repairs and Maintenance \$ _____ \$ _____

Public Transport \$ _____ \$ _____

\$ _____ \$ _____

\$ _____ \$ _____

Leisure/Discretionary

Phone (Home and Cellular) \$ _____ \$ _____

Internet \$ _____ \$ _____

Television \$ _____ \$ _____

Entertainment \$ _____ \$ _____

Dining Out \$ _____ \$ _____

Vacations \$ _____ \$ _____

Children's Activities \$ _____ \$ _____

Memberships \$ _____ \$ _____

Gifts \$ _____ \$ _____

Smoking \$ _____ \$ _____

Beer, Wine, and Spirits \$ _____ \$ _____

\$ _____ \$ _____

\$ _____ \$ _____

Lifestyle Worksheet

Savings and Investing

Pre-Retirement Lifestyle

Retirement Lifestyle

Employee Pension Plans	\$ _____	\$ _____
RRSP Contributions	\$ _____	\$ _____
TFSA Contributions	\$ _____	\$ _____
RESP Contributions	\$ _____	\$ _____
RDSP Contributions	\$ _____	\$ _____
Cash Accounts	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

Personal Insurance

Life Insurance	\$ _____	\$ _____
Critical Illness Insurance	\$ _____	\$ _____
Disability Insurance	\$ _____	\$ _____
Long-Term Care Insurance	\$ _____	\$ _____
Health and Dental Insurance	\$ _____	\$ _____
Travel Insurance	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

Total After-Tax Lifestyle	\$ _____	\$ _____
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