Financial Planning Questionnaire

Basic Information

	Client 1	Client 2
Surname		
Given Name		
Date of Birth		
Social Insurance # (optional)		
Interests/Hobbies		

Street Address		
City		
Province		
Postal Code		
Home Phone #		
Cell Phone #		
E-mail		
Do you have a Will?	Yes / No	Yes / No

Dependents

	1	2	3
Given Name			
Date of birth			

Occupation Info

	Client 1	Client 2
Employer		
Business Phone #		
Group Benefits?	Yes / No	Yes / No
Group Savings program?	Yes / No	Yes / No
If you have responded "Yes" to the above, please provide a copy of the booklets.		

Sources of Income

Pre- Retired | Client 1 | Client 2

	Client 1	Client 2
Employment Salary		
Commissions		
Self Employed Income		
Investment Income		

Retired

Employment Income		
Commissions		
Self Employment Income		
Pension Plan Income		
RRIF Income		
Old Age Security		
CPP Benefits		
Investment income		

Other Sources of Income

Alimony Payments		
Child Support		
Annuity Income		
Royalty Income		
Trust Income		
EI Income		
Rental Income		
Survivor Benefits		
Disability Benefits		
WSIB (Worker's compensation)		

Lifestyle Expenses

Note: If you share common expenses, please enter the total monthly expense under client 1

Monthly Personal Expenses

	Client 1	Client 2
Property Tax		
House Insurance		
Utilities, TV, Phone, etc.		
Maintenance		
Rental Payments		
Food		
Entertainment		
Personal Expenses		
Automotive Payments		
Gas		
Car Insurance		
Vehicle Maintenance		
Vacation		
Gifts		
Child Care		
Alimony		
Charitable Donations		
Medical / Dental		
Pet Care		
Life Insurance Premiums		
Critical Illness Premiums		
Disability Premium		
Long term Care Premium		
For Insurance Premiums, please provide copies.		

Notes:

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Monthly Employment Expenses

Union Dues		
Pension Plan Contributions		
Self-Employment		
Business Expenses		
Other		

Assets

Personal Real-Estate

Description	Purchase Price	Ownership (Client 1,2 or joint)	Purchases Date	Current Market Value	Mortgage Payment	Interest Rate	Mortgage Balance
Primary Residence							
Cottage							
Other Property							
Please provide remaining amortization on above properties.							

Income Property

	Property 1	Property 2	Property 3
Identify Property			
Ownership			
Purchase Price			
Market Value			
Monthly Rental Income			
Monthly Rental Expenses			

Investment Assets

Non-Registered

Non-Registered	Client 1	Client 2
Bank Accounts		
GIC's / Maturity Date		
Mutual Funds		
TFSA's		
Stock Accounts		
Bonds		
T-Bills		
Margin Accounts		
Commuted Value of Pension		

Registered

Registered	Client 1	Client 2
GIC's / Maturity Date		
Mutual Funds		
Stock Accounts		
Bonds		
T-Bills		
Margin Accounts		
Specialty Investments		
Other		

Notes:

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Liabilities

	Client 1		Client 2	
	Balance/Interest Rate	**Pmt / Freq**	**Balance/Interest Rate**	**Pmt / Freq**
Credit Cards				
Line of Credit				
Investment Loan				
RRSP Loans				
Business Loan				
Vehicle Loan / Amortization				
Other				
Other				
Other				

Other

What was your best investment?	
What was your worst investment?	
Any new purchases or renovations coming?	

Vehicle purchase When do you plan to purchase your next vehicle? How long do you normally retain a vehicle? Do you lease or finance?	
What amount of Retirement Income do you think you require?	
How much would you like to leave in your Estate for inheritance purposes?	
In the event of one spouse passing away early, what income would be required for the survivor? (If applicable)	
We will all face long-term care, your thoughts on financing this?	

- **Note: We need the information that you provide to be complete, and as accurate as possible. This will help us in creating an accurate and complete financial plan for you. If you have any questions please feel free to contact the office.**

Notes: