

**Your logo  
here**

# Financial Planning Worksheet

**Client Name:** \_\_\_\_\_

**Planner Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Family Information

## Family

(co-client if different)

|   |      |      |
|---|------|------|
| Last Name:  |      |      |
| Marital Status (e.g., married, divorced, single): |      |      |
| Number of Dependents:                             |      |      |
| Address:  |      |      |
| Phone Numbers:                                    | home | work |
| email:  |      |      |

## Individual

|   | Client      | Co-client   |
|---|-------------|-------------|
| Given Name:   |             |             |
| Health:   | Smoker? Y N | Smoker? Y N |
| Date of Birth (mm/dd/yy/):  |             |             |
| Social Insurance Number (optional):   |             |             |
| Occupation  |             |             |
| Employer Info   |             |             |
| Name of Corporation or Trust<br>( <i>Historical Information Worksheet</i> attached) |             |             |
| RRSP carry forward amount<br>( <i>Historical Information Worksheet</i> attached)    |             |             |
| Expected Retirement Age   |             |             |
| Citizenship   |             |             |

## Children

| Name of Child or Dependant | Gender | Date of Birth | Education Needs | Health | Dependent ? |
|----------------------------|--------|---------------|-----------------|--------|-------------|
|                            |        |               |                 |        |             |
|                            |        |               |                 |        |             |
|                            |        |               |                 |        |             |
|                            |        |               |                 |        |             |
|                            |        |               |                 |        |             |

## Estate Planning

|  | Client | Co-client |
|--|--------|-----------|
| Do you have a Will? (yes or no):   |        |           |
| Date of Will and date of last review:  |        |           |
| Where is the Will located? (safety deposit box, etc.):   |        |           |
| Type of Will (general or trust) and provisions   |        |           |
| Name of person who holds Power of Attorney:  |        |           |
| Details of any Living Will   |        |           |
| Details of any plans for disposition of estate while living<br>(by gifting or estate freezing) |        |           |
| Are you the beneficiary of any estate or interest?   |        |           |

## Additional Notes

# Income

## Standard

| Description           | Member<br><i>(client, co-client)</i> | Amount<br><i>(annual)</i> | Index Rate | Applicable Period<br><i>(while working, while retired, both, other – e.g., Jan 2000 – Dec 2011)</i> |
|-----------------------|--------------------------------------|---------------------------|------------|---|
| Employment Salary:    | client                               |                           |            |   |
| Employment Salary:    | co-client                            |                           |            |   |
| Employment Bonus:     |                                      |                           |            |   |
| Self-employed Earned: |                                      |                           |            |   |
| Tax-Free Income:      |                                      |                           |            |   |
| Royalty Income:       |                                      |                           |            |   |
| Alimony:              |                                      |                           |            |   |
| Child Support:        |                                      |                           |            |   |
|                       |                                      |                           |            |   |
|                       |                                      |                           |            |   |

## Pension Income

*Pension Benefits Worksheet* attached Y N

|                                    | Pension 1 | Pension 2 | Pension 3 |
|------------------------------------|-----------|-----------|-----------|
| Owner <i>(client, co-client)</i> : |           |           |           |
| Description:                       |           |           |           |
| Annual Amount                      |           |           |           |
| Start date <i>(age)</i>            |           |           |           |
| Indexing and survivorship details  |           |           |           |

## Other Information

|                             | Client | Co-Client |
|-----------------------------|--------|-----------|
| CPP eligibility             |        |           |
| Other Pension eligibility   |        |           |
| Previous years income: 20-- |        |           |
| Previous years income: 20-- |        |           |

## Contingent Lump Sum payments or income

| Description  | Member<br><i>(client, co-client)</i> | Amount | Applicable Period or date |
|--------------|--------------------------------------|--------|---------------------------|
| Inheritance: |                                      |        |                           |
|              |                                      |        |                           |
|              |                                      |        |                           |

## Additional Notes

# Expenses

(Use a separate **Budget Worksheet** for lifestyle expenses)

| Expense Type             | Annual Amount |
|--------------------------|---------------|
| Lifestyle expenses       |               |
| Debt Servicing           |               |
| Insurance Premiums       |               |
| Regular Savings          |               |
| Other expenses           |               |
| Total expenses after tax |               |

Estimated cash flow surplus amount: \_\_\_\_\_ per month - or \_\_\_\_\_ per year

## Major Purchases

| Description<br><i>(e.g. Vacation)</i> | Purchase Amount | Purchase Date |
|---------------------------------------|-----------------|---------------|
| Goal 1                                |                 |               |
| Goal 2                                |                 |               |
| Goal 3                                |                 |               |
| Goal 4                                |                 |               |

## Financial Objectives

| Description<br><i>what's important to you?</i> | Estimated Amount | Target Date |
|--|------------------|-------------|
| Goal 1   |                  |             |
| Goal 2   |                  |             |
| Goal 3   |                  |             |
| Goal 4   |                  |             |

## Retirement

Retirement Age (year)

Desired Retirement Income (after tax): \_\_\_\_\_ per month - or \_\_\_\_\_ per year

## Advisors

| Advisory Type <i>(Accountant, etc.)</i> | Full Name | Address | Business # |
|---|-----------|---------|------------|
| Lawyer                                  |           |         |            |
| Accountant                              |           |         |            |
|   |           |         |            |
|   |           |         |            |

# Assets and Liabilities

## Assets

Assets and Liabilities Worksheet attached Y N

| Description<br>(name)        | Owner<br>(client, co-client) | Purchase Date<br>(if known) | Cost | Market Value |
|------------------------------|------------------------------|-----------------------------|------|--------------|
| <b>Lifestyle Assets</b>      |                              |                             |      |              |
| Home                         |                              |                             |      |              |
| Cottage                      |                              |                             |      |              |
| Vehicles                     |                              |                             |      |              |
|                              |                              |                             |      |              |
| <b>Non Registered Assets</b> |                              |                             |      |              |
| Bank                         |                              |                             |      |              |
| Investments                  |                              |                             |      |              |
| Real Estate                  |                              |                             |      |              |
|                              |                              |                             |      |              |
| <b>Registered Assets</b>     |                              |                             |      |              |
| RRSP                         |                              |                             |      |              |
|                              |                              |                             |      |              |
|                              |                              |                             |      |              |
|                              |                              |                             |      |              |

**Additional Notes** Use this section to enter any other Asset information that you feel would be relevant to your client's financial plan.

## Liabilities

| Description<br>(name)   | Amount Outstanding | Repayments | Interest Rate | Repayment Date |
|-------------------------|--------------------|------------|---------------|----------------|
| <b>Short Term Loans</b> |                    |            |               |                |
| Line of Credit          |                    |            |               |                |
| Credit Card             |                    |            |               |                |
|                         |                    |            |               |                |
| <b>Long Term Loans</b>  |                    |            |               |                |
| Home Mortgage           |                    |            |               |                |
| Cottage                 |                    |            |               |                |
| Business                |                    |            |               |                |
|                         |                    |            |               |                |
| <b>Vehicle Lease</b>    |                    |            |               |                |
|                         |                    |            |               |                |

## Contingent Liabilities

| Description    | Details | Amount |
|----------------|---------|--------|
| Bank Guarantee |         |        |
| Business Risk  |         |        |

# Insurance Details

## Life Insurance

| <u>Company</u> | <u>Life Insured</u> | <u>Amount</u> | <u>Plan</u> | <u>Premium</u> | <u>Cash Surrender Value</u> | <u>Owner</u> | <u>Beneficiary</u> |
|----------------|---------------------|---------------|-------------|----------------|-----------------------------|--------------|--------------------|
| 1)             |                     |               |             |                |                             |              |                    |
| 2)             |                     |               |             |                |                             |              |                    |
| 3)             |                     |               |             |                |                             |              |                    |
| 4)             |                     |               |             |                |                             |              |                    |
| 5)             |                     |               |             |                |                             |              |                    |
| 6)             |                     |               |             |                |                             |              |                    |

## Disability Insurance

| <u>Company</u> | <u>Type (Gp or Ind)</u> | <u>Monthly Amount</u> | <u>Elimination Period</u> | <u>Benefit Period</u> |
|----------------|-------------------------|-----------------------|---------------------------|-----------------------|
| 1)             |                         |                       |                           |                       |
| 2)             |                         |                       |                           |                       |
| 3)             |                         |                       |                           |                       |

## Disability

What monthly income would you **need** if you were disabled? \_\_\_\_\_

What monthly income would you **have** if you were disabled? \_\_\_\_\_

Source of disability benefits \_\_\_\_\_

## Provisions for Family in Event of Client's Premature Death

Spouse's required monthly income while children are dependent \_\_\_\_\_

Spouse's required monthly income while children are independent \_\_\_\_\_

## Provisions for Debt Repayment in Event of Client's Premature Death

|              | <u>Details</u> | <u>Amount</u> | <u>Details</u> | <u>Amount</u> |
|--------------|----------------|---------------|----------------|---------------|
| Credit Cards |                |               |                |               |
| Mortgage     |                |               |                |               |
| Other        |                |               |                |               |

# Investment Risk Profile

|   |  |
|---|--|
| The likelihood that I will have to withdraw a significant amount of my investment is...     | Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>   |
| My household income stream is ...   | <input type="checkbox"/> very secure<br><input type="checkbox"/> reasonably secure<br><input type="checkbox"/> somewhat uncertain<br><input type="checkbox"/> very uncertain |
| I would feel comfortable if I had \$ _____ that I could access quickly in case of emergency | \$ _____   |

I would rate my investment knowledge of securities:

|                      | None | Some Knowledge | Quite Familiar | Well Informed | Have previously invested in? |
|----------------------|------|----------------|----------------|---------------|------------------------------|
| GICs                 |      |                |                |               | Yes/No                       |
| Mutual Funds         |      |                |                |               | Yes/No                       |
| Common Shares        |      |                |                |               | Yes/No                       |
| Bonds and Debentures |      |                |                |               | Yes/No                       |
| Preferred Shares     |      |                |                |               | Yes/No                       |
| Trust Units          |      |                |                |               | Yes/No                       |
| Limited Partnerships |      |                |                |               | Yes/No                       |
| Stock Options        |      |                |                |               | Yes/No                       |
| Futures              |      |                |                |               | Yes/No                       |

| Your Investment Objectives  | Your Level of Agreement |          |          |          |          |
|---|-------------------------|----------|----------|----------|----------|
|   | Very High               | High     | Moderate | Low      | Very Low |
| 1) Safety of my investment is more important to me than the potential of superior returns         |                         |          |          |          |          |
| 2) My investment do not need to keep pace with inflation.   |                         |          |          |          |          |
| 3) I must be able to quickly access most of my savings if a need arose.                           |                         |          |          |          |          |
| 4) I need income from my investments now.   |                         |          |          |          |          |
| 5) If an investment if mine dropped in value by 15% over a few months, I would panic and sell it. |                         |          |          |          |          |
| 6) I prefer investments which do not require my ongoing assessment or management.                 |                         |          |          |          |          |
| <b>Number of responses</b>  |                         |          |          |          |          |
| <b>Multiply by</b>  | <b>1</b>                | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| <b>Total Score</b>  |                         |          |          |          |          |

| Total Score | Type of Investor | Client Risk Profile (% Equities) |
|-------------|------------------|----------------------------------|
| 6 – 13      | Conservative     |                                  |
| 14 – 22     | Moderate         |                                  |
| 23 – 30     | Aggressive       |                                  |

# Checklist

| <i>Document List</i>                   | <i>Attached?</i> | <i>Information requested?</i> | <i>N/A</i> |
|--|------------------|-------------------------------|------------|
| Letter of Engagement                   |                  |                               |            |
| Wages or Financial Statements          |                  |                               |            |
| Business Agreements                    |                  |                               |            |
| Insurance Policies                     |                  |                               |            |
| Investment Statements                  |                  |                               |            |
| Pension Plan Statements                |                  |                               |            |
| Wills and Power of Attorney            |                  |                               |            |
| Income Tax Returns                     |                  |                               |            |
| Budget of personal and living expenses |                  |                               |            |
| Mortgage and other loan statements     |                  |                               |            |
| Other<br>:                             |                  |                               |            |

| Additional Worksheets attached          |  |  |  |
|---|--|--|--|
| <i>Budget Worksheet</i>                 |  |  |  |
| <i>Pension Benefits Worksheet</i>       |  |  |  |
| <i>Historical Information Worksheet</i> |  |  |  |
| <i>Assets and Liabilities Worksheet</i> |  |  |  |

|   |  |  |  |
|---|--|--|--|
| List of additional information or items to be provided by client: |  |  |  |
|---|--|--|--|

Compiled by (planner): \_\_\_\_\_

Date: \_\_\_\_\_

For (client): \_\_\_\_\_

I agree the information contained in this worksheet is complete and accurate

**(Client please sign here)**