

FINANCIAL PLANNING QUESTIONNAIRE

	Spouse 1	Spouse 2
Name:		
Date of birth:		
Email:		
Phone:		
Province of residence:		
Employer/Occupation:		
Years of service:		
Expected retirement date:		
Citizenship(s):		

Children

Number of children: Number of minors:

RESP balance (for minors):

Income

(Please provide annual gross amounts)

Current Income

Spouse 1 Employment: \$

Spouse 2 Employment: \$

Other: \$

Retirement Income

Spouse 1 Employer Pension: \$

Spouse 2 Employer Pension: \$

Other: \$

CPP & OAS (optional)

	Spouse 1		Spouse 2	
	CPP	OAS	CPP	OAS
Expected starting age				
Expected amount				

Net Worth:

Investment Accounts	Market Value	Contribution Room	Regular contributions		Beneficiary
			Amount	Frequency	
TFSA	\$	\$	\$		
RRSP / RRIF	\$	\$	\$		
Sp.RRSP / Sp.RRIF	\$	\$	\$		
DCPP / LIRA / LIF	\$	-	\$		
Open / Non-registered	\$	-	\$		
Other: _____	\$	\$	\$		

Net Worth:

Investment Accounts	Market Value	Contribution Room	Regular contributions		Beneficiary
			Amount	Frequency	
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RRSP / RRIF	\$	\$	\$		
Sp.RRSP / Sp.RRIF	\$	\$	\$		
DCPP / LIRA / LIF	\$	-	\$		
Open / Non-registered	\$	-	\$		
Other: _____	\$	\$	\$		

Real Assets	Estimated Market Value	Mortgage Balance	Monthly Payments	Amortization	Remaining Amortization	Interest Rate
Principal Residence	\$	\$	\$			%
Other: _____	\$	\$	\$			%

Your Objectives

What is your desired annual after-tax lifestyle expense in retirement (and currently)?

Would you like to leave behind a legacy amount to your family (or charity/organization)?

Do you have any financial goals? When do you want to reach those goals? (home renovations, travel, etc.)

Anything else you would like us to know?

Insurance Coverage

Life Insurance

Owner(s)	Type (Term, Whole, Universal)	Life Insured	Coverage From Age	Coverage To Age	Death Benefit	Annual Premium	Other Information (ex. CSV)	Beneficiaries (Estate, Spouse, Other)
					\$	\$		
					\$	\$		
					\$	\$		

Disability Insurance

Owner(s)	Type (Individual, Group)	Life Insured	Coverage From Age	Coverage To Age	Annual Benefit	Annual Premium
					\$	\$
					\$	\$
					\$	\$

Critical Illness Insurance

Owner(s)	Type (Individual, Group)	Life Insured	Coverage From Age	Coverage To Age	Benefit	Annual Premium
					\$	\$
					\$	\$
					\$	\$