

## Financial Planning Questionnaire

### Parties in the Plan

First Name			Last Name	
Relationship Status			Tax / Estate Status	
Gender	Male	Female	Date of Birth	(mm/dd/yyyy)
Disabled			Smoker	
Residence			Postal Code	

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### Taxes and Estate

Please provide a copy of last year's T1 General Income Tax Return and Notice of Assessment.

Please provide a copy of your Will(s)

# Income

## Receiving Retirement Benefits

Canada/Quebec Pension Plan benefit (CPP/QPP) .....  
Old Age Security (OAS) .....  
Guaranteed Income Supplement (GIS) .....  
Defined benefit pension plan income (DBP) .....

Desired Retirement Age .....

Salary .....

(annual salary **before** tax - refer to box 14 of your T4 slips)

**Self-Employed Income**  
(business, professional, farm, fishing)

Gross income .....

Fixed expenses .....  
(office, memberships, fees, etc.)

Variable expenses .....  
(advertising, entertainment, etc.)

% of home claimed .....

%

%

% of vehicle claimed .....

%

%

## Other Employment Income

EI benefits .....

WCB/WSIB benefits .....

Other .....

Other .....

## Other Income

Partnership income .....

Other taxable .....

Other non-taxable .....

## Support Received

Non-taxable

## Rental Property Income

(property name)

(property name)

(property name)

(property name)

(property name)

## General Expenses

Lifestyle Expenses (annual)		Family Expenses (annual)	
<b>Entertainment</b>	Restaurants .... Theatre, etc. ... Recreation ..... Sports events... Clubs ..... Other .....	<b>Education</b>	Tutor ..... Private school ... Language ..... University ..... College ..... Other .....
<b>Vacations</b>	Summer ..... Winter ..... Get-Aways ..... Special ..... Other .....	<b>Lessons</b>	Dance/Music .... Sports ..... Other .....
<b>Donations</b>	Charities ..... Religious ..... Medical ..... Schools ..... Bequest ..... Other .....	<b>Camp</b>	Day ..... Overnight .....
<b>Political Contributions</b>	Federal ..... Provincial .....	<b>Gifts</b>	General ..... Other ..... Other .....
<b>Hobbies</b>	Other ..... Other .....	<b>Medical</b>	Dental ..... Chiropractor .... Prescriptions ... Other .....
<b>Other</b>	Groceries ..... Clothing ..... Other ..... Other .....	<b>Support Payments</b>	Deductible ..... Non-deductible
<b>Other</b>		<b>Other</b>	Child care ..... Nanny ..... Pets ..... Other .....
<b>Total Lifestyle Expenses</b>	\$	<b>Total Family Expenses</b>	\$

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<b>Total General Expenses</b> (Lifestyle + Family)	\$
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## Homes

### Rented Home

(house, townhouse, condo, apartment)

Annual rent expense .....

Operating expenses .....

### Owned Home

(house, townhouse, condo)

	Jointly owned	or	%	%
Current value .....				
Property taxes .....				
Operating expenses				
Heat .....				
Hydro .....				
Water and sewer .....				
Telephone .....				
Cable TV .....				
Garbage/recycle .....				
Insurance .....				
Other .....				
Condominium fees .....				
Housekeeper .....				
Gardener .....				
Other .....				

### Owned Vacation Home

(cottage, chalet, condo, "sunbelt")

	Jointly owned	or	%	%
Cost base (ACB) .....				
Current value .....				
Property taxes .....				
Operating expenses				
Heat .....				
Hydro .....				
Water and sewer .....				
Telephone .....				
Cable TV .....				
Garbage/recycle .....				
Insurance .....				
Other .....				
Condominium fees .....				
Housekeeper .....				
Gardener .....				
Other .....				

## Vehicles

<b>Type</b>	Annual Expenses (own or lease)	
Lease (Monthly Cost) .....	Insurance .....	Operating
Own (Replacement Cost) .....	Maintenance ...	
Next Purchase                      (year) and Replace Every      Years		

<b>Type</b>	Annual Expenses (own or lease)	
Lease (Monthly Cost) .....	Insurance .....	Operating
Own (Replacement Cost) .....	Maintenance ...	
Next Purchase                      (year) and Replace Every      Years		

<b>Type</b>	Annual Expenses (own or lease)	
Lease (Monthly Cost) .....	Insurance .....	Operating
Own (Replacement Cost) .....	Maintenance ...	
Next Purchase                      (year) and Replace Every      Years		

## Statements

Please provide copies of statements and/or any documentation that you have for the following:

Banking accounts

Non-Registered (Open) Portfolio

Guaranteed Minimum Withdrawal Benefit Plan (GMWB)

Tax-Free Savings Account (TFSA)

Registered Retirement Savings Plan (RRSP)

Defined Contribution (Money Purchase) Pension Plan (DCP, MPP)

Registered Retirement Income Fund (RRIF)

Life Income Fund (LIF)

Locked-In Retirement Income Fund (LRIF)

Defined Benefit Pension Plan (DBP)

Supplementary Employee Retirement Plan (SERP)

Deferred Profit Sharing Plan (DPSP)

Employee Profit Sharing Plan (EPSP)

Employee Share Purchase Plan (ESPP)

SARs/DSUs/RSUs

Registered Education Savings Plans (RESPs)

## Insurance Policies

Please provide copies of the following insurance policies that you have.

- Life insurance
- Disability insurance
- Critical illness insurance
- Long-term care insurance

## Liabilities

If you have more than one type of liability, please let us know.

<b>Mortgage</b>	Initial payment date (mm/dd/yyyy) .....		
	Frequency .....		
	Term (yy/m) .....	/	
	Amortization (yy) .....		
	Interest rate .....		%
	Current balance .....		
	Payment .....		

<b>Term Loan</b>	Initial payment date (mm/dd/yyyy) .....		
	Term (yy/m) .....	/	
	Interest rate .....		%
	Current balance .....		
	Payment .....		

<b>Line of Credit</b>	Secured	Deductible	
	Unsecured		
	Credit limit .....		
	Outstanding balance .....		
	Interest rate .....		%
	Payment .....		

<b>Credit Cards</b>	Outstanding balance .....		
	Interest rate .....		%