

## Retirement and Estate Assessment (Pre-Retirement)

### 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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## Desired Retirement Expenses

What are your desired annual general expenses during retirement? .....

\* Please do not include home expenses. Itemize them in the Homes section. If you lease vehicles, include their expenses above. If you own (buy) vehicles, include them in the Vehicles section.

## Income

**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 .....

%

%

**Desired Retirement Age** .....

**Expected Retirement Benefits**

Canada/Quebec Pension Plan (CPP/QPP).....	a.	Max. Benefit	Max. Benefit
	b.	% of Max.	% of Max.
For how many years have you been a Canadian resident?		years	years
Defined benefit pension plan income (DBP) .....			

**Rental Property Income**

(property name)

(property name)

## Income Taxes

Please provide a copy of last year's Notice of Assessment.

Please provide a copy of your Will(s)

## Homes

### 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 .....

### 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 .....

## Vehicles

### Type

### Annual Expenses

Own (Replacement Cost) .....

Insurance .....

Operating

Maintenance ...

Next Purchase           (year) and Replace Every   Years

### Type

### Annual Expenses

Own (Replacement Cost) .....

Insurance .....

Operating

Maintenance ...

Next Purchase           (year) and Replace Every   Years

## Savings / Contributions

**Open Portfolio:** About how much do you save each year?

What is the value of your portfolio?

<b>TFSA<sup>1</sup></b>	About how much do you contribute each year? I contribute the maximum each year. What is the value of your portfolio?	a. b.		
<b>RRSP<sup>2</sup></b>	About how much do you contribute each year? I contribute the maximum each year. What is the value of your portfolio?	a. b.		
<b>LIRA<sup>3</sup></b>	What dollar amount do you contribute each year? What dollar amount does your employer contribute? What percent of your salary do you contribute? What percent does your employer contribute? What is the value of your portfolio?	a.  b.	  %	  %
<b>LRSP<sup>4</sup></b>	What dollar amount do you contribute each year? What dollar amount does your employer contribute? What percent of your salary do you contribute? What percent does your employer contribute? What is the value of your portfolio?	a.  b.	  %	  %
<b>DCP<sup>5</sup></b>	What percent of your salary do you contribute? What percent does your employer contribute? What is the value of your portfolio?		%	%

## Statements

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

Banking accounts and Open (Non-Registered) Portfolios

Annuities, Guaranteed Minimum Withdrawal Benefit Plans (GMWBs)

Tax-Free Savings Accounts (TFSAs)<sup>1</sup>

Registered Retirement Savings Plans (RRSPs)<sup>2</sup>

Locked-In Retirement Accounts (LIRAs)<sup>3</sup>

Locked-In Retirement Savings Plans (LRSPs)<sup>4</sup>

Defined Contribution Pension Plans (DCPs, MPPs)<sup>5</sup>

Defined Benefit Plans (DBPs)

## Insurance Policies

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

Life insurance

Disability insurance

Critical illness insurance

Long-term care insurance

## Risk Tolerance

Please express your agreement with the statement.

	Strongly Disagree				Strongly Agree
<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. I worry when the markets go down					
2. The best surprise is no surprise					
3. I enjoy the excitement of taking risks with my money					

	Strongly Disagree				Strongly Agree
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