

**Comprehensive Needs Analysis
Personal Financial Planning**

Confidential Data

Dated: _____

Name		SIN	
Home Address		DOB	
Place of Birth		Phone	
Occupation & Duties		Bus Phone	
Education			
Employment History			
Self Employed?	Incorporated?	Year End Date?	
Relationship Single __ Engaged __ Common Law __ Married __ Separated __ Divorced __ Widowed __		Email	
Smoking Status			
Name of Spouse		Formerly	
DOB		SIN	
Place of Birth		Phone	
Marriage Date		Bus Phone	
Occupations and Duties			
Business Address			
Education			
Employment History			
Self Employed?	Incorporated?	Year End Date?	
Plans for Future Employment			
Smoking Status			
Close Friends			
Children's Names	Birth Cert. #	SIN	DOB RESP
1.			
2.			
3.			
Are you planning to have more children?			
Do you receive the Child Tax Credit?			
Guardians			
Wills	His Dated:	Hers Dated:	
	Place:	Place:	
How does your will distribute your estate?			
POA for Property	His Dated:	Hers Dated:	
	Place:	Place:	
POA for Personal Care	His Dated:	Hers Dated:	
	Place:	Place:	
Does your Will & POA adequately deal with your business interest?			
Name of Attorney(ies)		Name of Executor(s)	
Trust(s)		Trustee(s)	

Location of Family Documents					
Tax Filing		Together __ Separately __		Filed Last Year __ Up to Date __	
	Source	20__	20__	20__	20__
Income (self & spouse)					
NOA CF Amount					
NOA CF Amount					
Investment Philosophy			Completed RPQ?		
Savings Plans & Methods					
How active do you want to be in managing your investments?			How often do you want to review your investments?		
Monthly __ Quarterly __ Semi Annually __ Annually __			Monthly __ Quarterly __ Semi Annually __ Annually __		
ASSETS NOT AVAILABLE TO PRODUCE INCOME					
Cash, Bank, Chequing					
Residence		Change Residence?			
Household Furnishings					
Automobiles					
Recreation & Hobby Equipment					
Other					
TOTAL					
ASSETS AVAILABLE TO PRODUCE INCOME					
Cash, Bank, Savings					
Real Estate		Purchase Price \$_____		Renovations?	
Securities, etc					
RRSPs		Monthly \$_____		Bi-Weekly \$_____	
Company Pension (vested)					
Business Interest					
Emergency Fund					
Other					
TOTAL AVAILABLE ASSETS					
LIABILITIES					
Mortgage		Balance	Monthly Pmt / Rate	Open or Closed	Term & Due Date
Auto Loans		Property Taxes Included YES __ NO __ Amount \$_____			
Education Loans					
Personal Loans					

Credit Cards							
Lines of Credit							
Home Buyer's Plan							
Loans on Life Insurance							
TOTAL LIABILITIES							
NET WORTH				\$ _____	\$ _____	\$ _____	\$ _____
Life Insurance Personal Including Family	Life Assured	Company	Amount	Plan	Date Issued	Premium	Beneficiaries
Lump Sum Death Benefit							
CPP							
FAMILY BUDGET				INCOME	NOTES		
Net Income		Self					
Net Income		Spouse					
Total Net Income Family (A)							
EXPENSES				COSTS	NOTES		
Housing							
Utilities (heat, hydro, lights, etc							
Food							
Clothing							
Auto (gas, insurance)							
Insurance (life)							
Insurance (CI)							
Insurance (DI)							
Insurance (other)							
Family (lessons, fees)							
Entertainment, Clubs							
Vacation							
Miscellaneous							
Debt Reduction							
Savings (e.g. UL)							
Total Expenses (B)							
Income Available (A-B)					NOTES		

	Insured	Company & Number	Benefit	Payment Period	Elimination Period	Lifetime Injury	Partial Disability	ADB	RP	Beneficiary
Disability Income Insurance										
Critical Illness Insurance				Notes						
Employee Benefits	Group Life									
	Disability Plan									
	Medical Plan									
	Pension Plan									
	DPSP									
	Dental									
RRSPs										
DISABILITY QUESTIONS			ANSWERS							
If self-employed:										
Percentage of ownership										
Years as owner of the business										
Other DI plan?										
If yes, amount?										
What would happen to your business?										
Income last year										
Bonuses										
Income splitting										
Profit Share										
Other										
Other Questions			Do you work from home?				Eligible for EI?			
Other DI Plans?			If yes, Amount?							
Have you ever been declined?					Have you ever been rated?					

Parents, Ages Health, Occupation		
Potential Dependents		
Potential Inheritances		
Bequests Charitable, Religious		
Medical History / Medication Self & Family		
Hobbies, Interests, Sports		
<p>What is your opinion about leaving each child the same amount of inheritance?</p> <p>What are your intentions?</p> <p>How would you like taxes, probate, legal and accounting fees paid for?</p>		
Professional Advisors	Physician	
	Dentist	
	Banker	
	Lawyer	
	Accountant	
	Stock Broker	
	General Insurance Agent	
	Personal Advisor	
	Other	
GOALS & OBJECTIVES		
Your biggest worry?		
Short Term 1 to 2 years		
Mid Term 2 to 5 years		
Long Term 5 to 15 years		

Retirement Plans	
Do you plan to sell your home at retirement? Do you want continued access to supplemental medical insurance after retirement? How much income needed in today's dollars? \$ _____ (net) Do you plan on working after retirement? YES ___ NO ___ for how many years? ___ Earnings/year? \$ _____	
Expected Pension Income \$ _____ Expected Rental Income \$ _____ Are you eligible for tax credits? Spouse credit ___ Age credit ___ Disability credit ___ Pension income credit ___ Are you eligible for full CPP benefits? YES ___ NO ___ % ___ Will your home be paid off by the time you retire? YES ___ NO ___ Projected Amount Outstanding by Retirement \$ _____	
Total expected annual spending needs at retirement \$ _____ GROSS / NET Total expected annual income at retirement \$ _____ GROSS / NET	

CHECK LIST	YES	NO
GENERAL		
1 Wills		
2 Powers of Attorney (P for property, PC for personal care, PCP for both)		
3 Budget of personal and living expenses		
4 Copies of all trust agreements involving you, your spouse and children		
5 Copies of all life insurance policies		
6 Copies of all disability policies		
7 Copies of last 2 years tax returns		
8 This year's Notice of Assessment		
9 Latest mortgage statement		
10 Latest loan statements		
11 Pay stubs (or details) for last 2 pay periods		
GROUP BENEFITS		
1 Details on group insurance benefits through your company		
2 Details on group insurance benefits through your spouse's company		
3 Latest pension statements		
ASSETS & INVESTMENTS		
1 Latest statements from trust companies, brokers, investment companies and banks pertaining to investments		
2 Details on RRSP and RESP contracts		
Business Interests — Professional Practice		
1 Details on current valuation		
2 Copies of any Partnership/Shareholders Agreements (Buy/Sell)		
3 Copies of any business life and disability insurance policies		
4 Business financial statements and corporate tax returns (last 2 years)		
OTHER		