

List of Financial Information for Financial/Retirement Plan

Further to our conversation below is a list of financial information required to prepare your plan. Please fill out the information on the following page and bring it to our meeting:

1. List of short and long term financial goals and objectives (short term is 3 - 5 years)
2. Net Worth statement:
 - latest RRSP and investment statements, value of home(s)
 - latest statement for mortgage, loans and debts (include payment, balance and interest charged)
3. Budget:
 - list of monthly and annual expenses (see below)
4. Latest pay slips
5. Information on company benefits
6. Latest income tax returns
7. latest CRA Notice of Assessments
8. Latest pension information and/or statements. Letter from company/pension administrator, if applicable.
9. latest CPP statements
10. Latest information on children's education savings (statements)
11. Information on your will and estate planning.
12. Insurance information, individual and group policies.

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OBJECTIVES & GOALS:

Short Term (1 to 5 Years)

(1)
(2)
(3)

Long Term (5 plus)

(1)
(2)
(3)

Projected Retirement Date: _____

Annual Income Required During Retirement: _____

RRSP Deposits Yet To Be Made: _____

FINANCIAL INDEPENDENCE ANALYSIS QUESTIONNAIRE

1. When was the last time you had a retirement projection/financial independence analysis?

2. What is the annual rate of return on your investments over 1 year? _____ 3
years? _____ 5 years? _____

3. How much do you expect to receive from the Canada Pension Plan (CPP) ?

4. Will you receive an employer pension? Yes ___ No ___, if yes what will your annual pension amount be? _____

5. If yes, is the pension indexed? Yes ___ No ___ If yes, what is the index rate?

6. Do you wish to include funds from your principal residence as part of your retirement?
Yes ___ No _____

7. Are you considering moving to a smaller residence at retirement?

Yes _____ No _____

8. Are you expecting an inheritance? Yes _____ No _____, If yes how much are you expecting? _____

9. Are you concerned about having enough funds to meet your retirement needs?

Yes _____ No _____

10. Do you have wills? Yes _____ No _____

STATEMENT OF NET WORTH

ASSETS	Client	Spouse	Joint	Total	
Liquid Assets					
Cash					
Bonds, CSB's					
GIC's					
Other (specify)					
Investment Assets					
RRSP's					
RRIF					
Non-Registered US					
Total Investment Assets					
Personal Use Assets					
Home					
Cottage					
Other					
Total Personal Use Assets					
Total Assets					(A)
LIABILITIES					
Mortgage					
Credit Card					
Credit card					
Credit Card					
Personal Loans					
Personal Loans					
Personal Loans					
Other Liabilities:					
Personal Loans					
Total Liabilities	\$0	\$0	\$0	\$0	(B)
NET WORTH					
Total Assets (A)					
Minus Total Liabilities (B)	\$0	\$0	\$0	\$0	

NAME _____

FOR PRINTING ONLY

INCOME

	SELF	SPOUSE	Monthly	Annual
Salary, wages, business	_____	_____	_____	_____
Interest	_____	_____	_____	_____
Dividends	_____	_____	_____	_____
Rental Income (net)	_____	_____	_____	_____
Loans	_____	_____	_____	_____
Bonuses, Gifts, Prizes	_____	_____	_____	_____
Government Allowances	_____	_____	_____	_____
Other	_____	_____	_____	_____
Total Cash Available	_____	_____	_____	_____

SAVINGS

off the top 10%			_____	_____
Payroll deduction			_____	_____
Total Savings			_____	_____

ANNUAL EXPENSES

House Taxes		_____	_____	_____
Life Insurance		_____	_____	_____
House Insurance		_____	_____	_____
Car Insurance		_____	_____	_____
Holidays		_____	_____	_____
Gifts		_____	_____	_____
Christmas		_____	_____	_____
RRSP		_____	_____	_____
Membership fees		_____	_____	_____
Car registration and licensing		_____	_____	_____
Children's Education Fund		_____	_____	_____
Car Maintenance		_____	_____	_____
Courses/Continuing education		_____	_____	_____
Dental Bills		_____	_____	_____
Outerwear (coats, boots)		_____	_____	_____
Donations		_____	_____	_____
Other		_____	_____	_____
Total Annual Expenses		_____	_____	_____

MONTHLY EXPENSES

Housing

Rent/Mortgage			_____	_____
Utilities			_____	_____
Telephone/Long distance			_____	_____
Cell phone/internet/cable			_____	_____
Repairs and maintenance			_____	_____
Other (Property taxes if not annual)			_____	_____
Total Housing			_____	_____

MONTHLY EXPENSES (con't)

Monthly

Annual

Transportation

Car Payments

Car repairs

Upkeep (gas, car wash etc.)

Parking

Other

Total Transportation

Food

Groceries

Eating Out

Cigarettes

Liquor/beer

Pet Supplies

Other

Total Food

Personal Care (Some may be included already in Groceries)

Health Dental Insurance

Life Insurance

Hairdresser

Barber

Cosmetics

Grooming Products

Medical Prescriptions

Eye Care

Other

Total Personal Care

Clothing

Dry cleaning

Clothes

Sewing

Other

Total Clothing

Help

Daycare

Babysitting

Cleaning Person

Housekeeper

Other (Private school)

Total Help

Education/Recreation

Entertainment

Magazines/Movies

Music Lessons

Clubs and Organizations

Children's school and lessons etc.

Newspaper

Other

Total Education/Recreation

MONTHLY EXPENSES (con't)

Monthly

Annual

Miscellaneous

Saving for Appliances, furniture

Other

Total Miscellaneous

Loans

Total Loans

TOTAL MONTHLY EXPENSES

WALKING AROUND MONEY (Personal spending money/cash/debit)

Self

Spouse

Children

Children

Children

Children

TOTAL WALKING AROUND MONEY

=====

MONTHLY CASH FLOW

TOTAL INCOME

less

SAVINGS

ANNUAL EXPENSES

MONTHLY EXPENSES

WALKING AROUND MONEY

SURPLUS or (SHORTAGE)
