# Financial Planning Questionnaire



### Contact Information

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##### Purpose of this Document / Confidentiality

The purpose of this document is to assist you in gathering all relevant personal and financial information required to provide you with financial planning and/or financial investment advice. The information you provide is strictly confidential and will be used exclusively for the preparation of your personal financial plan.

Table of Contents

[Financial Planning Questionnaire 1](#_Toc142471984)

[Contact Information 1](#_Toc142471985)

[Introduction 3](#_Toc142471986)

[Personal Information 4](#_Toc142471987)

[Financial Goals 5](#_Toc142471988)

[Expenses, Income, Pensions, and Government Benefits 6](#_Toc142471989)

[Additional Expenses 6](#_Toc142471990)

[Income 6](#_Toc142471991)

[Pensions 6](#_Toc142471992)

[Government Benefits 7](#_Toc142471993)

[Net Worth 8](#_Toc142471994)

[Assets 8](#_Toc142471995)

[Liabilities 9](#_Toc142471996)

[Insurance 10](#_Toc142471997)

[Corporations 11](#_Toc142471998)

[Investment Profile 13](#_Toc142471999)

[Estate Planning 14](#_Toc142472000)

[Notes 15](#_Toc142472001)

## Introduction

This Financial Planning Questionnaire is intended to help you collect and organize the information required to develop your financial plan. Please fill out the following questionnaire to the best of your abilities. If you don’t have all the information don’t worry, just fill out what you can!

As you go through this workbook, gathering some of the following documents may be helpful in sharing important details of your current situation:

* Bank Statements – Savings accounts, etc.
* Investment Statements – TFSAs, non-registered accounts, etc.
* Retirement Savings – RRSPs, pension statements, workplace retirement plans, etc.
* Education Savings – RESPs, etc.
* Tax Forms – Notices of Assessment, T4, T3, T5, T776, etc.
* Government Benefit Statements – CPP, OAS, etc.
* Liability Statements – Mortgages, loans, lines of credit, car loans, credit cards, etc.
* Insurance Policies – Life, disability, critical illness, workplace, health, etc.
* Corporate Information – Investment accounts, etc.

Note: Some of these documents may not apply to your particular situation.

A financial plan provides a comprehensive road map to help you achieve your financial goals and dreams, regardless of your age or net worth. A financial plan may cover the following financial planning areas:

* Financial Management – Understand your cash flow & net worth.
* Investment Planning – Establish how you should invest your money.
* Risk Management – Determine if you are adequately insured.
* Tax Planning – Get an assessment of tax strategies.
* Retirement Planning – Validate that you are on track to meet your retirement goals.
* Estate Planning – Ensure the appropriate plans and documentation are in place.

The act of setting goals through financial planning is a powerful force. As a professional I can provide clarity on competing goals and priorities, giving you the best chance of achieving your most important objectives.

Thank you in advance for taking the time to gather some of this information. This should be an enjoyable process, so take your time, allow yourself to dream a little, and have some fun!

Begin by telling us a little bit about yourself…

## Personal Information

#### Clients

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Date of Birth |  |  |
| Address |  |  |
| Employer |  |  |
| Occupation |  |  |
| Phone Number |  |  |
| Email Address |  |  |
| Citizenship(s) |  |  |

#### Children & RESP (Registered Education Savings Plans)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  |  |
| Date of Birth |  |  |  |
| RESP Balance |  |  |  |
| RESP Contributions and CESG Received to Date |  |  |  |
| Annual Education Cost |  |  |  |
| Education Start Age |  |  |  |
| Education Length |  |  |  |

## Financial Goals

#### Do you have any questions that we can help you answer?

(i.e., Do I have enough money to retire comfortably? How long will my money last? What is the most I can spend

|  |
| --- |
|  |

#### What is your desired annual after-tax lifestyle expense in retirement?

(Note: this is the base expenses value in Snap)

|  |
| --- |
|  |

#### When would you like to retire

|  |
| --- |
|  |

#### Is it important for you to pass any assets to the family as a legacy?

|  |
| --- |
|  |

#### Do you have any financial goals? When do you want to reach these goals?

(i.e., Home renovation projects, paying off debt, paying off credit cards, travel, etc.)

|  |
| --- |
|  |

## Expenses, Income, Pensions, and Government Benefits

###

### Additional Expenses

(Example: vacation, cars, renovation, and other occasional or one-time expenses)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Client | Expense description | Annual Amount | From Age | To Age | Frequency(For example: every 3 years) | Indexation |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

### Income

(Excluding investment income. Please enter CPP and OAS under the [Government Benefits](#_Government_Benefits) section.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Client | Source | Annual Gross Amount | End Date | Indexation | Taxable(Yes/No) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

### Pensions

#### DBPP - Defined Benefit Pension Plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client | Source | Start Age | Amount Before Age 65 | Amount at Age 65 and After |
| Gross Annual | Survivor % | Indexing % | Gross Annual  | Survivor % | Indexing % |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

#### DCPP - Defined Contribution Pension Plan

|  |  |  |  |
| --- | --- | --- | --- |
| Client | Balance | Employee Contribution % | Employer Contribution % |
|  |  |  |  |
|  |  |  |  |

### Government Benefits

#### CPP - Canada Pension Plan

|  |  |  |  |
| --- | --- | --- | --- |
| Client | Start Age | Gross Dollar Amount(Annual) | % of Maximum (Optional) |
|  |  |  |  |
|  |  |  |  |

#### OAS - Old Age Security

|  |  |  |  |
| --- | --- | --- | --- |
| Client | Start Age | Gross Dollar Amount(Annual) | 40 years in Canada? / % of Maximum |
|  |  |  |  |
|  |  |  |  |

## Net Worth

### Assets

#### Capital Assets

##### Registered

(Note on DCPPs: Please enter Defined Contribution Pension Plans under the [Pensions](#_DCPP_-_Defined) section.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Owner(s) | Account Type | Financial Institution | Market Value | Contribution Room | Annual Contributions (incl. Employer) |
|  | TFSA |  |  |  |  |
|  | TFSA |  |  |  |  |
|  | RRSP / RRIF |  |  |  |  |
|  | RRSP / RRIF |  |  |  |  |
|  | Spousal RRSP |  |  |  |  |
|  | LIRA / LIF |  |  |  |  |
|  | LIRA / LIF |  |  |  |  |
|  | FHSA |  |  | \* Please see below |  |

\* FHSA: Opening age: Carryforward Room for this year:

Lifetime Contributions:

##### Non-Registered

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Owner(s) | Account Type | Financial Institution | Market Value | Adjusted Cost Base | Annual Contributions (incl. Employer) |
|  | Investment |  |  |  |  |
|  | Investment |  |  |  |  |
|  | Savings |  |  |  |  |

#### Real Assets

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Owner(s) | Type | Location | Market Value | Adjusted Cost Base | Net Rental Income |
|  | Principal Residence |  |  |  |  |
|  | Vacation Property |  |  |  |  |
|  | Rental Property |  |  |  |  |
|  | Rental Property |  |  |  |  |

### Liabilities

#### Debts

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Owner(s) | Type | Financial Institution | Balance | Interest Rate | Monthly Payment |
|  | Mortgage |  |  |  |  |
|  | Loan |  |  |  |  |
|  | Loan |  |  |  |  |
|  | Line of Credit |  |  |  |  |
|  | Line of Credit |  |  |  |  |
|  | Credit Card |  |  |  |  |
|  | Credit Card |  |  |  |  |
|  | Car Loan |  |  |  |  |
|  | Car Loan |  |  |  |  |

## Insurance

#### Life Insurance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Owner(s) | Type  | Life Insured | Beneficiaries | Coverage Details(Premiums, Benefit, End Date, Provider, Etc.) |
|  | Term |  |  |  |
|  | Term |  |  |  |
|  | Whole |  |  |  |
|  | Universal |  |  |  |

#### Disability Insurance

|  |  |  |
| --- | --- | --- |
| Owner | Type  | Coverage Details(Premiums, Benefit, End Date, Provider, Riders, Etc.) |
|  | Individual |  |
|  | Individual |  |
|  | Group STD |  |
|  | Group STD |  |
|  | Group LTD |  |
|  | Group LTD |  |

#### Critical Illness Insurance

|  |  |  |
| --- | --- | --- |
| Owner | Type | Coverage Details(Premiums, Benefit, End Date, Provider, Riders, Etc.) |
|  |  |  |
|  |  |  |

## Corporations

#### List of Corporations

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name/Description | Province of Incorporation | % Ownership | Eligible RDTOH | Non-Eligible RDTOH | CDA |
| Client | Spouse | Other |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

#### Corporate Assets

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Corporation | Description | Market Value | Adjusted Cost Base | Contributions(or Net Rental Income) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

#### Corporate Income and Expenses

|  |  |  |  |
| --- | --- | --- | --- |
| Corporation | Active Business Income | Tax-Deductible Expenses | Non-Deductible Expenses |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

#### Shareholder Income

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Shareholder | Corporation | Salary | Non-Eligible Dividends | Eligible Dividends |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

#### Corporate Liabilities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Corporation | Description | Balance | Interest Rate | Payments |
|  | Mortgage  |  |  |  |
|  | Loan |  |  |  |
|  | Line of Credit |  |  |  |
|  |  |  |  |  |

#### Corporate-Owned Life Insurance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Type  | Life Insured | Beneficiaries | Coverage Details(Premiums, Benefit, End Date, Provider, Etc.) |
|  | Term |  | Corporate |  |
|  | Whole |  | Corporate |  |
|  | Universal |  | Corporate |  |

#### Accountant

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Firm |  |  |
| Phone Number |  |  |
| Email Address |  |  |
| Address |  |  |

## Investment Profile

#### Asset Allocation

|  |  |  |  |
| --- | --- | --- | --- |
| By Goal(or Asset) | Cash | Fixed Income | Equity |
| % | RoR | % | RoR | % | RoR |
| Pre-Retirement |  |  |  |  |  |  |
| Retirement |  |  |  |  |  |  |
| Pension |  |  |  |  |  |  |
| Education Savings |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

#### Investment Notes

|  |
| --- |
|  |

##

## ****Estate Planning****

#### Wills

|  |  |  |  |
| --- | --- | --- | --- |
| Client(s) | Type | Date Last Updated | Details(Executor, Guardian, Location, Etc.)  |
|  |  |  |  |
|  |  |  |  |

#### Power of Attorney

|  |  |  |  |
| --- | --- | --- | --- |
| Client | Type | Date Last Updated | Details(Attorney, Location, Etc.) |
|  | General |  |  |
|  | Continuing |  |  |
|  | Personal Care |  |  |

#### Lawyer

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Firm |  |  |
| Phone Number |  |  |
| Email Address |  |  |
| Address |  |  |

## Notes

|  |
| --- |
|  |