

# CAN I? CAN WE?

## *Planning for worry free retirement*

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*The enclosed booklet contains almost all the questions that the planner needs to know in order to prepare a Financial or Retirement analysis. In addition, a number of documents that you would have in your possession will be extremely helpful. Please provide the planner with copies of the following where applicable to you:*

<b>Photocopies preferred:</b>	Birth certificate for both spouses Marriage certificate Latest pension statement CPP statements	<b>Copies for loan to planner:</b>	Current wills Latest income tax returns Pension booklets Pre-nuptial agreements Business agreements Life insurance policies
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### **Completing the worksheet:**

- Our objective is to provide you with the most accurate and helpful analysis of your financial affairs. We can only prepare this analysis from reliable information. Please take time to complete the areas applicable to you.
- Please complete the assigned areas as soon as possible and submit to the planner. Work cannot begin on your plan until this booklet is submitted.
- The booklet and all your documentation will be returned to you either on completion of your plan or earlier if specifically requested by you.
- The planner requires approximately three business weeks to complete your plan from the date that all the pertinent information is received.
- Please try to complete pages 3 & 4 as accurately as possible. The planner will allow for inflation and assume a reasonable margin for the “penny” items that tend to be forgotten. Though pages 8 through the first part of 10 may be completed from information on your income tax returns, insurance policies and pension statements & booklets, the planner will still wish to see these documents.
- Remember that the results will only be valuable to you if the input is reasonably accurate.

Good Luck...

*Before sending the completed booklet to the planner, please detach and retain this sheet for your records.*

## FEES FOR SERVICE

Financial planning requires commitment of both you and the planner to the preparation of your Financial/Retirement plan.

The fees charged are only for the skill and time required by the planner to put your plan together. This includes at least two meetings with the planner lasting approximately two hours each plus preparation time which typically requires from five to ten hours.

The following Fee for Service is Guaranteed for 90 days from the date shown:  
All data must be submitted within this time. The completed plan will be ready for you within four weeks of this date, unless pre-arranged with you.

Date of Preliminary meeting:

Fee Quoted:  
Payable on completion

Annual update  
fee quoted:

This price for review is guaranteed for the first three annual reviews and will be billed annually.

## RECEIPT FOR DOCUMENTS

		Date received:	Planner Initial:
Photocopies: OK to be held by planner	Birth certificates for both spouses		
	Marriage certificate		
	Latest income tax returns		
	Latest pension statements		
	Pension booklets		
	CPP statements		
Originals or copies on loan only to planner:	Birth certificates for both spouses		
	Marriage certificate		
	Current wills		
	Latest income tax returns		
	Latest pension statements		
	Pension booklets		
	CPP statements		
	Pre-nuptial agreements		
	Business agreements		
	Life insurance policies		
	PLANNING BOOKLET:		
OTHER:			

*Also record dates of all documents mailed or couriered to planner after preliminary meeting*

## INFORMATION REQUIRED TO PREPARE YOUR FINANCIAL PLAN

Client Name: <input style="width: 95%;" type="text"/> Date of Birth: <input style="width: 95%;" type="text"/> Address: <input style="width: 95%;" type="text"/> <hr/> Home Phone: <input style="width: 95%;" type="text"/> Spouse Name: <input style="width: 95%;" type="text"/> Date of Birth: <input style="width: 95%;" type="text"/>	Employer: <input style="width: 95%;" type="text"/> Title: <input style="width: 95%;" type="text"/> Address: <input style="width: 95%;" type="text"/> <hr/> Business Phone: <input style="width: 95%;" type="text"/> Employer: <input style="width: 95%;" type="text"/> Title: <input style="width: 95%;" type="text"/> Address: <input style="width: 95%;" type="text"/> <hr/> Business Phone: <input style="width: 95%;" type="text"/>
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**Children:**

Name	Date of Birth	Status (Married, single, student, disabled...)

**Wills:**

Date of last will

Are you a US citizen? Yes    No

Self:

Spouse:

Do YOU feel that your will should be updated at this time? Yes    No

Have you arranged Power of Attorney[s] in event of injury or illness? Yes    No

## OBJECTIVES

What Three primary FINANCIAL Objectives would you like your Financial &/or Retirement Plan to address ? (In order of importance)

### CLIENT:

1	
2	
3	

### SPOUSE:

1	
2	
3	

## INVESTMENT PREFERENCES

What sort of investments do you prefer?	DISLIKE	FAIR to OK	GOOD	PREFER	DON'T KNOW
Savings account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money Market Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"T" Bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Term deposits & GICs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common stock [growth]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual funds [income]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual funds [growth]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribed Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate [Direct ownership]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commodities & collectibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> & 2 <sup>nd</sup> Mortgages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign currency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other [Specify]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# LIFESTYLE EXPENDITURE STATEMENT

	Y/M/W	Actual Expense	Cottage/2 <sup>nd</sup> Residence
<b>Housing Expenses:</b>			
Mortgage Payment/Rent		\$	\$
Property Tax		\$	\$
Insurance		\$	\$
Utilities [Heat/Hydro/Water]		\$	\$
Maintenance		\$	\$
Housekeeper & other items		\$	\$
<b>Household:</b>			
Food		\$	
Appliance/Furniture Rep. & Maint.		\$	
Telephone		\$	
Cable		\$	
Cleaning		\$	
Personal Care/Cosmetics		\$	
Clothing		\$	
Other items		\$	
<b>Transportation:</b>			
Auto payments		\$	Also complete reverse for car replacement
Insurance		\$	
Gasoline		\$	
Maintenance		\$	
Auto club & license		\$	
Other transportation costs		\$	
<b>Discretionary Expense:</b>			
Vacation		\$	Complete as accurately as possible from last year's expenses  Enter each as you normally pay your expenses
Eating out		\$	
Club memberships		\$	
Entertainment – Out of home		\$	
Liquor/Cigarettes		\$	
Books/Video/CDs/Subscriptions		\$	
Gifts		\$	
Donations		\$	
Hobbies/Tools etc		\$	
Boat/RV/Time share etc		\$	
Other discretionary items		\$	

Y = Yearly

M = Monthly

W = Weekly

Miscellaneous:		\$
Medical/Dental/Glasses		\$
Life/Disability/Critical Illness Insurance		\$
Travel insurance		\$
Other		\$
Loan repayments [interest only]		\$
Loan repayments [principal portion]		\$

## AUTOMOBILE REPLACEMENT

This information is required to provide Past-Retirement Cash Flow Planning for your regular use auto. Additional vehicle such as RVs and Special Hobby vehicles should be noted in your Goals & Objectives on page 2 or included under discretionary expense.

Current automobiles:

Auto 1: Make & Model \_\_\_\_\_  
Auto 2: Make & Model \_\_\_\_\_

Original cost:

Auto 1:    
Auto 2:

Current value:

Auto 1:    
Auto 2:

If a different style automobile will be required during retirement, how much should the replacement automobile cost if you were to buy this year?

How often do you feel that you would replace your automobiles?

- Every... 3 – 4 years
- 5 – 6 years
- 7 plus years

Will you need more than one car during retirement?      Yes   
No

# ASSETS

Bank	Balance	Ownership			
		Husband	Wife	Joint	
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Record all current values in all asset sections. Estimate the earned interest, even if not yet received.</i>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Term deposits	Approximate Current Value	Ownership			Maturity date	Interest rate
		Husband	Wife	Joint		
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Canada Savings Bonds	Face Amount	Ownership		
		Husband	Wife	Joint
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Series # [indicate R or C]

Stock portfolio				Year of purchase		
#	Company name	Current value	Husband	Wife	Purchase price	Year of purchase
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

# ASSETS [cont]

Mutual funds		Current value	Ownership		Comments
# units	Fund name		Husband	Wife	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

RRSPs Company/Fund or S.D.	Balance	Husband	Wife	Spousal RRSP	
				Husband	Wife
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mortgage owed to you	Balance	Husband	Wife	Payments	Maturity date	Interest rate
						<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			

Personal real estate	Current estate value	Ownership arrangement	Purchase date	Original cost
			Home _____	
Cottage _____				
Investment real estate				

Valuable personal assets	Current estate value	Items
Collections		

Personal property	Current estate value	Pleasure vehicles
		Home contents
Automobiles		

Business asset	Approx NET current value	Ownership	ACB



# LIABILITIES

	Current		
Credit cards	Balance	Interest rate	
			<i>[Do not include these if the credit is repaid each month]</i>
(Visa/Master Card)			
(Other credit cards)			
Bank overdraught			

	Current			
Automobile loans [include leases]	Balance	Interest rate	Monthly payments	Original loan date [month/year]

General purpose loans [include inter-family loans]  
Non-tax deductible


Investment loans


Mortgages


Business loans


# INCOME SOURCES

		Client	Spouse	
Employment income	105	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
Net self employment income	135	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
	To 143			
Government pensions				CPP income split
Old Age Security	113	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
Canada Pension Plan	114	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Yes
Taxable Foreign Pension	115	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> No
Non-taxable Foreign Pension		<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
Company pension/superannuation				
_____	115	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
_____	115	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
Other annuity income [i.e. RRSP annuity]				RRIF Income
_____	129	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Minimum
_____		<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Interest only
				<input type="checkbox"/> Other
RRIF income		<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
_____				
Prescribed annuities		Taxable portion		Total income including non-taxed portion
_____		<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
_____		<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
Other income [Please specify]				
_____		<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
_____		<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

  

Investment income				<u>Dividend Income</u>
Total interest income	121	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	Is entry grossed up from your income tax return?
Total dividend income	120	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
	126	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Yes
Other investment income		<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> No

# PENSIONS

## *Pensions currently being received [Do not include CPP or OAS]*

Name of pension plan	Name of recipient	Current monthly pension	% Continued to spouse at death of pensioner	Indexed		
				Yes	Partial or Ad-hoc	No
_____	_____	[ ]	[ ]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	[ ]	[ ]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	[ ]	[ ]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foreign pensions</b>						
_____	_____	[ ]	[ ]	<input type="checkbox"/>		<input type="checkbox"/>
_____	_____	[ ]	[ ]	<input type="checkbox"/>		<input type="checkbox"/>

## *Pensions to start later*

<u><b>Defined contribution plan</b></u>	Name of pension plan	Date of last statement	Value of your pension account
Similar to RRSP, this pension is purchased at time of retirement with all the accumulated money in your pension plan.	_____	[ ]	[ ]
	_____	[ ]	[ ]
Deferred Profit Sharing Plan	_____	[ ]	[ ]

<u><b>Defined benefit plan</b></u>	Name of pensioner	Final Average	<input type="checkbox"/> Yes <input type="checkbox"/> No
Years of credited service multiplied by a factor of your average earnings either throughout your Years of Pensionable Earnings – Career Average or the average of your best few years of earnings – Final Average	Name of plan	Career Average	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Statement date	Plan CPP Integrated	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Employment date	Indexed benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Pension start date	Factor up to CPP	
		YMPE	[ ]
		Factor after YMPE	[ ]

Estimated pension at 65	[ ]		
Years & weeks pensionable service	[ ]	Plan stacked on CPP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Earliest date unreduced pension	[ ]	Bridge benefit available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Earliest date for bridge benefit	[ ]		

## DEATH BENEFITS

Insured & Owner [if different]	Insurance Company	Purchase Date	Coverage Amount	Beneficiary	Expiry Date	Type of coverage	Current premium	Current cash value	Current policy loans

## PENSION DEATH BENEFITS

Values at death:

Name of pension	Living beneficiary [Pensioner]	Lump sum	Monthly income	Statement date	Beneficiary

## DISABILITY INSURANCE

Insured	Monthly benefit	Start date	Coverage Period	Cancellable by insurer		Covers own occupation		Indexed coverage		Insurance carrier	Annual premium
				Yes	No	Yes	No	Yes	No		
_____	_____	_____ Days	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____ Days	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____ Days	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

## MISCELLANEOUS INFORMATION

	Yes	No		Approx. when:	Approx. value:
Are any inheritances expected by your immediate family?	<input type="checkbox"/>	<input type="checkbox"/>	Beneficiary: _____	_____	_____
Are you or any member of your immediate family beneficiary to any trusts?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Do you have any legal agreements covered outside your will?	<input type="checkbox"/>	<input type="checkbox"/>	Business partners		
	<input type="checkbox"/>	<input type="checkbox"/>	Pre-nuptial		
	<input type="checkbox"/>	<input type="checkbox"/>	Co-ownership of real estate		
Have either you or your spouse been previously married?	<input type="checkbox"/>	<input type="checkbox"/>	Details: _____		
Do you have any major one-time expenditures planned in the future not covered previously in this questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
			_____		
What amount of personal CAPITAL GAINS exemption have you utilized to date?				Client: \$	_____
				Spouse: \$	_____

## CONCERNS

Health Yes    No                    Details:  
 Do any family members have specific health conditions that will require special care?      \_\_\_\_\_  
 \_\_\_\_\_

Are there any specific provisions that should be made respecting this via your will?      \_\_\_\_\_  
 \_\_\_\_\_

Do either spouse qualify for the Disability Tax credit?      \_\_\_\_\_  
 \_\_\_\_\_

Income tax: Yes    No    Unsure  
 Do you feel that you are taking advantage of all tax reduction opportunities that are suitable to you?        

Inflation: Yes    No    Unsure  
 Do you feel that your spending patterns should be carefully controlled at this time because of inflation?        

Are you concerned about the effects of inflation in the future?        

What do you think the rate of inflation will be over the next 15 to 20 years?  %

Retirement Client                    Spouse  
 If you are not already retired, at what age do you now FEEL that you CAN afford to retire?  Age     Age

Are there any specific items or areas that you would like the planner to pay special attention?

What would you like to accomplish through planning?

Is there anything not included in this questionnaire that the planner should be aware of?