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# Financial planning fact finder

QUESTIONNAIRE



# Financial planning fact finder

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## Client information

Client:	Completed by:	Date:

## Client profile for this financial plan

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• All personal assets</li><li>• Principal residence</li><li>• No other real estate, farm or small business property</li></ul> | <ul style="list-style-type: none"><li>• No trust assets or disabled beneficiaries</li><li>• Pension, government pension, RRSPs, TFSA, Open, RESP</li><li>• Not a US-connected person</li></ul> |
|---|--|

## Please indicate your planning goals and reports to be included:

- |   |  |
|---|--|
| <input type="checkbox"/> Retirement income analysis <ul style="list-style-type: none"><li>• Achieve a target income</li><li>• Maximize income from existing sources and savings</li></ul> <input type="checkbox"/> Estate projection including tax at death | <input type="checkbox"/> Disability insurance needs analysis         |
| <input type="checkbox"/> Will review (must include copy of most recent wills)   | <input type="checkbox"/> Critical illness insurance needs analysis   |
| <input type="checkbox"/> Life insurance needs analysis  | <input type="checkbox"/> Education funding                           |
|   | <input type="checkbox"/> Impact of long term care (information only) |

## Required documents

Please provide the following documents in conjunction with this profile.

- Two years' tax returns for each client
- Pension statements including Canada Pension Plan
- Information on current group benefits
- All life insurance policies, preferably with a recent statement
- All disability and/or critical illness insurance policies
- Most recent investment statements from all sources
- Most recent bank statements including liabilities, mortgages and savings account balances
- Your Wills
- Your Powers of Attorney for property and personal care

The information in these documents is crucial to the fact-finding process, and planning cannot begin until you have provided us with all the appropriate information. The quality of information provided will directly affect the quality of your planning experience.

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## 1. Tell us about yourself.

	Client 1	Client 2
Name		
Name commonly used		
Date of birth	_____/_____/_____ Day Month Year	_____/_____/_____ Day Month Year
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No    Date Quit _____	<input type="checkbox"/> Yes <input type="checkbox"/> No    Date Quit _____
Citizenship		
Canadian resident and taxpayer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
US-connected person	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Place of birth		
Employer		
Occupation/title		
Gross salary	\$ _____ per _____	\$ _____ per _____
Bonus/stock options		
Take-home pay		
Time at current job		
Employment outlook		
Spousal support obligation		
Child support obligation		
Tell us about your health		
Tell us about your hobbies, interests, charities, etc.		

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## 2. Your children

Name	Date of birth/age	Student?	Marital status	Notes (spouse name, residence, school, occupation, etc.)
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

## 3. Your grandchildren

Name	Parent	Date of birth/age	Student?	Marital status	Notes
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

## 4. Post-secondary education funding needs

Child name	Estimated years in school	Estimated start date	Annual cost in today's \$

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## 5. Your parents

	Client 1	Client 2
Mother		
Age (or age at death)		
Cause of death		
Father		
Age (or age at death)		
Cause of death		
Financial or physical care needs		

## 6. Your professional advisors

	Client 1	Client 2
Lawyer		
Accountant		
Investment advisor		
Insurance advisor		
Physician		
Other		
Other		
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was it signed?		
When was it last reviewed?		
Do you have Powers of Attorney for property and personal care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When were they signed?		
When were they last reviewed?		

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## 7. Your planning objectives and priorities

What would you hope to accomplish by going through this planning process?

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What are your primary financial planning concerns?

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How do you foresee your lifestyle changing throughout retirement?

Example: Continue working part-time, travel, buy a cottage, downsize your home, buy a condo, become a snowbird, etc.

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Do any of your children or grandchildren rely on you for financial support?

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Where do you see yourself in 5 years?

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10 years?

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Long term?

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Describe any family issues that may exist and may be relevant to your plan.

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Describe any business or employment issues that may exist.

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What are your main estate planning objectives?  
For example, lower taxes, start probate planning, provide support for kids and grandchildren or give to charities.

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Are there any upcoming major purchases?  
For example, new car, cottage, home renovation, major trip, family wedding.

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## 8. Your assets

Residence				
Owner(s)	Description	Purchase amount	Purchase date	Current market value

## Investments

- I have included recent statements for investments from all sources OR
- See following table

Owner(s)	Registration type	Current market value	Cost base	Ongoing contribution	Income drawn

## 9. Defined benefit pension

	Client 1	Client 2
Retirement age		
Income		
Reduced by	At age	At age
Indexed?		
Current death benefit		
Beneficiary		

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## 10. Defined contribution pension

	Client 1	Client 2
Current value		
Contribution		
Employer match		

## 11. Liabilities

Owner(s)	Description	Outstanding principal	Interest rate	Planned payment	Payment frequency	Date loan started	Date loan ends

## 12. Insurance inventory

Owner(s)	Life insurance	Company	Plan type	Face amount	Premium

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## 13. Major purchases

Purchase for whom	Description	Amount	Planned purchase date

## 14. Do you plan to downsize your house in the future? If so, provide details.

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## 15. Probable future inheritance

From	Approximate timing	Amount	Amount to be invested

## Notes

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## Notes

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## 16. Monthly expenses (if budget is to be included)

Housing	Cost
Mortgage (PIT) or rent	
Property tax	
Home phone	
Cell phone(s)	
Internet and cable	
Cable	
Heat hydro	
Water	
Property maintenance	
Other	
Transportation	Cost
Car loan/lease	
Car loan/lease	
Insurance	
Licensing	
Fuel	
Maintenance	
Other	
Insurance	Cost
Home	
Critical Illness and disability	
Life	
Other	
Food	Cost
Groceries	
Dining out	
Other	
Pets	Cost
Food	
Medical	
Grooming	
Toys	
Other	
Personal care	Cost
Medical	
Hair/nails	
Clothing	
Dry cleaning	
Health club	
Vision	
Other	

Lifestyle	Cost
Entertainment	
Donations	
Vacation	
Subscriptions	
Personal allowance	
Lottery tickets	
Recreation	
Other	
Other	
Loans/bank	Cost
Asset accumulation	Cost
Emergency fund	
Education fund	
Retirement	
Other	
Children	Cost
Activities	
Gifts	
Allowance	
Tuition (out of pocket)	
Other	
Support	Cost
Spousal support	
Child support	
Other	
Legal/accounting	Cost
Attorney	
Accountant	
Other	
Other	
<b>Budget total</b>	

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## 17. Planning Objectives and assumptions

**Desired retirement:** Age \_\_\_\_\_ of \_\_\_\_\_ (Client 1)

Age \_\_\_\_\_ of \_\_\_\_\_ (Client 2)

Desired net monthly income in retirement \$ \_\_\_\_\_ today's \$  
(If the income cannot be met, the plan will identify the shortfall and options to fund it)

Or create the maximum income from existing resources and projected savings

Inflation assumption: \_\_\_\_\_% Indexation for pensions: \_\_\_\_\_%

### Investment assumptions:

Fixed income: amount \_\_\_\_\_% Assumed rate \_\_\_\_\_%

Equities: amount \_\_\_\_\_% Assumed flat rate \_\_\_\_\_%

Or 35-year history

\_\_\_\_\_ % TSX \_\_\_\_\_ % S&P \_\_\_\_\_ % EAFE plus or minus \_\_\_\_\_ %

## 18. Government benefit assumptions

		Start at age	Eligible amount (%)
Client 1	CPP		
Client 1	OAS		
Client 2	CPP		
Client 2	OAS		

## Notes regarding investment assumptions

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## Notes



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WEALTH MANAGEMENT

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