# Financial Planning Questionnaire



### Contact Information

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**IMPORTANT: Please do not return this completed document by open email.
We recommend uploading to our secure folder or password protecting.
Please contact us if you have any questions.**

##### 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.

## Personal Information

  **Client**  **Spouse / Partner**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Date of Birth |  |  |
| Address |  |  |
| Marital Status |  |  |
| Citizenship(s) |  |  |
| Preferred Phone No. |  |  |
| Alternate Phone No. |  |  |
| Email Address |  |  |
| Occupation |  |  |
| Employer |  |  |
| Current Salary / Income(If retired, proceed to retirement income section) |  |  |
| Desired retirement age |  |  |
| Desired retirement income target |  |  |
|  |  |  |
| Do you have a Will? |  |  |
| Last updated? |  |  |
| Do you have a Power of Attorney? |  |  |
| Last updated? |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name |  |  |  |
| Date of Birth |  |  |  |
| Current or Future Financial Support?  |  |  |  |
| RESP Balance |  |  |  |
| Annual Education Cost |  |  |  |
| Education Start / End |  |  |  |
| Notes: |  |  |  |

##

## Financial Goals & Objectives

#### What questions can we 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 are your financial goals? When do you want to reach these goals?

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

|  |
| --- |
|  |

## Retirement Income, Pensions, and Government Benefits

### Retirement Income

(Excluding investment income. Please enter CPP and OAS under the [Government Benefits](#_Government_Benefits_1) section.)

#### DBPP - Defined Benefit Pension Plan (Please provide current statements)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Recipient | 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 (Please provide current statements)

|  |  |  |  |
| --- | --- | --- | --- |
| Recipient | Balance | Employee Contribution % or $ | Employer Contribution % or $ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

#### Other Retirement Income (Employment, Consulting, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| Recipient | Income | Start Date | End Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Government Benefits

#### CPP - Canada Pension Plan

|  |  |  |  |
| --- | --- | --- | --- |
| Recipient | 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 |
|  |  |  |  |
|  |  |  |  |

#### Retirement Income – Notes and other details

## Net Worth

### Assets

#### Capital Assets (Please provide current statements)

##### 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 |  |  |  |  |

##### Non-Registered

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

#### Real Assets

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

### Liabilities

#### Debts

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

## Insurance

#### Life Insurance

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

## Notes

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| --- |
|  |

## Document Checklist

|  |
| --- |
| Please provide copies of statements and/or any documentation that you have for the following: |
|  | **Client 1** | **Client 2** |
|  | *Check all that apply* |
| Bank accounts (savings / chequing) |  |  |
| RRSP |  |  |
| TFSAs |  |  |
| Non-Registered Investment  |  |  |
| Registered Retirement Income Fund (RRIF) |  |  |
| Locked RRSPs / LIRAs |  |  |
| Life Income Funds (LIFs) |  |  |
| Registered Education Savings Plans (RESPs) |  |  |
| Other Financial Accounts:  |  |  |
| Other Financial Accounts: |  |  |
| Defined Benefit Pension Plan (DBP) |  |  |
| Buy Back of Previous Pension Service |  |  |
| Defined Contribution (Money Purchase) Pension Plan |  |  |
| Other Pension Information:  |  |  |
| Most recent tax return and Notice of Assessment |  |  |
| Other Tax Information:  |  |  |
| Mortgage and loan statements (if these are to be reviewed)  |  |  |
| Other debt:  |  |  |
| Insurance Documents (if these are to be reviewed) |  |  |
| Wills / Powers of Attorney (if these are to be reviewed) |  |  |
| Other: |  |  |
| Other:  |  |  |