

# Confidential Client Questionnaire

Prepared for:

Prepared by:

Date:



# Financial planning fact finder

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## 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"/> Disability insurance needs analysis         |
| <input type="checkbox"/> Estate projection including tax at death   | <input type="checkbox"/> Critical illness insurance needs analysis   |
| <input type="checkbox"/> Will review (must include copy of most recent wills)   | <input type="checkbox"/> Education funding                           |
| <input type="checkbox"/> Life insurance needs analysis  | <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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## Tell us about yourself

|  |   |   |
|--|---|---|
|  |   |   |
| Preferred phone  |   |   |
| Preferred email  |   |   |
| Address  |   |   |
| Date of birth  | ____ / ____ / ____<br>Day Month Year  | ____ / ____ / ____<br>Day Month Year  |
| Social Insurance Number  |   |   |
| Marital status   | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law<br><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<br><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  |   |   |
| 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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## Your children and your grandchildren

| 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 |                |  |

## Post-secondary education funding needs

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

# Financial planning fact finder

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## Finding your financial goals

### Instructions

1. List your top three financial goals. We suggest doing this privately, so you don't feel anchored to what first comes to mind or embarrassed if you decide to change your mind later.
2. Take a look at the master list of common financial goals. Are any of the goals on the list important to you? If so, check the box next to those goals.
3. Look at your initial list and master list. Consider the goals you wrote down and the goals you checked. Of these goals, what are the top three? Write them down in order of importance.
4. (Optional) Revisit the master list of common financial goals and cross out the goals that are least important to you. Sometimes identifying what you don't care for can help clarify what really drives you and lead to a fruitful conversation with your advisor.

### 1. What are your top three financial goals?

Most important goal:

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Second most important goal:

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Third most important goal:

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2. Master list of common goals. Are any of these goals important to you? (Check five at most)

- To be better off than my peers
- To pay for personal self-improvement (e.g., go back to school, learn a skill)
- To experience the excitement of investing
- To start a new business
- To buy a house
- To help pay for my kids' college education
- To stop working and do something I love
- To go on a dream vacation
- To relocate in retirement
- To care for my aging parents
- To give to charity or other causes I care about
- To feel secure about my finances in retirement
- To feel secure about my finances now
- To leave an inheritance to my loved ones
- To retire early
- To pay for future medical expenses
- To not be a financial burden to my family as I grow older
- To manage my debt

3. Consider the goals you wrote down and the goals you checked. Of these goals, what are the top three?

Most important goal:

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Second most important goal:

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Third most important goal:

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Describe any family elements that may be relevant to your plan (e.g., health issues with relatives, adult dependents)

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Describe any business or employment elements that could be relevant (e.g., impending layoff, delayed retirement)

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What are your main estate planning objectives? (e.g., lower taxes, probate planning, provide support for kids or give to charities)

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# Financial planning fact finder

## 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) | Account type | Current market value | Cost base | Ongoing contribution | Income drawn |
|----------|--------------|----------------------|-----------|----------------------|--------------|
|          |              |                      |           |                      |              |
|          |              |                      |           |                      |              |
|          |              |                      |           |                      |              |
|          |              |                      |           |                      |              |
|          |              |                      |           |                      |              |
|          |              |                      |           |                      |              |
|          |              |                      |           |                      |              |
|          |              |                      |           |                      |              |
|          |              |                      |           |                      |              |
|          |              |                      |           |                      |              |
|          |              |                      |           |                      |              |

## Defined benefit pension

|                       |  |        |        |
|-----------------------|--|--------|--------|
|                       |  |        |        |
| Retirement age        |  |        |        |
| Income                |  |        |        |
| Reduced by            |  | At age | At age |
| Indexed?              |  |        |        |
| Current death benefit |  |        |        |
| Beneficiary           |  |        |        |



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## Defined contribution pension

|                |  |  |
|----------------|--|--|
|                |  |  |
| Current value  |  |  |
| Contribution   |  |  |
| Employer match |  |  |

## Liabilities

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

## Insurance inventory

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



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## Major purchases

| Purchase for whom | Description | Amount | Planned purchase date |
|-------------------|-------------|--------|-----------------------|
|                   |             |        |                       |
|                   |             |        |                       |
|                   |             |        |                       |
|                   |             |        |                       |
|                   |             |        |                       |

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

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## Probable future inheritance

| From | Approximate timing | Amount | Amount to be invested |
|------|--------------------|--------|-----------------------|
|      |                    |        |                       |
|      |                    |        |                       |
|      |                    |        |                       |
|      |                    |        |                       |
|      |                    |        |                       |

## Notes

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## 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>     |      |

# Financial planning fact finder

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## 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 \_\_\_\_\_ %

## 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

iA Private Wealth Inc.TM is a member of the Canadian Investor Protection Fund and the Investment Industry Regulatory Organization of Canada.

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