



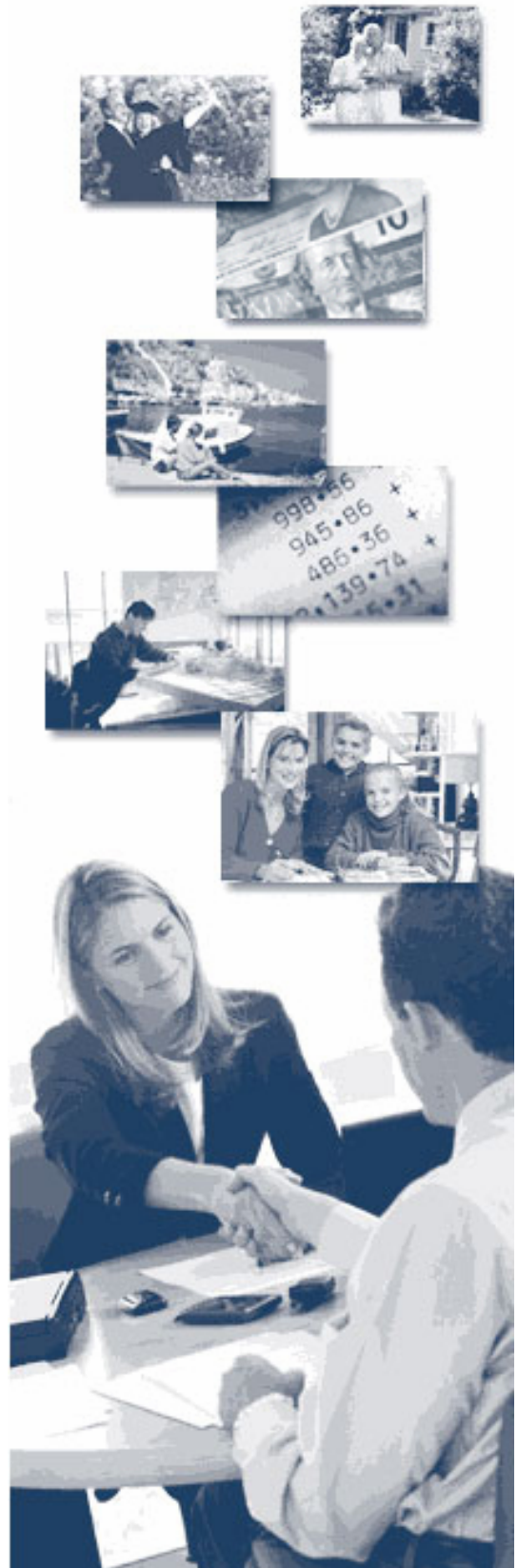
NaviPlan Extended Fact Finder

Client Name:

Client Name:

Advisor Name:

Date (mm/dd/yy):



Overview

This *Fact Finder* is designed to help you gather the required information for your client's customized financial plan. The questionnaire's easy-to-follow format will allow you to enter your client's required personal data and financial details. These items are necessary for you to create a complete and thorough picture of your client's *current* and *future* financial situation.

The following sources will provide you with most of this information:

- Latest investment statements from trust companies, brokers, investment companies and banks
- Latest mortgage and other loan statements
- Budget of personal and living expenses
- All life insurance and disability insurance policies
- Pension statement from employer
- Tax returns
- Latest will, power of attorney
- Other relevant documentation

Client Information

Base Family

(co-client if different)

Last Name:	
Marital Status (e.g., married, divorced, single):	
Number of Dependants:	
Address:	
City:	
Province:	
Country:	
Postal Code:	
Home Phone Number:	

Basic

	Client	Co-client
Given Name:		
Gender:		
Date of Birth (mm/dd/yy):		
Social Insurance Number (optional):		
Occupation		
Fax # (co-client if different):		
Business # (co-client if different):		
E-mail:		

Name of Child or Dependand	Gender	Date of Birth

Advisors

Advisory Type (Accountant, etc.)	Full Name	Address	Business #

Will Information

	Client	Co-client
Is there a Will? <i>(yes or no)</i> :		
What date was the Will last updated on?:		
Where is the Will located? <i>(safety deposit box, etc.)</i> :		

Additional Notes *(Use this section to enter any other Client information that you feel would be relevant to your client's financial plan.)*

Assumptions

Risk Profile

Model Portfolio (if applicable):	
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Milestones

	Client	Co-client
Retirement Date (age or date) (mm /yy):		
Life Expectancy (age / year):		
Disabled (age or year) (if applicable):		
Critical Illness (age or year) (if applicable):	Start:: End:	Start:: End:

Historical Data

RRSP Contribution Data

	Client	Co-client
Previous Year's Earned Income:		
Previous Year's Pension Adjustment:		
RRSP Overcontribution Balance:		
RRSP Deduction Carryforward:		

General (Start of Year Account Balances)

	Client	Co-client
Cash Surplus or Deficit:		
RRSP Cash:		
RRIF Cash:		

General (Other Start of Year Account Balances)

	Client	Co-client
Capital Gains Deduction Used:		
Cumulative Net Investment Loss:		
Alternative Minimum Tax Carryover:		
Total Income From Previous Year:		

RRSP (RRSP Contribution Data)

	Client	Co-client
Homebuyer's Loan Balance:		
Years Left to Repay:		

RESP (Contributions as of the End of the Previous Year) - As Beneficiary

	Client	Co-client
Total RESP Contributions:		
CESG Eligibility Carryforward:		
Total CESG Payments Received:		

Capital Loss Carryovers

	Client	Co-client
Before May 23, 1985:		
After May 22, 1985 and before 1988:		
In 1988 and 1989:		
After 1989 and before 2000:		
In 2000:		
After 2000:		
Year 2000 inclusion rate:		

Economic Factors

Base Inflation Rate: % _____	Return on Surplus Fund: % __	Cost on Deficit Funds: % ____
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Additional Notes (Use this section to enter any other Assumptions that you feel would be relevant to your client's financial plan.)

Assets

House & Mortgage

(Non-income producing property only - income producing property is entered under Real Estate.)

House

Description	Purchase Amount	Ownership <i>(client, co-client, joint)</i>	Purchase Date	Market Value	Growth Rate

Mortgage

(Non-income producing property only - income producing property is entered under Real Estate.)

	Mortgage 1	Mortgage 2	Mortgage 3
Description <i>(e.g., first mortgage on 123 Main St.):</i>			
Original Principal:			
Ownership <i>(client, co-client, joint):</i>			
Start Date:			
Interest Rate:			
Amortization <i>(years):</i>			
Payment Frequency <i>(e.g., weekly, monthly):</i>			
Outstanding Principal Amount <i>(if available):</i>			
Outstanding Principal Date <i>(relates to above):</i>			
Insured <i>(life on mortgage. both or none):</i>			
Insured <i>(disability on mortgage. both or none):</i>			

Real Estate

(Income producing property - use a separate sheet to enter additional information.)

	Real Estate 1	Real Estate 2	Real Estate 3
Name <i>(identify property):</i>			
Ownership <i>(client, co-client, joint):</i>			
Purchase Date:			
Purchase Amount:			
Market Value:			
Adjusted Cost Base:			
Property Growth Rate:			
Rental Income <i>(monthly amount):</i>			
Rental Expenses <i>(monthly amount):</i>			
Annual Rental Growth Rate <i>(amount or percent):</i>			

Additional Notes

(Use this section to enter any Real Estate information that you feel would be relevant to your client's financial plan.)

Incorporated Entities

(Income producing property - use a separate sheet to enter additional information.)

	Incorporated Entity 1	Incorporated Entity 2	Incorporated Entity 3
Name (identify property):			
Type (OpCo, HoldCo):			
Owner (Client, Co-Client):			
Purchase Date:			
Adjusted Cost Base:			
Growth Rate:			
Market Value:			
Business Income:			
Portfolio Dividends:			
Capital Gains (Gross):			
Closely Held Dividends:			
Business Expenses:			
Small Business Deduction (%):			
Dividend Policy (%):			

Additional Notes (Use this section to enter any incorporated Entity information that you feel would be relevant to your client's financial plan.)

Registered (Use a separate sheet to enter additional assets.)

Name <i>(identify investment)</i>	Ownership <i>(client, co-client)</i>	Type <i>(e.g., IRA, 401k, other)</i>	Purchase Date	Market Value	Adj. Cost Base	Rate of Return*	Standard Deviation <i>(if applicable)</i>

* Return rates are assigned by default. To change the rates select the override feature.

*Dividend income that does not qualify for the dividend tax credit should be entered as interest income.

Additional Notes (Use this section to enter any other Non-Registered Asset information that you feel would be relevant to your client's financial plan.)

Fixed Term Annuities (Use a separate sheet to enter additional annuities.)

Annuity #1 Annuity #2

The annuity pays: \$ _____ Annually <input type="checkbox"/> Monthly <input type="checkbox"/> The annuity ceases payments on: _____ <i>(mm/dd/yy)</i> Is this a registered annuity? Yes <input type="checkbox"/> No <input type="checkbox"/>	The annuity pays: \$ _____ Annually <input type="checkbox"/> Monthly <input type="checkbox"/> The annuity ceases payments on: _____ <i>(mm/dd/yy)</i> Is this a registered annuity? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Annuity #3 Annuity #4

The annuity pays: \$ _____ Annually <input type="checkbox"/> Monthly <input type="checkbox"/> The annuity ceases payments on: _____ <i>(mm/dd/yy)</i> Is this a registered annuity? Yes <input type="checkbox"/> No <input type="checkbox"/>	The annuity pays: \$ _____ Annually <input type="checkbox"/> Monthly <input type="checkbox"/> The annuity ceases payments on: _____ <i>(mm/dd/yy)</i> Is this a registered annuity? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Life Annuities (Use a separate sheet to enter additional annuities.)

Annuity #1 Annuity #2

The annuity pays: \$ _____ Annually <input type="checkbox"/> Monthly <input type="checkbox"/> The payments are guaranteed for: _____ years Is this a registered annuity? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this a prescribed annuity? Yes <input type="checkbox"/> No <input type="checkbox"/>	The annuity pays: \$ _____ Annually <input type="checkbox"/> Monthly <input type="checkbox"/> The payments are guaranteed for: _____ years Is this a registered annuity? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this a prescribed annuity? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Annuity #3 Annuity #4

The annuity pays: \$ _____ Annually <input type="checkbox"/> Monthly <input type="checkbox"/>	The annuity pays: \$ _____ Annually <input type="checkbox"/> Monthly <input type="checkbox"/>
The payments are guaranteed for: _____ years	The payments are guaranteed for: _____ years
Is this a registered annuity? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this a registered annuity? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this a prescribed annuity? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this a prescribed annuity? Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Notes (Use this section to enter any other Annuity information that you feel would be relevant to your client's financial plan.)

Lifestyle Assets (Enter as a Lifestyle asset under the **Detailed** tab.)

	Asset 1	Asset 2	Asset 3	Asset 4
Name:				
Ownership (client, co-client, joint):				
Type (personal use property, collectibles, residence):				
Purchase Date:				
Purchase Amount:				
Growth Rate:				
Market Value:				

Additional Notes (Use this section to enter any other Lifestyle Asset information that you feel would be relevant to your client's financial plan.)

Incomes

Standard

Description	Member (client, co-client)	Amount (annual)	Index Rate	Applicable Period (while working, while retired, during LTC, both, other - e.g., Jan. 2000 - Dec 15 2002)	% While Retired*	% While Disabled*	% While Survivor*
Employment Salary:	client						
Employment Salary:	co-client						
Employment Bonus:							
Taxable Benefits:							
Net Self-employed earned:							
Net Self-employed commission:							
Professional Fees:							
Tax-Free Income:							
Royalty Income Received:							
Alimony Payments Received:							

* The **Percent While Retired**, **Percent While Disabled**, and **Percent While Survivor** designations allow you to specify the percentage of **Pre-retirement** incomes the client will receive during each of these life stages.

CPP/QPP & OAS Benefits

CPP/QPP Benefits

Split CPP? Yes No (Choose **Yes** if CPP/QPP benefits are to be shared between both spouses when benefit payments begin)

Owner (client, co-client)	Benefits Start Age	Start at Retirement? (yes / No)	CPP/QPP Benefit Eligibility (e.g. 100%)	Estimated Monthly Benefit (if not known leave blank)

Applicable Benefits to be included in plan:

Retirement Benefits:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Survivor Benefits:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Disability Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(The OAS Clawback will be automatically calculated by the program)

OAS Benefit

	Client	Co-client
OAS Benefit Eligibility (%):		
Monthly Benefit (if not known, leave blank):		

Defined Benefit Plans - Benefit Formula

*(Attach pension statements or obtain information from the client's company pension administrator. The calculations may be overridden and the pension benefits may be entered under the **Benefit Payments** tab.)*

General

	Pension 1	Pension 2	Pension 3
Owner <i>(client, co-client)</i> :			
Description:			
Linked Incomes <i>(income to which the pension applies)</i> :			
Pension Participation Date:			
Number of Years Average Salary:			
Pension Formula <i>(Contribution amount is entered under tax related expenses)</i> :			
Indexed to Inflation? <i>(yes / no)</i>			
Is Pension integrated? <i>(with CPP/QPP, OAS)</i> :			

Benefit Calculation

	Pension 1	Pension 2	Pension 3
Benefits Begin <i>(age, date, at retirement or when disabled)</i> :			
Percent Payable to Survivor <i>(if applicable)</i> :			
Benefit Reduction for Survivor Coverage <i>(if applicable)</i> :			
Benefit Indexing <i>(specify maximum indexing if applicable)</i> :			
Normal Retirement Age <i>(as specified by the pension plan)</i> :			
Qualifying Factor <i>(as specified by the pension plan)</i> :			
Percent Penalty for Early Retirement <i>(per year)</i> :			
Pension Type <i>(Regular Pension, Notched or Bridged with CPP/QPP)</i> :			

Defined Benefit Plans - Estimate Benefit

(Attach pension statements or obtain information from the client's company pension administrator. The calculations may be overridden and the pension benefits may be entered under the **Benefit Payments** tab.)

General

	Pension 1	Pension 2	Pension 3
Owner (client, co-client):			
Description:			
Linked Incomes (income to which the pension applies):			
Benefit Amount Option (% of final salary or est. amount):			
Benefits Begin (age, date, at retirement or when disabled):			
Percent Payable to Survivor (if applicable):			
Benefit Indexing:			

Retiring Allowances (Use a separate sheet to enter additional Retiring Allowances)

Owner (client, co-client)	Amount	Indexed to Inflation? (Yes /No)	Eligible Amount (e.g. 50%)	When Received (e.g. Upon retirement, Dec 1, 2020)	Roll into RRSP (Name of asset to receive rollover, e.g. ABC funds)

Additional Notes (Use this section to enter any other Income information that you feel would be relevant to your client's financial plan.)

Expenses

Standard (If you share your common lifestyle expenses, just enter the total for one person.)

Periodic (Expenses may be combined or broken down into sub-categories.)

Description	Member (client or co-client)	Amount and Frequency	Index Rate	Start Date	End Date	% While Retired*	% While Disabled*	% While Survivor*
Housing								
Food								
Transportation								
Entertainment								
Personal								
Alimony Expenses								
Rental Estate & Property Taxes								
Medical								

* The **Percent While Retired, Percent While Disabled, Percent While Survivor** designations allow you to specify the percentage of **Pre-retirement** expenses the client will receive during each of these life stages.

Semi-Regular

Expense Description	Member (client or co-client)	Annual Amount	Frequency (specify in years)	Index Rate	Start Date	End Date	% While Retired*	% While Disabled*	% While Survivor*
Vacation									
Auto Purchase									

* The **Percent While Retired, Percent While Disabled, Percent While Survivor, and Percent While in LTC** designations allow you to specify the percentage of **Pre-retirement** expenses the client will receive during each of these life stages.

Lump Sum

Expense Description	Member (Client or Co-Client)	Tax Deductible (Yes/No)	Amount	Index Rate	Date Effective
Vacation					

Education (Education expenses should only be entered in this tab if specific assets are designated to cover them.)

If an education expense is to be funded from cash flow, enter it under the **Standard** tab.)

Member (For whom the expense is incurred)	Type (e.g., Tuition fees, room and board)	Description (e.g., Billy's College Fund)	Amount and Frequency	Index Rate	Start Age (When student begins education)	Years (Number of years expense will be incurred)	Linked Assets (Asset(s) used to fund this expense)

Major Purchase (Major Purchase expenses should only be entered in this tab if specific assets are designated to cover them.)

If a major purchase expense is to be funded from cash flow, enter it under the **Standard** tab.)

Description (e.g., Wedding)	Future Growth Rate	Owner (For whom the expense is incurred)	Amount	Indexed by (%)	Transaction Date	Funding Assets (Asset(s) used to fund this expense)

Emergency Fund (The Emergency Fund expense is intended to meet short-term cash flow needs.)

A general guide should replace three months of employment income)

Target Amount (Number of months expenses or specific \$ amount)	Type of Asset to Fund Goal (Typically short term investments)	Current Savings Amount	Savings Frequency	Index Rate	Savings Start Date	Savings End Date

Additional Notes (Use this section to enter any other Income information that you feel would be relevant to your client's financial plan.)

Liabilities

Detailed (Use a separate sheet to enter additional liabilities)

	Liability 1	Liability 2	Liability 3	Liability 4	Liability 5
Description:					
Owner (client, co-client, joint):					
Life Insured (yes / no):					
Disability Insured (yes / no):					
Amortization Period (or end date):					
Start Date:					
Principal Amount:					
Principal Date (as of):					
Payment Type (e.g., interest only, PI):					
Payment Frequency (e.g., weekly, monthly):					
Interest Rate:					

Additional Notes (Use this section to enter any other Liabilities information that you feel would be relevant to your client's financial plan.)

Insurance

Death Benefit Reinvestment Settings (Indicate how to invest the proceeds received from a life insurance policy.)

Which investment vehicle would you like to use when investing Life Insurance proceeds?:
(e.g., Mutual Funds, Stocks, Bonds)

What rate of return do you expect the invested Life Insurance proceeds to earn?:

Life Insurance (Use a separate sheet to enter additional policies.)

	Policy 1	Policy 2	Policy 3
Description:			
Premium Payer <small>(e.g., client, co-client, joint, or other):</small>			
Type <small>(e.g., term, universal):</small>			
Insured <small>(e.g., client, co-client, joint 1st to die, other):</small>			
Effective Date:			
Policy Owner <small>(e.g., client, co-client, joint, or other):</small>			
Beneficiary <small>(e.g., client, co-client, joint 1st to die, other):</small>			
Premium Frequency <small>(e.g., monthly):</small>			
Premiums*:			
Death Benefit*:			
Coverage Ceases <small>(age or date):</small>			
Cash Surrender Value*:			

* If the Death Benefits, Premiums, or CSVs are not level, attach the appropriate schedules.

Additional Notes (Use this section to enter any other Insurance information that you feel would be relevant to your client's financial plan.)

Disability Insurance

(Use a separate sheet to enter additional policies.)

	Policy 1	Policy 2	Policy 3
Description (group LTD, group STD, individual disability):			
Insured Member:			
Owner:			
Effective Date:			
Monthly Benefit:			
Taxable (yes / no):			
Index for Benefit Amount:			
Waiting Period:			
Benefit Paid Until (years or age):			
Monthly Premium:			
Index Rate for Premium Amount:			

Additional Notes (Use this section to enter any other Insurance information that you feel would be relevant to your client's financial plan.)

Critical Illness Insurance

Critical Illness Expenses

Member	Expense Type <i>(medical, lifestyle, etc)</i>	Lump Sum Expense Amount	Expenses indexed to Inflation <i>(Yes / No)</i>

Coverage Owned (Existing Critical Illness Insurance Policies)

	Policy 1	Policy 2	Policy 3
Description <i>(cash to insured, medical coverage):</i>			
Insured Member:			
Owner:			
Effective Date:			
Lump Sum Benefit:			
Taxable (%):			
Premium payer:			
Monthly Premium:			
Premium refund percentage:			

Additional Notes Use this section to enter any other Critical Illness Insurance information that you feel would be relevant to your client's financial plan.

Other Tax

Misc. Credits & Deductions

Owner	Description	Miscellaneous Deductions		Miscellaneous Credits	
		Total Income	Net Income	Refundable	Non-refundable

Additional Notes (Use this section to enter any Other Tax information that you feel would be relevant to your client's financial plan.)

Strategies

Use this section to tell us about any planning strategies that you are currently applying (e.g., regular savings to an investment, additional payments toward a loan's principal, etc). Use a separate sheet to enter additional strategies.

Savings (Use the following section to list **Savings** plans that are currently in place.)

Regular (Savings made on a regular, periodic basis.)

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Asset Name:				
Amount:				
Frequency (e.g., monthly, weekly):				
Index Rate:				
Savings Period (while I'm working, while I'm retired, both, until LTC, other - e.g., Jan. 1990 - Dec 2025):				

Lump Sum (Savings made in one or more lump sums.)

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Asset Name:				
Amount:				
Index Rate:				
When is this Transaction Applicable? (upon retirement, upon disability, upon death, other - e.g., Jan. 15, 2003):				

Surplus (Savings put toward an asset using surplus cash at year-end.)

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Asset Name:				
Percent Of Surplus (e.g., half or 50%):				
Savings Period (while I'm working, until age 71, other - e.g., Jan 1, 1995 to Dec 31, 2011):				

Employer-Sponsored Pensions (Savings put into plans that are established by the employer.)

	Plan 1	Plan 2	Plan 3	Plan 4
Asset Name:				
Employee Pre-tax Amount:				
Employee Post-tax Amount:				
Employer Amount:				
Frequency (e.g., monthly, weekly):				
Index Rate:				
Savings Period (while I'm working, until age 71, other - e.g., Jan 1, 1995 to Dec 31, 2011):				

Additional Notes (Use this section to enter any Strategy information that you feel would be relevant to your client's financial plan.)

Debt Reduction

(Use the following section to list **Debt Reduction** plans in which your client is already taking part.)

Regular

(Any payments made directly toward the principal of an existing loan.

These are over and above the required payments that are automatically defined for the liability.)

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Liability Name:				
Amount:				
Frequency (e.g., monthly, weekly):				
Index Rate:				
Payment Period (while I'm working, while I'm retired, both, other - e.g., Jan. 1990 - Dec 2011):				

Lump Sum

(Payments made in one or more lump sums toward the principal of an existing loan.

These are over and above the required payments that are automatically defined for the liability.)

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Liability Name:				
Amount:				
Index Rate:				
Payment Date (upon retirement, upon disability, upon death, other - e.g., Jan. 15, 2003):				

Surplus

(Savings put toward the principal of an existing loan using surplus cash at year-end.)

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Liability Name:				
Percent Of Surplus (e.g., half or 50%):				
Payment Period (while I'm working, until age 71, other - e.g., Jan 1, 1995 to Dec 31, 2011):				

Redemptions

(Use the following section to list asset **Redemption** plans which your client has already established.)

Regular

(Any redemptions from an asset made on a periodic basis.)

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Asset Name:				
Amount:				
Frequency (e.g., monthly, weekly):				
Index Rate:				
Redemption Period (while I'm working, while I'm retired, both, other - e.g., Jan. 1990 - Dec 2011):				

Additional Notes

(Use this section to enter any Strategy information that you feel would be relevant to your client's financial plan.)

Lump Sum (Redemptions from an asset in one or more lump sums.)

	Plan 1	Plan 2	Plan 3	Plan 4
Asset Name:				
Amount:				
Index Rate:				
Redemption Date (fixed date, or upon retirement, disability or death):				

Complete Regular (Redemptions from an asset that will completely deplete it at the end of a defined period.)

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Asset Name:				
Frequency Of Sells (e.g., annually, monthly):				
Index Rate:				
Redemption Period(while I'm retired, other - e.g., Jan. 1990 - Dec 2011):				

Transfers (The transfer of funds from one asset to another.)

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Source Asset:				
Destination Asset:				
Amount:				
Transaction Date (fixed date, or upon retirement, disability, or death):				

Additional Notes (Use this section to enter any Strategy information that you feel would be relevant to your client's financial plan.)
