

NaviPlan

Financial Planning Software

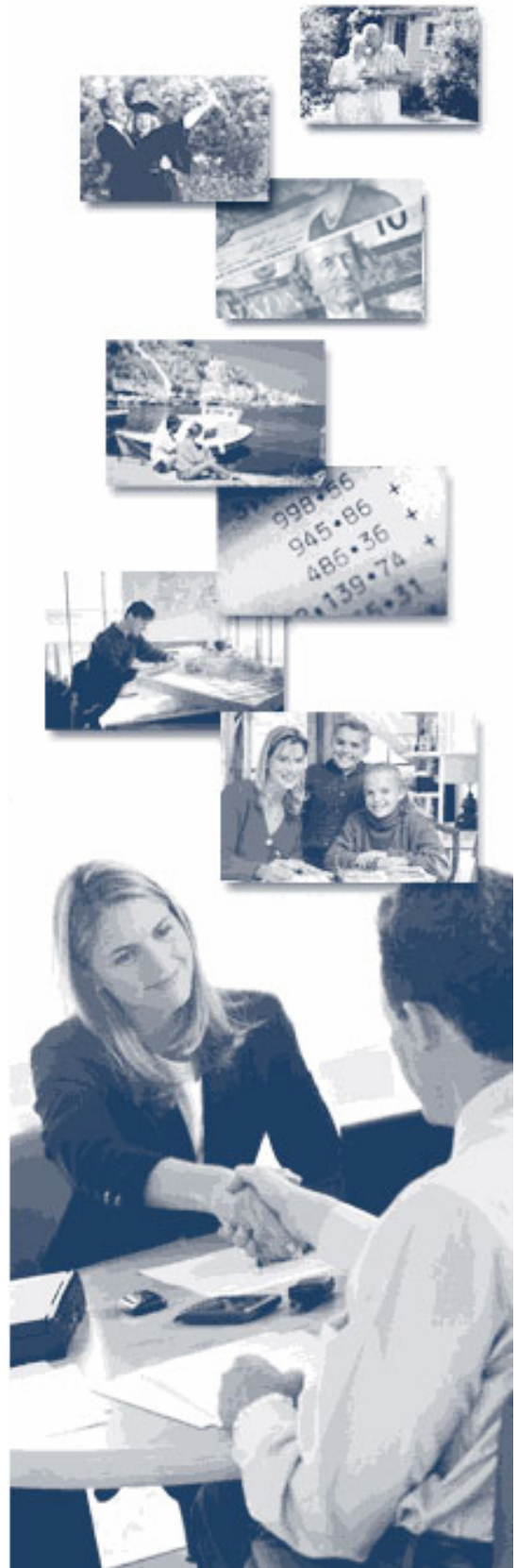
NaviPlan Standard Fact Finder

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:

- Tax returns
- Pension statement from employer
- All life insurance and disability insurance policies
- Latest statements from trust companies, brokers, investment companies and banks pertaining to investments
- Budget of personal and living expenses
- Latest mortgage and other loan statements
- 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 Dependant	Gender	Date of Birth

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

Advisors

Advisory Type <i>(Accountant, etc.)</i>	Full Name	Address	Business #

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

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>		

Assumptions

Risk Profile

Model Portfolio (if applicable):	
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Milestones

	Client	Co-client
Retirement Date (age / year):		
Life Expectancy (age / year):		

Historical Data

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

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

Member (Client, Co-Client, Dependant)	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:		
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Tax

Pre-retirement

Member	Income (annual amount)	Average Tax Rate (%)	Marginal Tax Rate (%)
Client			
Co-client (if applicable)			
Dependants			

Retirement (if different than pre-retirement)

Member	Income (annual amount)	Average Tax Rate (%)	Marginal Tax Rate (%)
Client			
Co-client (if applicable)			
Dependants			

Death (This applies to your tax rates in the year of last member's death. This will include income from certain assets from your estate. Do not include estate taxes)

Member	Income (annual amount)	Average Tax Rate (%)	Marginal Tax Rate (%)
Client			
Co-client (if applicable)			
Dependants			

Economic Factors

Projected Inflation: % _____

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

Incomes

Standard

Description	Member <i>(client, co-client)</i>	Amount <i>(annual)</i>	Index Rate	Applicable Period <i>(while working, while retired, both, other – e.g., Jan 2000 – Dec 2011)</i>
Employment Salary:	client			
Employment Salary:	co-client			
Employment Bonus:				
Self-employed Earned:				
Tax-Free Income:				
Royalty Income:				
Alimony:				
Child Support:				

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 <i>(eligibility or enrolment date)</i> :			
Number of Years Average Salary:			
Pension Formula <i>(percent per year of service)</i> :			
Accrue Pension Credits while Disabled <i>(yes / no)</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> :			
Minimum Retirement Age for Unreduced Benefit:			

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):			
Is Pension Integrated? (With CPP/QPP, OAS)			

Benefit Calculation

	Pension 1	Pension 2	Pension 3
Benefits (% of final salary or estimated amount):			
Benefits Begin (age, date, at retirement or when disabled):			
Percent Payable to Survivor (If applicable):			
Benefit Indexing:			

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

CPP/QPP Benefits

Owner <i>(client, co-client)</i>	Benefits Start Age	Start at Retirement? <i>(Yes / No)</i>	CPP/QPP Benefit Eligibility <i>(percentage)</i>	Estimated Monthly Benefit <i>(if known)</i>	Split CPP? <i>(Yes / No)</i>

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"/>

OAS Benefits

	Client	Co-client
OAS Benefit Eligibility:		
Monthly Benefit (if known):		

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

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

Assets

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

Description <small>(name)</small>	Owner <small>(client, co-client)</small>	Type <small>(e.g. IRA, 401(k), 529, other)</small>	Purchase Date <small>(if known)</small>	Market Value <small>(as of the start of the year)</small>	Return Rate	Linked to <small>(Retirement Goal, Education Goal)</small>

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

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

(Under Market Value enter each asset type's **aggregate** value as of the start of the year. Break down each asset's expected return rate based on its return component - e.g., if a Mutual Fund asset is earning 2% **Interest**, 2% **Dividends**, 4% **Capital Gains** and 4% **Deferred Growth**, you would enter **2-I, 2-D, 4-CG, 4-DG**. Or, you may prefer to include investment statements for any or all of this section.)

Description <small>(abc mutual fund, UTMA, etc)</small>	Type <small>(e.g. mutual fund, stock, bond)</small>	Owner <small>(client, co-client, joint, child)</small>	Linked To <small>(retirement, education, etc.)</small>	Purchase Date <small>(if known)</small>	Market Value <small>(as of the start of the year)</small>	Adj. Cost Base <small>(as of the start of the year)</small>	Rate of Return* <small>(interest = I, dividend = D, capital gains = CG, deferred growth = DG, tax free = TF)</small>	Linked to <small>(Retirement Goal, Education Goal, Major Purchase Goal)</small>

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.

*Dividend income that does not qualify for the **Dividend Tax Credit** should be entered as interest income.

Lifestyle

(Use a separate sheet to enter additional assets.)

Description <i>(name)</i>	Type <i>(e.g. personal use property, residence)</i>	Owner <i>(client, co-client, joint)</i>	Purchase Date	Purchase Amount <i>(adj. cost base)</i>	Market Value <i>(as of the start of the year)</i>	Growth Rate <i>(%)</i>

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

Liabilities

Liabilities

(Use a separate sheet to enter additional liabilities)

Description	Owner <i>(client, co-client, joint)</i>	Life Insured <i>(yes / no)</i>	Disability Insured <i>(yes / no)</i>	Interest Tax Deductible <i>(yes / no)</i>	Start Date	Int. Rate	Amortization <i>(years or end date)</i>	Principal Amount	Principal Date <i>(as of)</i>	Pmt. Type <i>(e.g. interest only, PI)</i>	Pmt. Freq. <i>(e.g. weekly, monthly)</i>

Additional Notes Use this section to enter any other Loan 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 your client is currently applying (e.g. regular savings to an investment, additional payments towards a loan's principal, etc.). Use a separate sheet to enter additional strategies.

Savings

Regular

(Savings made on a regular basis)

Asset Name	Member (Client, Co-Client)	Amount	Index Rate	Frequency (e.g. monthly, weekly)	Savings Period (while working, while retired, both other- e.g. Start date – End date)

Lump Sum

(Savings made in one or more lump sums.)

Asset Name	Member (Client, Co-Client)	Amount	Indexed to Inflation (yes / no)	Date

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

RRSP Maximizer

(Maximum allowable contributions made to RRSPs each year, whenever possible)

Asset Name	Owner (Client, Co-Client)	Constrained by Cashflow?	Time of Year (e.g. Jan. Dec.)	Savings Period (While Working, Until Age 71, Other - e.g. Jan 1, 1995 to Dec 31, 2025)

Surplus Savings

(Savings put towards an asset using surplus cash at year-end)

Asset Name	Savings Period (e.g. Jan. 1 2003 - Jan 1. 2013)	Percentage of Surplus

Debt Modification

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 loan.)

Liability Name	Amount	Index Rate	Frequency <i>(e.g. monthly, weekly)</i>	Repayment Period <i>(while working, while retired, both other - e.g. Jan. 2002 - Dec 2025)</i>

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 loan.)

Liability Name	Amount	Indexed to Inflation <i>(yes / no)</i>	Repayment Date <i>(upon retirement, upon disability, other - e.g. Jan. 15 2003)</i>

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

Goals

Retirement

Desired Income (after tax) : \$	Indexed to Inflation? : Yes <input type="checkbox"/> No <input type="checkbox"/>
Savings Plan Start Date :	Indexed to Inflation? : Yes <input type="checkbox"/> No <input type="checkbox"/>

(Maximum Additional Monthly Savings you would consider for retirement) \$ _____

Link the additional Non-Registered Assets to this Goal:

Education

Description <small>(e.g. John's college tuition)</small>	Education Index Rate	Education Start Age	Yearly Education Costs	Number of Years	Savings Plan Start Date
Goal 1					
Goal 2					
Goal 3					
Goal 4					

(Maximum Additional Monthly Savings you would consider for **all** education goals.) \$ _____

Linked Assets: (Link the following assets to each goal as defined above.)

Goal 1: _____

Goal 2: _____

Goal 3: _____

Goal 4: _____

Major Purchase

Description <small>(e.g. Vacation)</small>	Purchase Amount	Purchase Indexed Rate	Purchase Date	Savings Plan Start Date
Goal 1				
Goal 2				
Goal 3				
Goal 4				

(Maximum Additional Monthly Savings you would consider for **all** major purchase goals.) \$ _____

Linked Assets: (Link the following assets to each goal as defined above.)

Goal 1: _____

Goal 2: _____

Goal 3: _____

Goal 4: _____

Insurance

Life Insurance

Calculated Life Insurance Required for :	Client <input type="checkbox"/>	Co-client <input type="checkbox"/>	Survivorship Needs <input type="checkbox"/>
Percentage of Retirement Goal to Cover : %	Percentage of Expenses to Cover : %		
Additional Annual Incomes/Survivor's Annual Income :			

Member	Lump Sum Needs	Needs Indexed to Inflation <small>(yes / no)</small>	Annual Income Needs <small>(e.g. child care)</small>	Expenses Indexed to Inflation <small>(yes / no)</small>
Client				
Co-client				

Proceeds Earn : % <small>(typical return on asset)</small>	Premium per \$1,000 : \$
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Coverage Owned (Existing Life Policies)

Type <small>(e.g. whole life, variable, term)</small>	Policy Name	Premium Payer	Insured Member <small>(e.g. client, co-client joint 1st to die, other)</small>	Beneficiary <small>(e.g. client, co-client, other)</small>	Premiums*	Death Benefit*	Cash Surrender Value*

(* If the death benefits, premiums or CSVs are not level, attach the appropriate schedule.)

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

Disability Insurance

Calculated Disability Insurance Required for :	Client <input type="checkbox"/>	Co-client <input type="checkbox"/>	
Percentage of Retirement Goal to Cover : %	Percentage of Expenses to Cover : %		

Member	Lump Sum Needs	Needs Indexed to Inflation <small>(yes / no)</small>	Additional Annual Expenses <small>(e.g. nursing care)</small>	Expenses Indexed to Inflation <small>(yes / no)</small>
Client				
Co-client				

Coverage Owned (Existing Disability Insurance Policies)

Description <small>(group LTD, group STD, individual disability)</small>	Insured Member	Effective Date	Monthly Benefit	Taxable <small>(yes / no)</small>	Waiting Period	Monthly Premium	Coverage Applies Until Age

Additional Notes Use this section to enter any other Disability 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)

Description <i>(Cash to Insured, Medical Coverage)</i>	Insured Member	Owner	Effective Date	Lump Sum Benefit	Taxable Percentage	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.
