

Fact Finder — Level 1



Client Information

	First Name	Last Name	Date of Birth (mm/dd/yy)	Gender	Marital Status (Single, Single Parent, Married, Common Law, Divorced, Widowed, Separated)
Client				M <input type="checkbox"/> F <input type="checkbox"/>	
Co-client				M <input type="checkbox"/> F <input type="checkbox"/>	
Street		City	Province	Postal Code	
Home Phone Number		Business Phone Number	E-mail Address		

Family Members

First Name	Last Name	Date of Birth (mm/dd/yy)	Relationship (Son, Daughter, Grandchild, etc.)	Dependent of

Historical Data	Prior Year's Earned Income	Prior Year's Pension Adjustment	RRSP Overcontribution Balance	Unused RRSP deduction limit	TFSA Overcontribution Balance	Unused TFSA Contribution Room
Client						
Co-client						

Net Worth

Lifestyle Assets	Market Value (\$)	Liabilities	Balance (\$)	Interest Rate (%)	Monthly Payment (\$)
Residence (e.g. home)		Mortgage			
Cottage (e.g. vacation home)		Mortgage 2			
Personal Use Property (e.g. car, boat)		Car Loans			
Listed Personal Property		Personal Loans			
		Other Debt			

Accounts

Description	Plan Type <small>(Non-Registered, RRSP, RRSP-Spousal, TFSA, DPSP, RPP, LIF, LRIF, RESP)</small>	Owner <small>(Client, Co-Client, Joint, Other family member)</small>	Current Value (\$)	Cost Base (\$)	Asset Class Weightings OR Rate of Return	Employee Monthly Savings (\$)	Employer Monthly Savings (\$)

Cash Flow

Gross Annual Income	Member	Amount (\$)	Applicable Period	Monthly Expenses	Amount (\$)	Applicable Period	Fixed Expense
Salary				Housing			<input type="checkbox"/>
Salary				Food			<input type="checkbox"/>
Bonus				Transportation			<input type="checkbox"/>
Bonus				Entertainment			<input type="checkbox"/>
				Personal			<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

	Client	Co-client
Include CPP/QPP		
Benefit Amount (Eligible % or Est. in today's \$)		
Benefit Start		
Share CPP/QPP		
Include OAS		
Benefit Amount (Eligible % or Est. in today's \$)		

Defined Benefit

Description	Member	Estimated Annual Amount (\$ or %)

Insurance Coverage

Life Insurance Coverage

Description	Insured	Policy Type (Term, Permanent Life, Universal Life, etc.)	Death Benefit (\$)	Beneficiary	Monthly Premium (\$)

Disability Insurance Coverage

Description	Insured	Policy Type (Group STD, Group LTD, Individual)	Monthly Benefit (% or \$)	Monthly Premium (\$)

Critical Illness Insurance Coverage

Description	Insured	Policy Type	Benefit Amount (\$)	Monthly Premium (\$)

Retirement Goal

	Client	Co-client
Retirement Age		
Life Expectancy		

Retirement Expenses

Description	Member	Amount/frequency (e.g. \$220/mo. or \$24,000/yr.)	Applicable Period	Fixed Expense
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Retirement Incomes

Description	Income Type (Salary, Self-employed, Other, etc.)	Member	Amount/frequency (e.g. \$2,000/mo. or \$24,000/yr.)	Applicable Period

Goal Funding

List the accounts available for Retirement and enter the appropriate % or \$ amount. Note: An account can be used to fund more than one goal.	Account Description	% or \$ linked to Retirement

Education Goal

	Goal 1	Goal 2	Goal 3
Name			
Education Start Age			
Index Cost by			
Annual Education Cost (today's \$)			
Number of Years			

Goal Funding

Account Description	% or \$ linked to Education Goals

Major Purchase Goal

	Goal 1	Goal 2	Goal 3
Description			
Member			
Target Date			
Amount (today's \$)			
Index Cost by			

Goal Funding

Account Description	% or \$ linked to Major Purchase Goals

Emergency Fund

Multiple of average monthly expenses ___ months	OR	Target Amount (\$)	Reserve asset for Emergency Fund until: <input type="checkbox"/> Retirement <input type="checkbox"/> End of Plan
Index By (%)		Index By (%)	

Goal Funding

Account Description	% or \$ linked to Emergency Fund

Insurance Analysis

Life Insurance

Percentage of lifestyle expenses to cover ___%		Client	Co-client	If Both Die
	Cover Major Purchase Goals	<input type="checkbox"/>	<input type="checkbox"/>	
	Pay off liabilities	<input type="checkbox"/>	<input type="checkbox"/>	
	Total Lump Sum Expenses on Death (\$)			
	Annual Ongoing Expenses (\$)			
	Number of Years			

Disability Insurance

Percentage of lifestyle expenses to cover ___%		Client	Co-client
	Cover Major Purchase Goals	<input type="checkbox"/>	<input type="checkbox"/>
	Pay off liabilities	<input type="checkbox"/>	<input type="checkbox"/>

Critical Illness Lump Sum Expenses

Description	Member	Type	Amount
		<input type="checkbox"/> Non-medical <input type="checkbox"/> Medical	
		<input type="checkbox"/> Non-medical <input type="checkbox"/> Medical	