

# 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	