

DAN DEVIN
FINANCIAL SERVICES INC.

***FINANCIAL PLANNING
FACT FINDER***

Client Name:

Client Name:

Advisor Name: Matthew Devin

Date:



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

Basic

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

Name of Child or Dependant	Gender	Date of Birth

Will Information

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

Advisors

Name	Address	Business #
Lawyer:		
Accountant:		
Power of Attorney:		
Other:		

Assumptions

Milestones

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

Desired Income (after tax) : \$

Indexed to Inflation? : Yes No

Historical Data

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

Assets

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

Description (name)	Owner (client, co-client)	Type (e.g. RRSP, LIRA, RRIF, etc.)	Purchase Date (if known)	Market Value (as of the start of the year)	Return Rate

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

Description (abc mutual fund, UTMA, etc)	Type (e.g. mutual fund , stock, bond)	Owner (client, co- client, joint, child)	Linked To (retirement, education, etc.)	Purchase Date (if known)	Market Value (as of the start of the year)	Adj. Cost Base (as of the start of the year)	Rate of Return*	Linked to (Retirement Goal, Education Goal, Major Purchase Goal)

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

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

Incomes

Description	Member (client, co-client)	Amount (annual)	Index Rate	Applicable Period (while working, while retired, both, other – e.g., Jan 2000 – Dec 2011)
Employment Salary:	client			
Employment Salary:	co-client			
Employment Bonus:				
Self-employed Earned:				
Tax-Free Income:				
Defined Benefit Plans	Please provide benefit	statement		

CPP Benefits

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

OAS Benefits

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

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

Expenses

Lifestyle (Expenses in retirement are in the "Retirement Goal" section.)

(If you share your common lifestyle expenses, just enter the total for one person. Expenses may be combined or broken down into sub-categories.)

Description	Member <small>(Client / Co-client)</small>	Monthly Amount	Index Rate	Applicable Period While Working <small>(e.g. Jan 15, 2000 - Jan 15, 2025)</small>
Housing				
Food				
Transportation				
Entertainment				
Personal				

Liabilities (Use a separate sheet to enter additional liabilities)

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

Periodic Savings

Regular

(Savings made on a regular basis)

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

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
Child 1					
Child 2					
Child 3					
Child 4					

Major Purchase (Saving for Cottage, Boat, New Car etc)

Description <i>(e.g. Vacation)</i>	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.) \$ _____

Insurance

Life Insurance

Coverage Owned (Existing Life Policies)

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

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

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 <i>(yes / no)</i>	Additional Annual Expenses <i>(e.g. nursing care)</i>	Expenses Indexed to Inflation <i>(yes / no)</i>
Client				
Co-client				

Coverage Owned (Existing Disability Insurance Policies)

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

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

Other Information

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