

Building a foundation-fact find



The four building blocks	
Notes	
Cash flow	What would happen if you needed cash?
Retirement	What will your retirement be like?
Income protection	What would happen if your health failed?
Estate planning	What would happen if you died?

Section A: Client information

Contact information	
Client 1	Client 2
Name:	Name:
Home phone:	Home phone:
Work phone:	Work phone:
Cell phone:	Cell phone:
Fax number:	Fax number:
Address:	Address:
*Email address:	*Email address:

Preferred contact method (check one)

☐ Cell phone

☐ Work phone

☐ Home phone

☐ *Email

- *Advisor note:
- Confirm with client that email is not completely secure and the client has the option of not providing an email address.
 - Ensure the client is willing to receive communications using email
 - Collection of email address is for business correspondence only and is not for prospecting.

Personal information			
Client 1		Client 2	
Date of birth:		Date of birth:	
Hobbies/interests:		Hobbies/interests:	
Marital status:		Marital status:	
Children/dependents	Date of birth:	Children/dependents	Date of birth:

Employment information	
Client 1	Client 2
Employer:	Employer:
Title:	Title:
Occupation/duties:	Occupation/duties:
Annual income:	Annual income:
Future career goals:	Future career goals:

Financial advice	
Who plays a role in your financial security planning? (Example: advisor, lawyer, accountant, family)	
What role do they have in your financial security plan?	

Will/power of attorney information			
Do you have a will?	☐ Yes	☐ No	Last updated:
			Location:
Do you expect an inheritance?	☐ Yes	☐ No	Details/amount:
Do you have a power of attorney?	☐ Yes	☐ No	

Objectives

What are your short-term goals? (next two years)

What are your long-term goals? (five to 10 years from today)

If we met three years from today, what professional and personal accomplishments would make you feel happy?

Personally

Professionally

What do you expect from an advisor?

Goals, dreams, concerns, education, values, family, lessons learned, lifestyle, legacy

Notes: Client information

Section B: Cash Flow

Current state		
Assets	Amount	Contribution frequency (monthly, annually)
Bank accounts		
Car (own/lease)		
Non-registered savings (GICs, etc.)		
Other(s)		
Total:		

Debts/liabilities	Amount	Contribution frequency (monthly, annually)
Student loans		
Car loans/leases		
Mortgage/rent		
Line of credit/loans		
Credit cards		
Other(s)		
Total:		
Net worth (assets less liabilities)		

Income			
Last year	This year	Five years from today	Contribute to EI/CPP/QPP?

Future planning
How would you deal with a financial emergency? (car or housing repairs, etc.)

Ideally, how much money would you like to set aside for an emergency? Pay yourself first

Future purchase goals		
Description	Timeframe	Amount to be saved
Car		
House		
Business		
Vacations		
Education		
Other:		
Other:		
Other:		

Accessing cash, student loans, credit score, debt load, goals, dreams, concerns, education, values, family, lessons learned, lifestyle

Notes: Cash flow

Section C: Retirement planning

Current retirement plan

Do you contribute to any of the following retirement planning options?

Existing retirement planning	Amount	Frequency
RRSP		
Pension plan		
Tax-free saving account (TFSA)		
Other registered/non-registered savings		
Total		
Have you ever borrowed money to invest in an RRSP?	☐ Yes	☐ No
If no, would you consider it?	☐ Yes	☐ No

Desired retirement lifestyle

What age do you plan to retire? Why?

What lifestyle do you see for yourself in retirement?

Retirement timeline

TFSA, cash value, registered/non-registered, goals, dreams, concerns, values, family, lessons learned, lifestyle, legacy

Notes: Retirement planning

Section D: Income protection

Disability coverage

Do you have disability insurance? ☐ Yes ☐ No

Existing disability policies

Institution	Insured	Owner	Waiting period

Benefit period	Monthly coverage	Premium	Other benefits

Critical illness coverage

Is there a history of critical illness in your family?

Do you have critical illness insurance? ☐ Yes ☐ No

Existing critical illness policies

Institution	Insured	Owner	Lump sum payment	Benefit period	Premium	Other benefits

Are you satisfied with your current disability and/or critical illness insurance coverage?

Planning

If you became sick or injured, what would you like to happen?

How much income do you need each month to meet your financial obligations?
If you were to lose your income, how soon would financial difficulties arise?
Would you like your savings and retirement plans to continue if you became disabled?
Have you smoked in the past 12 months?

Your greatest asset

Goals, dreams, concerns, likelihood of disability, education, values, family, lessons learned, lifestyle, legacy

Notes: Income protection

Section E: Estate planning

Current coverage				
Existing life policies				
Institution	Insured	Owner	Beneficiary	Death benefit
Cash value	Premium	Premium cease	Coverage cease	Policy type

Your current estate planning needs

If you died today, would anyone be financially impacted? If so, who and how?

If you died today, what expenses and issues would be left outstanding?

Cash requirements	Client 1	Client 2
Final/burial expenses		
Debt elimination		
Housing/mortgage		
Family legacy		
Other		
Total cash needs		

Income requirements	Client 1	Client 2
Total household income (before tax)		
Income required (ending age	# of years	# of years
Capital to produce income		
Other		
Total income requirements		

Your future estate planning needs

In	years, you will be	years of age. Describe your lifestyle.
Career/income:		
Marriage:		
Family:		
Home:		

Future need for capital

In the situation you just described, how much money would you need if you died at that point in time?		
Final expenses		
Mortgage		
Education fund		
Income requirements	/year ÷	% =
Total money required		

Where do you expect this money to come from?

Options to address future needs

Start now
Start later
Build step-by step

Notes: Estate planning

Priorities/notes

Cash flow

Retirement

Income protection

Estate planning

Household income and expenses

*Shaded fields to be completed by your advisor.

Household net income (monthly)			
		Client 1	Client 2
Employment income (monthly)	\$		\$
Pension	\$		\$
Family allowance	\$		\$
Other government benefits	\$		\$
Rental income	\$		\$
Investment income	\$		\$
Other	\$		\$
TOTAL*		\$	\$

Household commitments (monthly)			
Contributions to savings/ insurance		Client 1	Client 2
Registered retirement savings plan contributions	\$		\$
Tax-free savings account contributions	\$		\$
Non-registered savings contributions	\$		\$
Life insurance	\$		\$
Disability or critical illness insurance	\$		\$
Other (e.g. education)	\$		\$
TOTAL*		\$	\$

Debt repayments		Client 1	Client 2
Loan/line of credit payments	\$		\$
Credit card payments	\$		\$
Student debt repayment	\$		\$
Mortgage	\$		\$
Other	\$		\$
TOTAL*		\$	\$

Do you know your credit bureau score? (Equifax/FICO)

General expenditures	
Groceries	\$
Household	\$
Clothing	\$
Childcare	\$
Personal care/grooming	\$
Other	\$
Total	\$

Miscellaneous	
Gifts	\$
Charities	\$
Other	\$
Other	\$
Other	\$
Other	\$
Other	\$
Total	\$

Transportation	
Lease/car payments	\$
Transit	\$
Insurance	\$
Gas	\$
Maintenance/repairs	\$
Parking	\$
Other	\$
Total	\$

Healthcare	
Paramedical	\$
Dental	\$
Vision	\$
Medication	\$
Other	\$
Other	\$
Total	\$

Recreation	
Entertainment	\$
Dining	\$
Sports/memberships	\$
Hobbies/pastimes	\$
Subscriptions	\$
Vacations	\$
Other	\$
Total	\$

Housing costs	
Rent	\$
Taxes/home insurance	\$
Electricity/heat/water	\$
Maintenance	\$
Phone/cable/internet	\$
Other	\$
Total	\$

*Shaded fields to be completed by your advisor.

Monthly household cash flow summary			
Total income		Total expenditures	
Client 1 net income (monthly)	\$	Contribution to savings	\$
Client 2 net income (monthly)	\$	Debt repayments	\$
		General expenses	\$
		Housing costs	\$
		Transportation	\$
		Healthcare	\$
		Recreation	\$
		Miscellaneous	\$
Total net household income	\$	Total household expenses	\$
		Household discretionary monthly income	\$

Budget analysis	
Percentage of cash flow spent on contributions to savings/insurance	
Percentage you would like to spend on savings/insurance	

Notes: Household budget

Notes

CLEAR

Building a financial plan that works for you, together.



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