Wealth Planning Fact Finder

Questionnaire

iA Securities

Client information

Client:	Completed by:	Date:

Indicate planning goals and reports to be included

- ☐ Retirement income analysis
  - — Achieve a target income
  - — Maximize income from existing sources
- ☐ Estate projection including tax at death
- ☐ Will review (must include copy of most recent Wills)
- ☐ Life insurance needs analysis
- ☐ Disability insurance needs analysis
- ☐ Critical illness insurance needs analysis
- ☐ Education funding
- ☐ Impact of long-term care

Required documents

- ☐ Two years' tax returns for each client
- ☐ Pension statements including Canada Pension Plan
- ☐ Information on current group benefits
- ☐ All life insurance policies, preferably with a recent statement
- ☐ All disability and/or critical illness insurance policies
- ☐ Most recent investment statements from all sources
- ☐ Most recent bank statements including liabilities, mortgages and savings account balances
- ☐ Your Wills
- ☐ Your Powers of Attorney for property and personal care

The information in these documents is crucial to the fact-finding process, and planning cannot begin until you have provided us with all the appropriate information. The quality of information provided will directly affect the quality of your planning experience.

1. Tell us about yourself

	Client one	Client two
Name		
Name commonly used		
Date of birth	________ / ______________ /________ Day Month Year	________ / ______________ /________ Day Month Year
Marital status	☐ Single ☐ Married ☐ Common Law ☐ Divorced ☐ Separated ☐ Widowed	☐ Single ☐ Married ☐ Common Law ☐ Divorced ☐ Separated ☐ Widowed
Smoker	☐ Yes ☐ No Date Quit _________	☐ Yes ☐ No Date Quit _________
Citizenship		
Canadian resident and taxpayer	☐ Yes ☐ No	☐ Yes ☐ No
US-connected person	☐ Yes ☐ No	☐ Yes ☐ No
Place of birth		
Employer		
Occupation/title		
Gross salary	$ _______________ per _____________	$ _______________ per _____________
Bonus/stock options		
Take-home pay		
Time at current job		
Employment outlook		
Spousal support obligation		
Child support obligation		
Tell us about your health		
Tell us about your hobbies, interests, charities, etc.		

2. Tell us about your children

Name	Date of birth/age	Student	Marital status	Notes (spouse name, residence, school, occupation, etc.)
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		

3. Tell us about your grandchildren

Name	Parent	Date of birth/age	Student	Marital status	Notes
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		

4. Tell us about your post-secondary education funding needs

Name of child	Estimated years in school	Estimated start date	Annual cost in today's $

5. Tell us about your parents

	Client one	Client two
Mother		
Age (or age at death)		
Cause of death		
Father		
Age (or age at death)		
Cause of death		
Financial or physical care needs		

6. Tell us about your professional advisors

	Client one	Client two
Lawyer		
Accountant		
Investment advisor		
Insurance advisor		
Physician		
Other		
Other		
Do you have a Will?	☐ Yes ☐ No	☐ Yes ☐ No
When was it signed?		
When was it last reviewed?		
Do you have Powers of Attorney for property and personal care?	☐ Yes ☐ No	☐ Yes ☐ No
When were they signed?		
When were they last		

7. Tell us about your planning objectives and priorities

What do you hope to accomplish by going through this planning process?

What are your primary wealth planning concerns?

How do you foresee your lifestyle changing throughout retirement? Example: Continue working part-time, travel, buy a cottage, downsize your home, buy a condo, become a snowbird, etc.

Do any of your children or grandchildren rely on you for financial support?

Where do you see yourself in five years?

Where do you see yourself in ten years?

Where do you see yourself in the long term?

Describe any family issues which may be relevant to your plan.

Describe any business or employment issues that may exist.

What are your main estate planning objectives? For example, lower taxes, start probate planning, provide support for kids and grandchildren or give to charities.

Are there any upcoming major purchases? For example, new car, cottage, home renovation, major trip, family wedding.

8. Tell us about your assets

Residence				
Owner(s)	**Description**	**Purchase amount**	**Purchase date**	**Current market value**

Investments

— I have included recent statements for investments from all sources or,

— See following table

Owner(s)	Registration type	Current market value	Cost base	Ongoing contribution	Income drawn

9. Tell us about your defined benefit pension

	Client one	Client two
Retirement age		
Income		
Reduced by		
Indexed		
Current death benefit		
Beneficiary		

10. Tell us about your defined contribution pension

	Client one	Client two
Current value		
Contribution		
Employer match		

11. Tell us about your liabilities

Owner(s)	Description	Outstanding principal	Interest rate	Planned payment	Payment frequency	Date of loan	Maturity date

12. Provide an inventory of your insurance

Owner(s)	Life insurance	Company	Plan type	Face amount	Premium

13. Tell us about any major purchases

Purchase for whom	Description	Amount	Planned purchase date

14. Do you plan to downsize your house in the future? If so, provide details.

15. Provide details on any probable future inheritance

From	Approximate timing	Amount	Amount to be invested

Notes

16. Provide an outline of monthly expenses (if budget is to be included)

Housing	Cost
Mortgage (PIT) or rent	
Property tax	
Home phone	
Cell phone(s)	
Internet	
Cable	
Heat hydro	
Water	
Property maintenance	
Other	

Transportation	Cost
Car loan/lease	
Car loan/lease	
Insurance	
Licensing	
Fuel	
Maintenance	
Other	

Insurance	Cost
Home	
Critical illness and disability	
Life	
Other	

Food	Cost
Groceries	
Dining out	
Other	

Pets	Cost
Food	
Medical	
Grooming	
Toys	
Other	

Personal care	Cost
Medical	
Hair/nails	
Clothing	
Dry cleaning	
Health club	
Vision	
Other	

Lifestyle	Cost
Entertainment	
Donations	
Vacation	
Subscriptions	
Personal allowance	
Lottery tickets	
Recreation	
Other	
Other	

Loans/bank	Cost

Asset accumulation	Cost
Emergency fund	
Education fund	
Retirement	
Other	

Children	Cost
Activities	
Gifts	
Allowance	
Tuition (out of pocket)	
Other	

Support	Cost
Spousal support	
Child support	
Other	

Legal/accounting	Cost
Attorney	
Accountant	
Other	
Budget total	

17. Planning objectives and assumptions

Desired retirement: Age ____________ of ________________________________ (client one)

Age ____________ of ________________________________ (client two)

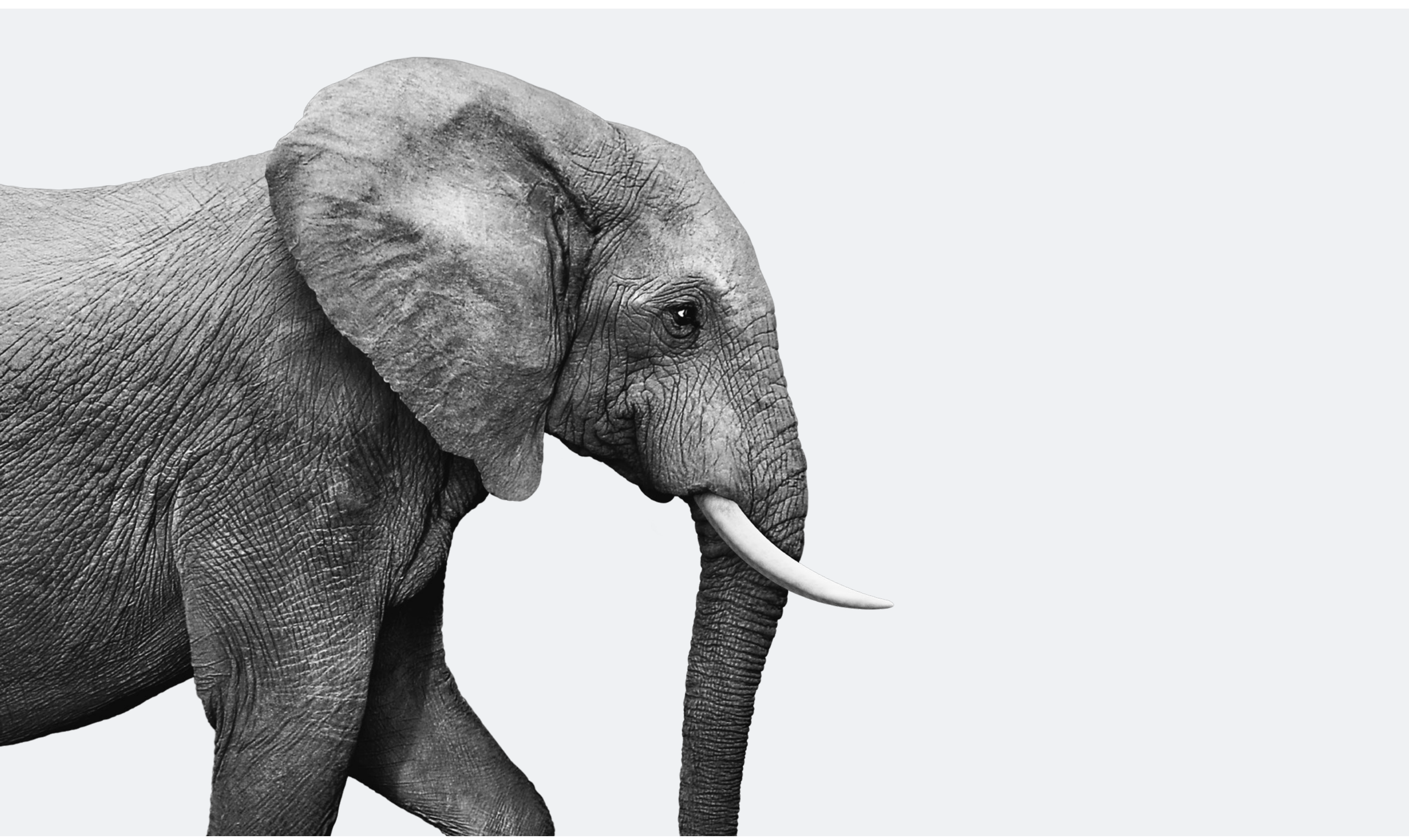
Desired net monthly income in retirement $ ________________________________ today's $

15. Government benefit assumptions

			Start at age	Eligible amount ($)
Client one		CCP		
Client one		OAS		
Client two		CCP		
Client two		OAS		

Notes regarding investment assumptions

Notes



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