Financial Planning Questionnaire

Peace of mind... the most valuable service we provide.

TriDelta Financial

Client Name:

Date:

Financial Planner:

TriDelta Financial is a comprehensive financial planning firm focused on you. Our goal is to help you meet your lifestyle goals and aspirations.

My role is to provide you with financial advice on a broad range of issues including investments, insurance, cash/debt management, estate and retirement planning.

We believe that to be happy you must have dreams. Success however generally requires a plan. It is with this in mind that we partner with you to develop, implement and monitor the plan to ensure your dreams become a reality.

Please take the time to complete the attached questionnaire and attachments. The information gathered will remain confidential and is a vital first step in laying the framework for your personal financial plan. The attached questionnaire should be accompanied by copies of the following statements where applicable:

1. **Investment statements**
2. **Mortgage & Loan/Line of credit statements**
3. **Summary page of insurance policies**
4. **Notice of Assessment (NOA) - provided after your last tax filing**

Regards,
Anton Tucker, CFP, FMA, CSA, FCSI
Vice President

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Personal Information

☐ Single ☐ Married ☐ Common law
☐ Separated ☐ Divorced ☐ Widowed

Client

First Name _____
Last Name _____
Home Address _____
_____
Home Phone _____ Bus. Phone _____
E-mail _____
Birthdate (DD/MM/YYYY) _____
SIN _____
Citizenship _____

Employment Status

☐ Employed
☐ Self employed
☐ Owner of incorporated business
☐ Retired
☐ Other (e.g. Homemaker)

Occupation _____
Company _____
Health (Rate 1 as Excellent and 5 as Poor) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Co-Client

First Name _____
Last Name _____
Home Address _____
_____
Home Phone _____ Bus. Phone _____
E-mail _____
Birthdate (DD/MM/YYYY) _____
SIN _____
Citizenship _____

Employment Status

☐ Employed
☐ Self employed
☐ Owner of incorporated business
☐ Retired
☐ Other (e.g. Homemaker)

Occupation _____
Company _____
Health (Rate 1 as Excellent and 5 as Poor) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Children

Please use "C" to indicate child, "G" to indicate grandchild

Name	M/F	C/G	Date of Birth DD/MM/YYYY	RESP ($)	Trust ($)

Will

Do you have a will? ☐ Yes ☐ No If yes, when last updated? _____

Do you have a power of attorney for property and personal care? ☐ Yes ☐ No

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Goals

Please identify the goals that are most important to you.

- ☐ Ensure a comfortable retirement
- ☐ Reduce taxes payable
- ☐ Provide for a child's education costs
- ☐ Reduce mortgage
- ☐ Reduce credit card and other personal debt
- ☐ Protect income in the event of disablity or death
- ☐ Fund an annual vacation/cruise/trip
- ☐ Ensure estate is in good order for heirs
- ☐ Preserve estate assets for heirs
- ☐ Create a legacy for others

Your Two Greatest Wishes

1. ▶

Time Horizon ▶

Considerations ▶

2. ▶

Time Horizon ▶

Considerations ▶

Your Biggest Concern

What is the one concern most likely to keep you awake at night?

▶

Financial Information

1. Cash flow	Are you in control of your cash flow?	☐ Yes	☐ No
2. Investment	Do you have a plan in place?	☐ Yes	☐ No
3. Credit	Is your debt structured efficiently and cost effectively?	☐ Yes	☐ No
4. Protection Insurance	Are you adequately covered?	☐ Yes	☐ No

Cash Flow Analysis

The cornerstone of any financial strategy is the relationship between income and expenses.

Income:	**Client**	**Co-Client**
Salary /Self Employment income	▶	▶
Bonus, commissions and/or taxable benefits	▶	▶
Old Age Security	▶	▶
Canada Pension Plan	▶	▶
Company Pension	▶	▶
RRIF / registered annuity income	▶	▶
Other income (alimony, child support, dividends, rental etc.)	▶	▶
Total Income	▶ $0.00	▶ $0.00
Total Annual Household Expenses	▶	▶ $0.00

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Financial Information Cont'd

Assets

Current Investment Manager/Company _____

Registered Assets (RRSP, RRIF, TFSA)

Owner	Type	Regular/Spousal	Beneficiary	Value
				▶
				▶
				▶
				▶

Locked-In Registered Assets (LIRA, LRSP, LIF, LRIF)

Owner	Type	Beneficiary	Value
			▶
			▶
			▶
			▶

Non-registered Investment Accounts

Client / Co-client / Joint	Book Value	Market Value
	▶	▶
	▶	▶
	▶	▶
	▶	▶

Personal Assets (Residence, Cottage, Business or Rental Properties, Vehicles)

Asset	Owner	Book Value	Market Value
		▶	▶
		▶	▶
		▶	▶
		▶	▶

Liabilities (Mortgage, Personal/Business Loans, Investment Loans, Line of Credit, Credit card)

Debt Type	Client / Joint	Balance	Rate (%)	Maturity
		▶	▶	▶
		▶	▶	▶
		▶	▶	▶
		▶	▶	▶

Financial Information Cont'd

Insurance

Life Insurance	Client ☐ Smoker ☐ Non-Smoker	Co-Client ☐ Smoker ☐ Non-Smoker
Individual Coverage Amount / Premium	▶	▶
Individual Coverage Amount / Premium	▶	▶
Individual Coverage Amount / Premium	▶	▶
Individual Coverage Amount / Premium	▶	▶
Group Coverage Amount / Premium	▶	▶

Disability Insurance		
Individually Purchased DI / Premium	▶	▶
Group DI / Premium	▶	▶
Critical Illness Insurance / Premium	▶	▶

Retirement Planning	Client	Co-Client
Desired Retirement Age	▶	▶
Desired Retirement Income	▶	▶
RSP contribution room	▶	▶

Company Pensions		Client ☐ Yes ☐ No	Co-Client ☐ Yes ☐ No
If yes, type of plan:			
Defined Contribution	Current Value	▶	▶
Defined Benefit	Monthly Benefit	▶	▶
	Indexed to CPI?	☐ Yes ☐ No	☐ Yes ☐ No

Advisors

Name of lawyer/accountant you work with & area of expertise:

How would you rate your lawyer/accountant? ☐ Great ☐ OK ☐ Not so good

Other Financial Concerns / Comments:

▶

TriDelta Financial www.tridelta.ca

Toronto office

Contact: Ted Rechtshaffen, MBA, CFP
Toll Free: 1.888.816.8927
Phone: 905.733.3292 x 221
E-mail: tedr@tridelta.ca

Oakville office

Contact: Anton Tucker, CFP, FMA, CSA, FCSI
Toll Free: 1.888.816.8927
Phone: 905.901.3429
E-mail: anton@tridelta.ca