



# Financial Planning Questionnaire

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



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.**

Our 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**

## Personal Information

- Single                       Married                       Common law  
 Separated                       Divorced                       Widowed

### Client

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
DD/MM/YYYY  
 Birthdate \_\_\_\_\_  
 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 \_\_\_\_\_  
DD/MM/YYYY  
 Birthdate \_\_\_\_\_  
 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 <small>DD/MM/YYYY</small>	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

# Goals

Please identify the goals that are most important to you.

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

## Your Two Greatest Wishes

1. ▶

Time Horizon ▶

Considerations ▶

2. ▶

Time Horizon ▶

Considerations ▶

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## Your Biggest Concern

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

▶

# Financial Information

<b>1. Cash flow</b>	Are you in control of your cash flow?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. Investment</b>	Do you have a plan in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. Credit</b>	Is your debt structured efficiently and cost effectively?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. Protection Insurance</b>	Are you adequately covered?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	▶	▶
<b>Total Income</b>	▶	▶
<b>Total Annual Household Expenses</b>	▶	▶

# 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	Client		Co-Client	
	<input type="checkbox"/> Smoker	<input type="checkbox"/> Non-Smoker	<input type="checkbox"/> Smoker	<input type="checkbox"/> Non-Smoker
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Defined Contribution</i>	Current Value	▶		▶		
<i>Defined Benefit</i>	Monthly Benefit	▶		▶		
	Indexed to CPI?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

### 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](http://www.tridelta.ca)

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