



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 ▶

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

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 <input type="checkbox"/> Yes <input type="checkbox"/> No		Co-Client <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, type of plan:				
<i>Defined Contribution</i>	Current Value	▶	▶	
<i>Defined Benefit</i>	Monthly Benefit	▶	▶	
	Indexed to CPI?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

▶

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