

Mapping Your Financial Future

Preparing for your financial future involves following a disciplined process that involves identifying your goals and exploring financial strategies.

These six steps will help you map your financial future:

1. **Discovery.** Identify and prioritize your financial goals
2. **Data Gathering.** Collect facts and figures based on your current situation
3. **Analyze.** Input data and run calculations and identify shortfalls
4. **Recommend.** Propose a financial strategy designed to satisfy your goals
5. **Implement.** Choose a financial strategy and implement
6. **Periodic Review.** Review regularly to measure success and make adjustments

The purpose of this questionnaire is to help gather data as part of steps one and two. By taking the time to prepare now, you may be able to lay out a path for your financial future.

What concerns you the most?

There are a number of different areas to consider when preparing for your financial future. Start now by identifying your financial goals.

Which of the following areas are important to you?

Complete these sections

Retirement	Assess how your current retirement strategy will meet your objective.	<u>I, II, III, IV</u>
College Funding	Find out the cost of education and alternative funding methods.	<u>I, VII</u>
Major Purchases	Determine how much you will need to save to purchase a more expensive item, such as a vacation home or boat.	<u>VIII</u>
Needs in the Event of Death	Examine the financial impact of death, including immediate cash needs and continuing income needs.	<u>I, II, III, IV, V, VI</u>
Disability Income	Assess the financial effect of disability on your income.	<u>IX</u>
Investments	Determine your investment style and risk tolerance.	<u>IV</u>
Long-Term Care	Assess the financial effect long-term care would have on your financial picture.	<u>X</u>
Critical Illness	Analyze the benefits of having Critical Illness insurance in the event of a serious illness.	<u>XI</u>

Client A Name (please print)

Client B Name (please print)

Date

Section I - Personal Information

Marital Status	Single	Married
	Client A	Client B
First Name	_____	_____
Last Name	_____	_____
Date of Birth	_____	_____
Address	_____	
City	Province	Postal Code
Phone	Email	_____

Employment Information

	Client A	Client B
Employer	_____	_____
Occupation	_____	_____
Phone	_____	_____

For Discussion...

Describe your current job?	
How long have you been working there?	
What are your career plans?	

Dependent Information

Client's Name	Date of Birth	Child's Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Discussion...

Do any of your dependents have special needs?	
Do you plan on having additional children?	
Are there others that financially depend on you (e.g., parents, grandchildren)?	
Do any of your family members live in this area?	

Section II - Earning & Assets

Enter your annual income in this section, including income received from employers as well as from self-employment.

Earnings

	Client A	Client B
Annual Employment Income	\$ _____	\$ _____

Assets & Liabilities

In this section include your residence, personal property, real estate, and business assets. Do not include any retirement or investment assets, those will be included in Section 6.

Personal Residence

Rent - Monthly Rent _____
Own - Mortgage Balance _____

Details for Mortgage

Name	Market Value	Balance	Monthly Payment	Interest Rate
_____	\$ _____	\$ _____	\$ _____	_____ %

Real Estate

Name	Market Value	Rental Income	Rental Expense	Rate of Return
_____	\$ _____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	\$ _____	_____ %

Credit Cards & Personal Loans

Name	Amount	Monthly Payment	Final Payment Date	Int. Rate
_____	\$ _____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	\$ _____	_____ %

Additional Asset & Liabilities Details

Type*	Description	Market Value	Current Liability
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

*Such as 2nd Residence, Personal Use Property, etc.

Section III - Retirement

Many people underestimate the amount of money they will need in retirement. Begin saving for your retirement income as soon as possible.

	Client A	Client B
At what age do you plan to retire?	_____	_____
At what age will you begin to collect CPP/PP benefits?	_____	_____

Indicate your retirement need as a % of current income or a dollar amount for up to three phases.

% of current income (e.g., 80%)
_____ %

Monthly need (in today's dollars)

Phase 1 starts at	<u>Retirement</u>	\$ _____
Phase 2 starts at age	_____	\$ _____
Phase 3 starts at age	_____	\$ _____

For Discussion...

Does your employer offer a retirement plan?	
Are you contributing the maximum?	

Section IV - Savings and Investments

Please provide information regarding retirement plans you may have. Include RRSPs, RRSP Spousal, TFSAs, LIRAs, etc.

Retirement Funds

For this Section either enter total amounts or details.

Total Amount	Total Monthly Savings	Average Rate of Return
\$ _____	\$ _____	_____ %

Details for the Retirement Funds (attach statement or complete section below)

Owner	Account Name	Asset Name	Amount	Rate of Return	Monthly Savings	Company Match	Savings Increase
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %

Bank Accounts and Investments

or this Section either enter total amounts or details.

Total Amount Total Monthly Savings Average Rate of Return
 \$ _____ \$ _____ _____ %

Details for the Retirement Funds (attach statement or complete section below)

Owner	Account Name	Asset Name	Amount	Rate of Return	Monthly Savings	Company Match	Savings Increase
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____ %

For Discussion...

What is the best investment you've made?	
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What is the worst investment you've made?	
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What percentage of your income should be saved?	
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Section V - Life Insurance

Current Life Insurance

Name of Insured	Insurance Benefit	Insurance Company	Annual Premium	Type
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

For Discussion...

What do you want your insurance to do for you?	
--	--

When did you buy your last policy? From whom?	
Does your family have any special interests or health conditions that could affect your insurance planning?	

Section VI - Survivor Income

The death of a wage earner can have a significant impact on household income. Financial experts recommend that every strategy include an analysis of needs in the event of a death.

Survivor Income Needs	% of Current Need	Monthly dollar amount
In the event of death, what income (percent or dollar/mo.) should be provided for your family's continuing needs?	_____ % OR \$	_____
What age should Survivor's Social Security Retirement Benefits begin?	_____	
Provide income for how long?	_____ years OR Lifetime	
In the event of death, should your children's education be funded? (If yes, also complete section 7)	Yes	No

Section VII - Education

Many people want to help fund education costs for their children. The sooner you begin to develop a strategy for education savings, the more time your money will have to accumulate.

Child's Name	School	Research Cost?*	or	Amount per Year	Number of Years	Percent to Provide
_____	_____	Yes	\$	_____	_____ yrs	_____ %
_____	_____	Yes	\$	_____	_____ yrs	_____ %
_____	_____	Yes	\$	_____	_____ yrs	_____ %
_____	_____	Yes	\$	_____	_____ yrs	_____ %
_____	_____	Yes	\$	_____	_____ yrs	_____ %

* Include in cost: Tuition (In-Province); Tuition (Out-of-Province); Room & Board; Books & Supplies

Current Savings

Enter any Savings already accumulated for your children's education.

Total Saved to Date	Monthly Savings	Average Rate of Return
\$ _____	\$ _____	_____ %

For Discussion...

Would you like them to go to their school of choice?	
How do you feel about your education funding program?	

Section VIII - Major Purchase

	Goal 1	Goal 2	Goal 3
Description:	_____	_____	_____
Member:	_____	_____	_____
Target Date:	_____	_____	_____
Amount (today's \$)	_____	_____	_____

Current Savings

Enter any Savings already accumulated for your Major Purchase.

Total Saved to Date	Monthly Savings	Average Rate of Return
\$ _____	\$ _____	_____ %

Section IX - Disability Income

Disability Income Needs

	Client A	Client B
Annual Employment Income	\$ _____	\$ _____
Income Replacement Objective	_____ % of current income	_____ % of current income

Current Long-Term Disability Insurance

	Client A	Client B	
Monthly Benefit	\$ _____	\$ _____	totals, or use details below

Disability Insurance Details

Name of Insured	Insurance Company	Monthly Benefit	Group or Personal	Annual Premium	Waiting Period	Benefit Period
_____	_____	\$ _____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	\$ _____	_____	_____

For Discussion...

What does your current disability plan provide?	
How do you feel about your current plan?	

Section X - Long Term Care

Current Long Term Care Expenses

Long-term care expenses can have a tremendous impact on a family's financial security. Having sufficient insurance coverage can help assure there is enough money for adequate care.

Estimated monthly long-term care costs (in today's dollars): \$ _____

Existing Long Term Care Expenses

Name of Insured	Insurance Benefit	Frequency	Waiting Period	Benefit Period	Annual Premium
_____	\$ _____	_____	_____	_____	\$ _____
_____	\$ _____	_____	_____	_____	\$ _____
_____	\$ _____	_____	_____	_____	\$ _____
_____	\$ _____	_____	_____	_____	\$ _____

For Discussion...

What do you want your insurance to do for you?

When did you buy your last policy? From whom?

Section XI - Critical Illness

Critical Illness can have a severe impact on your financial picture, as well as those around you. With critical illness insurance, you are able to use your benefits for things such as covering lost income, purchasing medical equipment, paying off a mortgage, etc.

Existing Critical Illness Insurance

Name of Insured	Insurance Benefit Amount	Benefit Tax %	Annual Premium	Premium Refund %
_____	\$ _____	_____ %	\$ _____	_____ %
_____	\$ _____	_____ %	\$ _____	_____ %
_____	\$ _____	_____ %	\$ _____	_____ %
_____	\$ _____	_____ %	\$ _____	_____ %

For Discussion...

What do you want your insurance to do for you?

When did you buy your last policy? From whom?