Fact finder - Level 1 & 2

Client information

	First name	Last name	Date of birth (mm/dd/yyyy)	Gend	er	Marital status
Client				Male	Female	
Co-client				Male	Female	
	Street		City	Provin	се	Postal code
Home	phone number	Business pl	none number			Email address

Family members

First name	Last name	Date of birth (mm/dd/yyyy)	Relationship	Dependent of



Net worth

Lifestyle asset	Market value (\$)	Liabilities	Balance (\$)	Interest rate (%)	Monthly payments	Asset liability is linked to
Real estate	Market	Rental	Rental		Depreciation	
asset	value (\$)	income	expense	Portion Not	Amount per year	Number of years

Accounts

Д	Account Description			Account Type (Non-Registered,RRSP, RRSP-Spousal, TFSA, DPSP, RPP, LIF, LRIF, RESP)			Owner (Client, Co-client, Joint, Other famil member)	
Holding description	Symbol	Current value (\$)	Hold (\$ or %)	Cost basis (\$)	Asset Class weightings	Return rates	Beneficiary	
А	.ccount Desc	ription	(Non-Registere		nt Type sal, TFSA, DPSP, RPP, LIF, LRIF, RESP)	(Client, Co-client	/Ner , Joint, Other famil mber)	
Holding	Symbol	Current	Hold	Cost basis	Asset Class	Return	Beneficiary	

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Holding description	Symbol	Current value (\$)	Hold (\$ or %)	Cost basis (\$)	Asset Class weightings	Return rates	^{mber)} Beneficiary	

Cash flow

Annual incomes	Family member	Income type	Annual amount	Monthly expense	Family member	Expense Type	Amount	Start/End date
				Client		Co-clien ⁻	t	
	Income CPP/C	PP?						
	Benefit amour	nt (eligible % or est	t. in today's \$)					
	Benefit start (a	age or at retiremer	nt)					
	Share CPP/QF	⊃P?						
	Include OAS?							
	Benefit amour	nt (eligible % or est	t. in today's \$)					



Defined benefit

Description	Family member	Start age/date	Est. annual amount or % of final salary	% Payable to survivor

Insurance Coverage

Life insurance coverage

Description	Insured	Policy type	Death benefit (\$)	Beneficiary	Monthly premium (\$)

Disability insurance coverage

Description	Insured	Policy type	Monthly benefit (% or \$)	Monthly premium (\$)

Critical illness insurance coverage or Long-term care insurance coverage

Description	Insured	Benefit amount (\$)	Monthly premium (\$)



Retirement goal

	Client	Co-Client
Retirement age		
Life expectancy		

Retirement expense

Description	Family member	Туре	Amount/Frequency	Start date	End date

Retirement income

Description	Family member	Income type	Amount/Frequency	Start date	End date

Account description	% or \$ linked to retirement goal

Education goals

	Goal 1	Goal 2	Goal 3
Family member			
Annual education cost (in today's \$)			
Education's start age			
Index costs by			
Number of years			
Account d	escription	% or \$ linked to	education goals

Major purchase goals

	Goal 1	Goal 2	Goal 3
Description			
Family member			
Purchase date			
Amount (in today's \$)			
Index cost by			
Account d	escription	% or \$ linked to ma	ajor purchase goals

Emergency fund goal

Choose one:	_				
Multiple of average monthly expense	or	Target amount		Reserve asset for emergency fund unt	il:
				Retirement	End of plan
Index by (%)	- 1	Index by (%)			
	- 1				
Account description		% or \$ linked to retireme	ent goal		

Survivor income

	lf client dies	lf co-client dies	lf both die
	Lump sum needs		
Emergency fund			
Final expense (burial, probate, etc.)			
Any additional needs			
	Ongoing needs		
\$ or % of income			
Numbers of years to cover			
Ongoing incomes			
Include CPP/QPP and OAS			

Disability income

% of lifestyle expenses to cover

	Client	Co-client
Pay off outstanding		
liabilities?		
% to cover major		
purchase goals		

Long-term care

% of lifestyle expenses to cover during LTC	% of lifestyle expenses to cover during survivorship	
	Client	Collignt
	Client	Co-client
Will enter LTC at age:		
LTC period		



Critical illness

Description	Туре	Amount
Pay off outstanding liabilities?		
a dy on outstanding habilities.		