Financial Needs Analysis

Cash Flow

- Earn additional income
- Manage expenses

Debt Management

- Consolidate debt
- Strive to eliminate debt

Emergency Fund

- Save at least 3-6 months' income
- Prepare for unexpected expenses

Proper Protection

- Protect against loss of income
- Protect family assets

Build Wealth

- Strive to outpace inflation and reduce taxes

Preserve Wealth

- Reduce taxation
- Build a family legacy

Client 1 Name _____ Client 2 Name _____

Agent _____ Date _____

Household Information

Client 1 _____ Preferred Name_____ M/F Age _____ DOB _____
Home Address _____ City _____
Province _____ Postal Code _____
Work Address _____ City _____
Province _____ Postal Code _____

(Please Check Preferred)
- ☐ Home Phone _____
- ☐ Mobile Phone _____
- ☐ Work Phone _____
- ☐ Other Phone _____

(Please Check Preferred)
- ☐ Personal Email _____
- ☐ Business Email _____
- ☐ Alternate Emai _____

Client 2 _____ Preferred Name_____ M/F Age _____ DOB _____
Home Address _____ City _____
Province _____ Postal Code _____
Work Address _____ City _____
Province _____ Postal Code _____

(Please Check Preferred)
- ☐ Home Phone _____
- ☐ Mobile Phone _____
- ☐ Work Phone _____
- ☐ Other Phone _____

(Please Check Preferred)
- ☐ Personal Email _____
- ☐ Business Email _____
- ☐ Alternate Emai _____

Dependents

Name _____ M/F DOB _____ Years Ed. _____
Name _____ M/F DOB _____ Years Ed. _____
Name _____ M/F DOB _____ Years Ed. _____
Name _____ M/F DOB _____ Years Ed. _____

To help guide our meeting today, I'd like to first discuss the personal, professional, and financial goals that are most important and of greatest value / worth to you.

Goals

	Short-Term 1-3 years	Mid-Range 3-7 years	Long-Term 7+ years
☐ Make a Major Purchase	☐	☐	☐
☐ Build Retirement Wealth	☐	☐	☐
☐ Buy a New Home	☐	☐	☐
☐ Build Savings for Unexpected Expenses	☐	☐	☐
☐ Reduce or Pay Off Mortgage	☐	☐	☐
☐ Education Funding	☐	☐	☐
☐ Alternative Income in case of disability or death	☐	☐	☐
☐ Help Support Aging Parents	☐	☐	☐
☐ Pay Off Credit Cards / Debts	☐	☐	☐
☐ Start a Business	☐	☐	☐
☐ Other _____	☐	☐	☐
☐ Other _____	☐	☐	☐
☐ Other _____	☐	☐	☐

When was the last time you reviewed your family's financial goals? _____
Do you have an established monthly budget? ☐ Yes ☐ No Do you have a regular savings plan? ☐ Yes ☐ No

Is there a particular topic you want to make sure we cover in our time together today?

_____

_____

Income

Current Income
(Include salary, bonuses, commissions, rental income, interest & dividends, alimony & child support, annuity or pension income, and any other income sources)

Owner/Recipient	Source	Gross Amount	Frequency	Net Takehome

Client 1 Total Income: _____ **Client 2 Total Income:** _____

Total Combined Gross Household Income _____

Current estimated combined effective tax rate: _____ Did you have to pay taxes at your last filing? ☐ Yes ☐ No

Did you receive a tax refund last filing? ☐ Yes ☐ No Refund Amount: _____

Anticipated Future Income
(Include military or civil retirement, annuity or pension income, and any other retirement income sources.)

Owner/Recipient	Source	Gross Amount	Start Age/Year	Frequency

Do you want to calculate including CPP/OAS benefits?

Client 1 ☐ Yes ☐ No Start Age_____ **Client 2** ☐ Yes ☐ No Start Age_____

If yes, what is your current estimated monthly benefit? _____ _____

Employment

	Client 1	Client 2
What is the name of your employer?		
How long have you worked there?		
What is your title?		
What are your specific job duties?		
Describe the nature of the business		
Who owns the business?		
What is the business structure?		
Do you see yourself retiring there?		
What are your future career plans?		

Emergency Fund

Number of months to provide Emergency Funds: _____

Provide for: ☐ All Expenses ☐ Only Non-Discretionary Expenses

OR: How much do you need monthly in case of emergency? _____

How much do you currently have saved in a dedicated emergency fund? _____

Expenses

	Amount	Discretionary?
Auto & Transportation	_____	☐
Fuel	_____	☐
Insurance	_____	☐
Loan / Lease Payment	_____	☐
Parking Tolls	_____	☐
Public Transportation	_____	☐
Service	_____	☐
Other	_____	☐
Food	_____	☐
Dining Out	_____	☐
Groceries	_____	☐
Health/Medical	_____	☐
Insurance Premiums	_____	☐
Prescriptions	_____	☐
Other	_____	☐
Household	_____	☐
Child Care	_____	☐
Cleaning Services	_____	☐
Clothing	_____	☐
Educational	_____	☐
Gifts	_____	☐
Landscape Service	_____	☐
Personal Care	_____	☐
Pet Care	_____	☐
Sports & Lessons	_____	☐
Other	_____	☐

	Amount	Discretionary?
Mortgage/Rent Payment	_____	☐
Homeowners insurance	_____	☐
Principle & Interest	_____	☐
Property taxes	_____	☐
Other	_____	☐
Other Debt Service Payments	_____	☐
Credit Cards	_____	☐
Personal Loans	_____	☐
Student Loans	_____	☐
Other Monthly Expenses	_____	☐
Alimony & Child Support	_____	☐
Subscriptions/Memberships	_____	☐
Tithe/Charity	_____	☐
Travel & Entertainment	_____	☐
Other_____	_____	☐
Other_____	_____	☐
Utilities	_____	☐
Cable	_____	☐
Electric	_____	☐
Gas	_____	☐
Internet	_____	☐
Mobile Phones	_____	☐
Phone	_____	☐
Trash Collection	_____	☐
Water	_____	☐
Other	_____	☐

Total Monthly Expenses: _____

Total Non-Discretionary Expenses: _____

Debts

Description	Lender	Original Term	Year	Balance	IR	Current Payment	Minimum Payment
Mortgage 1					%		
Mortgage 2 or HELOC					%		
Auto Loan					%		
Student Loans					%		
Credit Card					%		
Credit Card					%		
Credit Card					%		
Credit Card					%		
Credit Card					%		
Personal Loan					%		
Personal Loan					%		
Other Loan					%		
Other Loan					%		

Proper Protection: Life Insurance Need

What tasks do you want your life insurance to accomplish?

☐ Pay off Debts
☐ Provide Income replacement Amount $_____ or ____% of current combined household for _____ years
☐ Pay off Mortgage
☐ Provide Education funding Approximate total cost of education: $_____
☐ Pay Final Expenses Amount $_____
☐ Provide Emergency Fund

Existing Life Insurance Policies

Insured	Owner	Beneficiary	Type	Face Amount	Surrender Value	Premium	Premium Mode	Policy Year	Provider

Build Wealth

Retirement Goals

At what age would you like to be in a position to retire? Client 1 _____ Client 2 _____
To what age do you need retirement income to continue (life expectancy)? Client 1 _____ Client 2 _____
In today's dollars, how much monthly income do you need to support your desired lifestyle in retirement?
Monthly amount _____ or ____% of current combined household total

Registered Assets

Client 1 RRSP Description _____ Value $_____ Invest Rate _____%
( ) Description _____ Value $_____ Invest Rate _____%
( ) Description _____ Value $_____ Invest Rate _____%
Client 2 RRSP Description _____ Value $_____ Invest Rate _____%
( ) Description _____ Value $_____ Invest Rate _____%
( ) Description _____ Value $_____ Invest Rate _____%

Monthly RRSP Contribution Plan

Client 1
Mo. Payment_____ Inv/Rate_____%
Description: _____

Client 2
Mo. Payment_____ Inv/Rate_____%
Description: _____

Monthly RESP Contributions

Child #1 _____ Value $ _____ Payment_____ Inv/Rate_____%
Child #2 _____ Value $ _____ Payment_____ Inv/Rate_____%
Child #3 _____ Value $ _____ Payment_____ Inv/Rate_____%
Child #4 _____ Value $ _____ Payment_____ Inv/Rate_____%

Non-Registered Assets

Primary Residence Description _____ Value $_____ Invest Rate _____%
( ) Description _____ Value $_____ Invest Rate _____%
( ) Description _____ Value $_____ Invest Rate _____%
( ) Description _____ Value $_____ Invest Rate _____%
( ) Description _____ Value $_____ Invest Rate _____%

Regular Savings:

Savings Account #1 Value $ _____ Chequing Account #1 Value $ _____
Savings Account #1 Value $ _____ Chequing Account #1 Value $ _____
Other Value $ _____ Emergency Fund Value $ _____

Preserve Wealth

Do you have a Will? ☐ Yes ☐ No Last update: _____
Do you have a Trust? ☐ Yes ☐ No If yes, what kind: _____ Purpose of Trust _____
Do you expect to receive any lump sums or inheritance in the near future? Y/N

Other Trusted Advisors (include accountant, attorney, etc.)

Name	**Role**
_____	_____
_____	_____
_____	_____

If I could take away your largest financial headache, what would that be? _____

Please rate the following on a scale of 1 to 10 with respect to their importance and urgency.

____ Cash Flow ____ Proper Protection ____ Retirement
____ Emergency Fund ____ Debt ____ Estate Preservation

How much on a monthly basis do you feel you can save towards your goals? _____

Rate Yourself as an Investor:

Investment Knowledge ☐ Excellent ☐ Good ☐ Fair ☐ Poor/Nil
Risk Tolerance ☐ Low ☐ Low-Medium ☐ Medium ☐ Medium-High ☐ High
What has been your experience with finance and investments? ☐ Excellent ☐ Good ☐ Fair ☐ Poor
Notes: _____
_____
_____

If, when we get back together, I can offer you solutions that may help you and your family reach your goals, is there any reason we could not do business and get you started right away? ☐ Yes ☐ No Reason _____

Let's look at our schedules and find a date and time to get back together.

Next Appointment _____

Client Signature _____ Date _____

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