



**FINANCIALLY  
FIT FOR LIFE**

# Financial Fitness Check up

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**Client Name**

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**Client Signature**

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**Financial Advisor**

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**Financial Advisors Signature**

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**Date**

# INTRODUCTION

Completing a financial planning questionnaire may not be nearly as exciting as say binge watching your favourite Netflix show. However, in the big picture you will actually receive a bigger benefit. One that will more than pay for a lifetime subscription-many times over. Most of us spend upwards of 2,000 hours per year working to make money. We hope that you will agree that it makes sense (& dollars) to devote just a couple of hours each year to planning the most effective use of the money that you have worked so hard to earn. This is the first step in the process. In order to keep your time to a minimum in filling out this questionnaire, we would like to offer these tips on how to help you get started.

1. Assemble the following information before you start:
  - ◆ Your last several payroll stubs
  - ◆ Your company's employee benefits booklet and your most recent pension benefits statement
  - ◆ Your last year's tax return
  - ◆ Family "Expenditure" information-if it's not handy-then review the past 3-12 months of your bank/visa statements to come up with a monthly average spend for your lifestyle
  - ◆ Details of any investments (i.e. RRSPs, TFSAs, mutual funds, GIC's, stocks, etc.)
  - ◆ Details of any money you owe (i.e. mortgage, loans, credit card statements, etc.)
  - ◆ Your insurance policies and your will
2. Once you have rounded up most of these items, begin the exercise. We can fill in the gaps later for any information that you are unable to locate at the present time.
3. As you are going through the questions, mark any items about which you are not sure and we will go over them in more detail when we next meet. Just do the best you can!

We feel sure that as you look back on this exercise you will view it as a major step forward in achieving your goals!

# 1 Personal Profile

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Business Number \_\_\_\_\_

Business Number \_\_\_\_\_

Home Number \_\_\_\_\_

Home Number \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Birthday DD/MM/YY \_\_\_\_\_

Birthday DD/MM/YY \_\_\_\_\_

S.I.N. \_\_\_\_\_

S.I.N. \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Gross Annual Income \_\_\_\_\_

Gross Annual Income \_\_\_\_\_

Marital Status \_\_\_\_\_

Marital Status \_\_\_\_\_

Dependants

Relationship

Birthday DD/MM/YY

Yr. To Support

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Advisors

Name

Phone Number

Last Meeting

Lawyer \_\_\_\_\_

Accountant \_\_\_\_\_

Financial Advisor \_\_\_\_\_

Banker \_\_\_\_\_

Life Ins. Agent \_\_\_\_\_

## 2 Goals and Priorities

What are your next financial priorities?

### Goals (1 Low-5 High)

	1	2	3	4	5
Buy or upgrade residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy expensive items: car, boat, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain a disciplined savings/investment program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain estate for spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain estate for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start/maintain education fund for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain adequate disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy a vacation property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan a major holiday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achieve financial independence at age-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retire at normal age of-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retire early at age of-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change my career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce taxable income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist family members financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Comments

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Are you accomplishing your goals?

What *can* you do about them?

What *will* you do about them?

Look back and list your five most important goals.

- 1 

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- 2 

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- 3 

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- 4 

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- 5 

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# ③ Income & Expense Statement

<b>INCOME (Monthly)</b>	<b>Self</b>	<b>Spouse</b>	<b>Total (Monthly)</b>
Employment	_____	_____	_____
Self-Employment	_____	_____	_____
Rental Income	_____	_____	_____
Company Pension	_____	_____	_____
Canada Pension (CPP)	_____	_____	_____
OAS	_____	_____	_____
Other Income	_____	_____	_____
<b>GROSS INCOME</b>	_____	_____	_____
<b>Deductions (Monthly)</b>	<b>Self</b>	<b>Spouse</b>	<b>Total (Monthly)</b>
FED & PROV. Taxes	_____	_____	_____
CPP Premiums	_____	_____	_____
U.I.C. Premiums	_____	_____	_____
Group Life	_____	_____	_____
Group Disability	_____	_____	_____
Health & Dental	_____	_____	_____
Group RSP	_____	_____	_____
Company Pension Plan	_____	_____	_____
Taxable Benefits	_____	_____	_____
<b>NET INCOME</b>	_____	_____	_____

# Current Income & Expense Statement (continued)

Basic Expenditures	Amount	Annual	Monthly
<b>Housing</b>	Mortgage/Rent	<input type="checkbox"/>	<input type="checkbox"/>
	Property Taxes	<input type="checkbox"/>	<input type="checkbox"/>
	Property Insurance	<input type="checkbox"/>	<input type="checkbox"/>
	Heat, Hydro & Water	<input type="checkbox"/>	<input type="checkbox"/>
	Property Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
	Other Housing Cost	<input type="checkbox"/>	<input type="checkbox"/>
	Telephone	<input type="checkbox"/>	<input type="checkbox"/>
	Internet/Cable TV	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food</b>	Groceries	<input type="checkbox"/>	<input type="checkbox"/>
	Restaurants	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clothing</b>	Purchases	<input type="checkbox"/>	<input type="checkbox"/>
	Cleaning	<input type="checkbox"/>	<input type="checkbox"/>
<b>Transportation</b>	Loan/Lease Payment	<input type="checkbox"/>	<input type="checkbox"/>
	Insurance/Plates	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel	<input type="checkbox"/>	<input type="checkbox"/>
	Maintenance/Other	<input type="checkbox"/>	<input type="checkbox"/>
	*Cost/Date Next Car	<input type="checkbox"/>	<input type="checkbox"/>
<b>Household Expenses</b>	Improvement/Purchases	<input type="checkbox"/>	<input type="checkbox"/>
	Cleaning/Help	<input type="checkbox"/>	<input type="checkbox"/>
	Pets/Pet Care	<input type="checkbox"/>	<input type="checkbox"/>
<b>Support Payments</b>	Alimony	<input type="checkbox"/>	<input type="checkbox"/>
	Child care/Support	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal Care</b>	Medical/Dental/Vision	<input type="checkbox"/>	<input type="checkbox"/>
	Grooming/Cosmetics	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal Insurance</b>	Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>
	Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>
	Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>
<b>Loan Payments</b>	Credit Cards	<input type="checkbox"/>	<input type="checkbox"/>
	Lines Of Credit	<input type="checkbox"/>	<input type="checkbox"/>
	Investment Loans	<input type="checkbox"/>	<input type="checkbox"/>
	Other Debts	<input type="checkbox"/>	<input type="checkbox"/>
<b>Capital Accumulation</b>	Emergency Fund	<input type="checkbox"/>	<input type="checkbox"/>
	Education Fund	<input type="checkbox"/>	<input type="checkbox"/>
	Retirement	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lifestyle</b>	Donations	<input type="checkbox"/>	<input type="checkbox"/>
	Personal Gifts	<input type="checkbox"/>	<input type="checkbox"/>
	Regular Vacations	<input type="checkbox"/>	<input type="checkbox"/>
	Entertainment	<input type="checkbox"/>	<input type="checkbox"/>
	Recreation	<input type="checkbox"/>	<input type="checkbox"/>
	Books/Subscriptions	<input type="checkbox"/>	<input type="checkbox"/>
	Cigarettes/Tobacco	<input type="checkbox"/>	<input type="checkbox"/>
	Personal Allowance	<input type="checkbox"/>	<input type="checkbox"/>



# 5 Protection and Estate Planning

## My Views

	essential	fairly important	little value	N/A
① Assistance from financial advisors in planning my estate and financial affairs is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
② To my spouse, involvement in our financial planning is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
③ A clear, complete understanding of my financial situation and objectives by my advisor is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
④ Owning adequate life insurance is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⑤ My spouse considers a good life insurance program to be...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⑥ In the event of my death, paying off all loans and mortgages is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⑦ When I die, for my family to be able to maintain their standard of living is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Estate Planning

	Yes	No	Not Sure	N/A
① I am well informed about estate planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
② I have made specific plans for asset distribution in the event of my death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
③ My will is current and consistent with my estate plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
④ My life insurance is consistent with my total estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⑤ I know what income my family will receive from the proceeds of my estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⑥ I understand how taxes will be applied to my estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⑦ My estate plan provides for inflation and standard of living changes that will occur over time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⑧ I require assistance in organising my estate plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Life Insurance: Client

Carrier/When Purchased	Amount	Premium	Type (Term, Group, Whole Life, etc.)
① _____	_____	_____	_____
② _____	_____	_____	_____
③ _____	_____	_____	_____

## Life Insurance: Spouse

① _____	_____	_____	_____
② _____	_____	_____	_____
③ _____	_____	_____	_____

	Client		Spouse	
	Yes	No	Yes	No
Do you currently carry mortgage insurance?				
How much money would your spouse require if she/he were widowed?	_____		_____	
Of which she/he could continue to earn:	_____		_____	

Example: Family income of \$100,000

Required family income for surviving spouse is \$75,000 of which she/he could earn \$50,000 leaving a shortfall of \$25,000 per year for the next 20 years.



# Protection and Estate Planning (continued)

## Disability Planning

Please indicate

	Client			Spouse		
	Yes	No	Not Sure	Yes	No	Not Sure
① My employer provides sufficient income replacement income if I should become disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
② I carry personal accident or sickness/disability income insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
③ I have an adequate disability income program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
④ If I should ever become disabled a replacement income would be essential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Disability Insurance: Client

Carrier/When Purchased	Amount	Annual Premium	Type (Guaranteed or Renewable)
① _____	_____	_____	_____
② _____	_____	_____	_____

### Disability Insurance: Spouse

① _____	_____	_____	_____
② _____	_____	_____	_____

# ⑥ Financial Fitness Planning

1. At what age would you like to be Financially Fit For Life/ Make Work Optional?

2. Are you planning to move/downsize your home at some point in the future?

3. What kind of income (after taxes) in today's dollars will you need to support your lifestyle? e.g. \$60,000 annually \_\_\_\_\_

4. From where will it come from?	Company Pension Plan	<b>Yes</b>	<b>No</b>
	RRSPs	<b>Yes</b>	<b>No</b>
	Other (please specify)	<b>Yes</b>	<b>No</b>

5. Do you expect to receive an inheritance at some point in the future? If so, how much & when?	<b>Yes</b>	<b>No</b>
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\_\_\_\_\_

6. What types of investments are you making toward your financial goals? What's working & what isn't? \_\_\_\_\_

7. Are you satisfied with your investments or would you like to see changes? \_\_\_\_\_

8. What is the best investment decision you have made? \_\_\_\_\_

9. What would you "do over" if you could? \_\_\_\_\_

10. Are your parents still living? Are they financially independent? \_\_\_\_\_

11. Do you have a good idea of what your investment portfolio is earning today and what it must earn in order to reach your financial fitness goals? \_\_\_\_\_

12. To what age must your financial resources last, approximately? e.g. 90 \_\_\_\_\_

13. How much do you save each year into your RRSP/Pension/TFSA etc? \_\_\_\_\_

Which institutions are your accounts with?

Monthly       First 60 Days       Other

14. When do you make your contributions

## 8 Education Planning

1 What are your hopes for your children?

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2 Special education/development needs?

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3 Would you like them to attend University? Yes      No

4 Have you established a plan for this purpose? Yes      No

5 Are you familiar with the different education savings plans available? Yes      No

## 9 Tax Planning

Are you concerned with the amount of income tax you are paying? Yes      No

Are there tax planning techniques or strategies that you have used in the past?  
e.g. RRSP, real estate, tax shelters

### Any extra-ordinary deductions?

#### Current Year

#### Last Year

Tax Shelters

Interest Expense

Other Carrying Charges

Child Care Expenses

Charitable Donations

Other

Amount Of Crystallised Capital Gains

Cumulative Net Investment Losses

_____
_____
_____
_____
_____
_____
_____
_____

_____
_____
_____
_____
_____
_____
_____
_____

## 10 Information Check List

#### Client

#### Spouse

Investment Statements



RRSP'S Statements



Group Benefits Booklet



Pension Booklet



Latest Pension Contribution Statement



Pay Stub



Wills



Power Of Attorney



Life Insurance Policies



Disability Policies



Latest Tax Returns



Mortgage Information Statements



Other



Other