

**CICCONE / M<sup>C</sup>KAY**  
FINANCIAL GROUP

Planning Your Future

# PERSONAL INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_

D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Citizenship: \_\_\_\_\_ SIN: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Profession/Occupation: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_

Smoking Status:  non-smoker  smoker

Marital Status:  single  married  common-law  separated  divorced  widowed

## Spouse

Name: \_\_\_\_\_ Age: \_\_\_\_\_

D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Citizenship: \_\_\_\_\_ SIN: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Smoking Status:  non-smoker  smoker

## Children

Do you have children?  yes  no

Are they financially dependent on you?  yes  no

Child's name(s) and D.O.B:

1. \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Advisory Team Information

Do you have a financial planner?  yes  no If yes who: \_\_\_\_\_

Do you have any professional advisors?  yes  no If yes who: \_\_\_\_\_

## Motivation

What made you come and see me? \_\_\_\_\_

What is the primary thing you want a financial advisor to do for you?  
\_\_\_\_\_

Three years from now, looking back on our business relationship, what has to have happened for you to be satisfied?  
\_\_\_\_\_

## Goals

What are your immediate work goals? \_\_\_\_\_

What are your long-range career plans? \_\_\_\_\_

Do you have any specific financial goals? \_\_\_\_\_

Short term \_\_\_\_\_

Long term \_\_\_\_\_

What is your current plan or strategy for accomplishing your goals? \_\_\_\_\_

What is your future savings method? \_\_\_\_\_

What are your savings accomplishments to date? \_\_\_\_\_

## Considerations

How do you define financial independence? \_\_\_\_\_

Have you made out a will?  yes  no

Do you own your current home?  yes  no

Is inflation-proofing your program important to you?  yes  no

Are you taking advantage of any tax deferral opportunities? \_\_\_\_\_

How do you feel about tax deferral plans? \_\_\_\_\_

When do you plan to retire? age: \_\_\_\_\_ Have you given this any thought?  yes  no

If so, what have you done to prepare for this? \_\_\_\_\_

How much of your income would continue and for how long if you were sick and couldn't work?  
\_\_\_\_\_

Would an income replacement plan be important to you if that happened?  yes  no

# RRSP/RRIF INFORMATION

## Primary

Do you own a registered savings plan?  yes  no

What is the value of your registered savings? \$ \_\_\_\_\_

What type of registered asset do you own?  RRSP  RRIF

RRSP rate of return \_\_\_\_\_ %

Future RRSP contributions \$ \_\_\_\_\_

Contribution period: years \_\_\_\_\_ to age: \_\_\_\_\_

At what age will you convert your RRSP to an RRIF? \_\_\_\_\_  yes  no

RRIF rate return \_\_\_\_\_ %

Do you want to base your retirement income on the RRIF minimum?  yes  no

If no, specify level amount: \$ \_\_\_\_\_

Do you want to base your RRIF minimum payments on your spouse's age?  yes  no

If yes, enter spouse's age: \_\_\_\_\_

## Spouse

Do you own a registered savings plan?  yes  no

What is the value of your registered savings? \$ \_\_\_\_\_

What type of registered asset do you own?  RRSP  RRIF

RRSP rate of return \_\_\_\_\_ %

Future RRSP contributions \$ \_\_\_\_\_

Contribution period: years \_\_\_\_\_ to age: \_\_\_\_\_

At what age will you convert your RRSP to an RRIF? \_\_\_\_\_  yes  no

RRIF rate return \_\_\_\_\_ %

Do you want to base your retirement income on the RRIF minimum?  yes  no

If no, specify level amount: \$ \_\_\_\_\_

Do you want to base your RRIF minimum payments on your spouse's age?  yes  no

If yes, enter spouse's age: \_\_\_\_\_

# NET WORTH WORKSHEET

## ASSETS

Value

### Personal Possessions

Home Value \_\_\_\_\_  
 Other real estate \_\_\_\_\_  
 Car \_\_\_\_\_  
 Furniture \_\_\_\_\_  
 Collectables \_\_\_\_\_  
 Jewelry \_\_\_\_\_  
 Other \_\_\_\_\_

### Savings and Investments

Bank accounts \_\_\_\_\_  
 Emergency accounts \_\_\_\_\_  
 GICs \_\_\_\_\_  
 Annuities \_\_\_\_\_  
 Life insurance cash value \_\_\_\_\_  
 Stocks \_\_\_\_\_  
 Bonds \_\_\_\_\_  
 Mutual Funds \_\_\_\_\_  
 T-Bills \_\_\_\_\_  
 Term Deposits \_\_\_\_\_  
 RRSPs \_\_\_\_\_  
 Business interests \_\_\_\_\_  
 Other \_\_\_\_\_

### Retirement Savings

Pension Plan \_\_\_\_\_  
 RSP Accounts \_\_\_\_\_  
 RSP GICs \_\_\_\_\_  
 Savings Bonds \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Total Assets:** \_\_\_\_\_

## LIABILITIES

Balance

### Personal Debts

Mortgage \_\_\_\_\_  
 2nd Mortgage \_\_\_\_\_  
 Car Loan \_\_\_\_\_  
 Line of credit \_\_\_\_\_

### Credit cards and personal loans

Visa \_\_\_\_\_  
 Master Card \_\_\_\_\_  
 American Express \_\_\_\_\_  
 Other Credit Card \_\_\_\_\_  
 Personal Loans \_\_\_\_\_  
 Unpaid Bills \_\_\_\_\_  
 Income Tax Owed \_\_\_\_\_  
 Other Debt \_\_\_\_\_

### Investment Debt

Business Loan \_\_\_\_\_  
 Investment Loan \_\_\_\_\_  
 RSP Loan \_\_\_\_\_  
 Other Investment Loan \_\_\_\_\_

### Total Liabilities

\_\_\_\_\_

### Total Assets

\_\_\_\_\_

### Total Liabilities

- \_\_\_\_\_

### Total Net Worth

=

# PROBATE & ESTATE INFORMATION

## Current Estate Information

Do you have a will?  yes  no Date last updated: \_\_\_\_\_

Executor: \_\_\_\_\_

Do you have power of attorney?  yes  no Date last updated: \_\_\_\_\_

Who holds this power? \_\_\_\_\_

Have guardians been named for your children?  yes  no

If so, who are they? \_\_\_\_\_

Do you have a representation Agreement stating your health care wishes?  yes  no

Date last updated \_\_\_\_\_

## Estate Planning Goals

Please rate how important the following statements are (1 being not very important 5 being very important)

1 2 3 4 5

### Liquidity

To provide adequate liquidity at death to pay for last expenses

### Debt elimination

To provide adequate funding to pay off mortgage or other debts.

### Income replacement

To provide adequate financial resources to maintain your family's standard of living.

### Taxes

To eliminate, reduce or defer potential tax burdens at death.

### Education funding

To provide education funding for children or grandchildren.

### Simplify Estate

To simplify the estate and continuation of family financial affairs for the surviving spouse.

### Estate Maximization

To preserve and direct the disposition of my business interest(s).

### Business Matters

To provide for the disposition of closely-held business.

### Gifting

To begin a gift program in favor of children, grandchildren, charity (ies), or others.

## Probate

Are you concerned that the size of your estate will be impacted by probate?  yes  no

Which of the following assets do you own that will be impacted by probate?  Registered assets  Capital property  Personal residence (other)

Will your estate be impacted by any of these costs?  Executor  Legal Accounting fees

Would you like to give a gift of cash to your favorite charity when you die?  yes  no

If yes, what amount? \_\_\_\_\_

Is it important to you to take advantage of the most cost effective method for providing a need for capital at death?  yes  no

# RISK MANAGEMENT

## Life Insurance

Do you have any existing life insurance policies that provide protection or savings?  yes  no

If yes please describe/provide details: \_\_\_\_\_

Cash needs - In the event of your death for:

**a** Outstanding Debts (credit cards, loans etc): \$ \_\_\_\_\_

**b** Last Expenses: funeral legal etc (min \$5,000): \$ \_\_\_\_\_

**c** Education Fund (min 20,000 per child): \$ \_\_\_\_\_

**d** Mortgage Balance \$ \_\_\_\_\_

or

**e** Rent \$ \_\_\_\_\_ per year for \_\_\_\_\_ years \$ \_\_\_\_\_

**f** Emergency fund (one half of income) \$ \_\_\_\_\_

Total cash needs (**a + b + c + d + e + f**) \$ \_\_\_\_\_

## Long Term Disability

Do you have a disability insurance plan?  yes  no

If yes - Please provide details: \_\_\_\_\_

If you become sick or disabled and can not work...

A. How much of your income do you need to be replaced? \_\_\_\_\_

B. Where is it going to come from? \_\_\_\_\_

## Critical Illness

If you or your significant other had a heart attack, stroke or cancer, what would happen?

A. Would one of you need to spend more time at work to ensure that you could pay all the bills on one salary?  
\_\_\_\_\_

B. Would on of you want to take time off to care for the other?  
\_\_\_\_\_

C. Would you have to sell your home, cash in you RRSP's, borrow money?  
\_\_\_\_\_

# CASH FLOW BUDGET

**Income**

Paycheck \_\_\_\_\_  
Rental income \_\_\_\_\_  
Investment earnings \_\_\_\_\_  
Other \_\_\_\_\_  
**Total income from all sources:** \_\_\_\_\_

**Monthly Expenses**

Mortgage/rent \_\_\_\_\_  
Utilities \_\_\_\_\_  
House Insurance \_\_\_\_\_  
House Maintenance \_\_\_\_\_  
Car loan \_\_\_\_\_  
Gas/Repairs \_\_\_\_\_  
Car insurance \_\_\_\_\_  
Food/Beverage \_\_\_\_\_  
Clothing \_\_\_\_\_  
Personal care/cash \_\_\_\_\_  
Other loans \_\_\_\_\_  
Entertainment \_\_\_\_\_  
Vacation Fund \_\_\_\_\_  
Charitable Donations \_\_\_\_\_  
Miscellaneous \_\_\_\_\_  
**Total Monthly Expenses:** \_\_\_\_\_

**Amount available for  
Planning considerations**