

CICCONE / M^CKAY
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**