



Financial Questionnaire

1) Name: _____ Date of Birth: _____
Employment: _____ Salary: _____

2) Name of Spouse: _____ Date of Birth: _____
Employment: _____ Salary : _____

3) Dependents(Name and Age): _____

4) Investments:

Person #1 : _____

- a) RRSP current value: _____ Monthly Contribution: _____
- b) Pension current value: _____ Monthly Contribution: _____
- c) TFSA current value: _____ Monthly Contribution: _____
- d) Savings account value: _____ Monthly Contributions: _____
- e) Non-registered: _____ Monthly Contribution: _____
- f) RESP current value: _____ Monthly Contribution: _____
- g) Other: _____ Monthly Contribution: _____

Person #2: _____

- h) RRSP current value: _____ Monthly Contribution: _____
- i) Pension current value: _____ Monthly Contribution: _____
- j) TFSA current value: _____ Monthly Contribution: _____
- k) Savings account value: _____ Monthly Contributions: _____
- l) Non-registered: _____ Monthly Contribution: _____
- m) _____

5) Fixed Assets:

- a) House (current value): _____
- b) Vehicle: _____
- c) Rental property: _____
- d) Other: _____

6) Liabilities:

- a) Mortgage: _____ Mortgage Rate: _____ Monthly payment: _____
- b) Vehicle: _____ Loan Rate: _____ Monthly payment: _____
- c) Line of Credit: _____ Loan Rate: _____ Monthly payment: _____



- d) Credit Card: _____ Rate: _____ Monthly payment: _____
e) Student Loan: _____ Rate: _____ Monthly payment: _____

7) Life Insurance:

- a) Coverage amount: _____ Check one: Term or Permanent
Purpose: _____
b) Coverage amount: _____ Check one: Term or Permanent
Purpose: _____

8) Disability Insurance:

- a) Coverage amount: _____ Check one: Group or Individual
Details: _____
b) Coverage amount: _____ Check one: Group or Individual
Details: _____

9) Critical Illness:

- a) Coverage amount: _____ Details: _____

10) Estate Planning:

- a) Current Will: Yes No Last update on: _____
b) Current Power of Attorney: Yes No
c) Current Personal Directive: Yes No

11) Financial Goals(Short Term(1-3 years)/ Long Term(3 years+):

- a) _____

b) _____

c) _____

d) _____
