

# PLANNING TOOLKIT 8

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## PLANNING WORKSHEETS

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PLANNING SOLUTIONS FOR YOUR FINANCIAL FUTURE™

	<b>Client</b>	<b>Spouse</b>
First Name	_____	_____
Last Name	_____	_____
Birthdate	_____	_____
Marital Status	_____	_____
SIN #	_____	_____
Employer	_____	_____
Occupation	_____	_____

**Home Address**

Street \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

**Contact Information**

Home Phone #: \_\_\_\_\_

Client's Work #: \_\_\_\_\_

Spouse's Work #: \_\_\_\_\_

Email Address 1 \_\_\_\_\_

Email Address 2 \_\_\_\_\_

**Notes**

\_\_\_\_\_

**Dependents**

First Name	Last Name	Birthdate	SIN #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Wills**

	<b>Client</b>	<b>Spouse</b>
Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last update	_____	_____
Location of will	_____	_____

**Notes**

\_\_\_\_\_

Life Insurance Policies

Policy Description	Company	Insured	Coverage Amount
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	_____
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	_____
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	_____
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	_____
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	_____
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	_____
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	_____

Disability Insurance Policies

Policy Description	Company	Insured	Mthly Coverage Amount
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	_____
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	_____
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	_____
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	_____

Other Insurance Policies

Policy Description	Company	Insured	Coverage Amount
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	_____
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	_____

Notes

\_\_\_\_\_

\_\_\_\_\_

Advisors

Type	Name	Phone#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Know Your Client

Have you met the client?  Yes  No

How long have you know the client? \_\_\_\_\_

Client's investment knowledge  Low  Medium  High

Client's willingness to accept risk  Low  Medium  High

Notes

\_\_\_\_\_

\_\_\_\_\_

**Title** \_\_\_\_\_

**Include in Plan?    Goal Description**

Yes     No    1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes     No    2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes     No    3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes     No    4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes     No    5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes     No    6. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Include in Plan?    Goal Description**

Yes     No    7. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes     No    8. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes     No    9. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes     No    10. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes     No    11. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes     No    12. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter data:      \_\_\_ Monthly      \_\_\_ Annually

**INCOME**

<b>Client's Income</b>	Amount	<b>Spouse's Income</b>	Amount
Employment	\$ _____	Employment	\$ _____
Self-employment	\$ _____	Self-employment	\$ _____
Investment	\$ _____	Investment	\$ _____
CPP/QPP	\$ _____	CPP/QPP	\$ _____
OAS	\$ _____	OAS	\$ _____
Pension	\$ _____	Pension	\$ _____
RRSP/RRIF	\$ _____	RRSP/RRIF	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Income taxes	\$ _____	Income taxes	\$ _____
Other source deductions	\$ _____	Other source deductions	\$ _____

**EXPENSES**

<b>Housing Expenses</b>	Amount	<b>Food/Clothing Expenses</b>	Amount
Rent/Mortgage	\$ _____	Food	\$ _____
Property taxes	\$ _____	Clothing	\$ _____
Maintenance	\$ _____	_____	\$ _____
Insurance	\$ _____	_____	\$ _____
Utilities	\$ _____	_____	\$ _____
Phone/cable	\$ _____		

  

<b>Automobile Expenses</b>	Amount	<b>Health Care Expenses</b>	Amount
Fuel	\$ _____	Health plan premiums	\$ _____
Maintenance	\$ _____	Prescriptions	\$ _____
Insurance	\$ _____	Medical	\$ _____
Loan/lease payments	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____











Client  Spouse

1. When will you need your money?

- Less than 2 years
- 2 to 5 years
- 6 – 10 years
- 10 – 15 years
- Over 15 years

2. How old are you?

- Under 30
- 30 – 45
- 46 – 55
- 56 – 65
- Over 65

3. What is your current family income?

- Under \$25,000
- \$25,000 - \$50,000
- \$51,000 - \$85,000
- \$86,000 - \$125,000
- Over \$125,000

4. What is your current net worth?

- Under \$50,000
- \$51,000 - \$100,000
- \$101,000 - \$200,000
- \$201,000 - \$500,000
- Over \$500,000

5. If the value of my portfolio declines, I change my investment strategy.

- Strongly agree
- Agree
- More or less agree
- Disagree
- Strongly disagree

6. I prefer keeping my capital safe and intact instead of staying ahead of inflation.

- Strongly agree
- Agree
- More or less Agree
- Disagree
- Strongly disagree

7. Which investment would you prefer given the range of 1 year returns?

- A: +2% to +5%
- B: -5% to +10%
- C: -15% to +20%
- D: -20% to +30%
- E: -25% to +40%

8. The ups and downs of the stock market make me nervous.

- Strongly agree
- Agree
- More or less agree
- Disagree
- Strongly disagree

9. I think GICs and Term Deposits are the best long term investments.

- Strongly agree
- Agree
- More or less agree
- Disagree
- Strongly disagree

10. I manage my finances according to a written financial plan with well-defined goals.

- Strongly agree
- Agree
- More or less agree
- Disagree
- Strongly disagree

Notes

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**INCOME NEED**

**Retirement Details**

**Client**

**Spouse**

Current age

\_\_\_\_\_

\_\_\_\_\_

Retirement age

\_\_\_\_\_

\_\_\_\_\_

Are you currently retired? (Yes/No)

\_\_\_\_\_

\_\_\_\_\_

Retirement ends at age

\_\_\_\_\_

\_\_\_\_\_

**Amount to be left to estate**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Rates of Return for Client**

**Pre-Retirement**

**Post-Retirement**

Registered investments

\_\_\_\_\_ %

\_\_\_\_\_ %

Tax rate

\_\_\_\_\_ %

\_\_\_\_\_ %

Non-registered investments

\_\_\_\_\_ %

\_\_\_\_\_ %

**Rates of Return for Spouse**

**Pre-Retirement**

**Post-Retirement**

Registered investments

\_\_\_\_\_ %

\_\_\_\_\_ %

Tax rate

\_\_\_\_\_ %

\_\_\_\_\_ %

Non-registered investments

\_\_\_\_\_ %

\_\_\_\_\_ %

**Income Need**

**Client**

**Spouse**

Current income need (before-tax)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Index pre-retirement income at \*

\_\_\_\_\_ %

**N/A**

Percentage of income needed at retirement

\_\_\_\_\_ %

\_\_\_\_\_ %

Index post-retirement income at \*

\_\_\_\_\_ %

**N/A**

Change income need again? (Yes/No)

\_\_\_\_\_

\_\_\_\_\_

Change income need at age

\_\_\_\_\_

\_\_\_\_\_

Percentage of new income needed

\_\_\_\_\_ %

\_\_\_\_\_ %

Index new income at \*

\_\_\_\_\_ %

**N/A**

\* Same index rates apply to both client & spouse.

**Registered Investments:**     **Client**     **Spouse**

**RRSPs**

Current value    \$ \_\_\_\_\_

	<b>Stream 1</b>	<b>Stream 2</b>
Annual contribution amount	\$ _____	\$ _____
Indexed at	_____ %	_____ %
Start age	_____	_____
End age	_____	_____

**RRIFs**

**Current value**    \$ \_\_\_\_\_

Start payments at age    \_\_\_\_\_

Payment Type     **Minimum**

**Specified \$**

Annual withdrawal amount    \$ \_\_\_\_\_

Indexed at    \_\_\_\_\_ %

**Specified %**

Annual % withdrawal    \_\_\_\_\_ %

	<b>Current Value</b>
<b>LIRAs</b>	\$ _____
<b>LIFs/LRIFs</b>	\$ _____
<b>Other</b>	\$ _____

**Money Purchase Plans /DPSPs**

Current value    \$ \_\_\_\_\_

**Money Purchase Plan**

Current salary    \$ \_\_\_\_\_

Annual salary increases    \_\_\_\_\_ %

Combined contribution (employer & employee)    \_\_\_\_\_ %

Start contributions at age    \_\_\_\_\_

End contributions at age    \_\_\_\_\_

**Lump Sum Contributions to Registered Investments**

Description \_\_\_\_\_  
Amount \$ \_\_\_\_\_  
Made at age \_\_\_\_\_

Description \_\_\_\_\_  
Amount \$ \_\_\_\_\_  
Made at age \_\_\_\_\_

Description \_\_\_\_\_  
Amount \$ \_\_\_\_\_  
Made at age \_\_\_\_\_



**Other Retirement Income**

<b>Description</b>	<b>Amount</b>	<b>Indexed at</b>	<b>Start age</b>	<b>End age</b>
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

**Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Cash Needs**

<b>Client</b>	<b>Amount</b>	<b>Spouse</b>	<b>Amount</b>
Funeral expenses	\$ _____	Funeral expenses	\$ _____
Bills, A/P, loans	\$ _____	Bills, A/P, loans	\$ _____
Income taxes	\$ _____	Income taxes	\$ _____
Tax preparation fees	\$ _____	Tax preparation fees	\$ _____
Probate, legal, exec. fees	\$ _____	Probate, legal, exec. fees	\$ _____
Mortgage redemption	\$ _____	Mortgage redemption	\$ _____
Emergency fund	\$ _____	Emergency fund	\$ _____
Education fund	\$ _____	Education fund	\$ _____
Gifts and bequests	\$ _____	Gifts and bequests	\$ _____
_____	\$ _____	_____	\$ _____

**Income Needs**

<b>Client</b>	<b>Amount</b>	<b>Spouse</b>	<b>Amount</b>
Annual income need	\$ _____	Annual income need	\$ _____
Less: spouse's income	\$ _____	Less: spouse's income	\$ _____
Less: CPP benefits	\$ _____	Less: CPP benefits	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Rate of return	\$ _____	Rate of return	\$ _____
Tax rate	\$ _____	Tax rate	\$ _____
Index to inflation rate of	\$ _____	Index to inflation rate of	\$ _____
Deplete capital? (Yes/No)	_____	Deplete capital? (Yes/No)	_____
If Yes, capital to last for	_____ Yrs	If Yes, capital to last for	_____ Yrs

**Current Capital**

<b>Client</b>	<b>Amount</b>	<b>Spouse</b>	<b>Amount</b>
CPP death benefit	\$ _____	CPP death benefit	\$ _____
Existing life insurance	\$ _____	Existing life insurance	\$ _____
Non-reg'd assets	\$ _____	Non-reg'd assets	\$ _____
Registered assets	\$ _____	Registered assets	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**Notes**

**Income Sources if Client Disabled**

	Amount
Spouse's income	\$ _____
Government sources	\$ _____
Disability insurance	\$ _____
Investments	\$ _____
Emergency savings	\$ _____
RRSP withdrawals	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Income Sources if Spouse Disabled**

	Amount
Client's income	\$ _____
Government sources	\$ _____
Disability insurance	\$ _____
Investments	\$ _____
Emergency savings	\$ _____
RRSP withdrawals	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Expenses**

	Annual Amount
Housing	\$ _____
Automobile	\$ _____
Food/clothing	\$ _____
Health care	\$ _____
Investments	\$ _____
Loans	\$ _____
Other	\$ _____

**Notes**

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	Client			Spouse		
	Yes	No	N/A	Yes	No	N/A
1. Do you have signed will?	___	___	___	___	___	___
2. Do you have a signed power of attorney for your financial affairs?	___	___	___	___	___	___
3. Do you have a signed power of attorney for your personal care?	___	___	___	___	___	___
4. Have you reviewed your will and powers of attorney in the last 2 years?	___	___	___	___	___	___
5. Do you have an up-to-date net worth statement listing your assets and liabilities?	___	___	___	___	___	___
6. Have you named beneficiaries for all of your registered investments (RRSPs, RRIFs, LIFs, LRIFs, annuities, pension plans, DPSPs) and life insurance policies?	___	___	___	___	___	___
7. Have you reviewed the pros and cons of jointly registering non-RRSP assets in your name and your spouse's name?	___	___	___	___	___	___
8. Do you have enough capital or life insurance to cover immediate cash needs at death (funeral expenses, income taxes, legal fees, executor fees, probate fees)?	___	___	___	___	___	___
9. Do you have enough capital or life insurance to replace your income and maintain your family's current lifestyle?	___	___	___	___	___	___
10. Do your family members know where to locate your financial records (investment accounts, bank accounts, tax returns, insurance policies, safety deposit box)?	___	___	___	___	___	___
11. Do you have a succession plan for your business?	___	___	___	___	___	___
12. Do you have a buy/sell agreement in place with your business partner(s)?	___	___	___	___	___	___

**Notes**

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First name of child	_____	_____	_____
Current age	_____	_____	_____
Start school at age	_____	_____	_____
Number of years in school	_____	_____	_____
Current RESP savings	\$ _____	\$ _____	\$ _____
Annual RESP contrib.	\$ _____	\$ _____	\$ _____
Rate of return (on RESPs)	_____%	_____%	_____%
Current non-RESP savings	\$ _____	\$ _____	\$ _____
Annual non-RESP contrib.	\$ _____	\$ _____	\$ _____
Rate of return (non-RESPs)	_____%	_____%	_____%
Current annual tuition costs	\$ _____	\$ _____	\$ _____
Tuition inflation rate	_____%	_____%	_____%
Current annual room & board costs	\$ _____	\$ _____	\$ _____
Room & brd inflation rate	_____%	_____%	_____%
% of education costs to be covered by this plan	_____%	_____%	_____%
Fund education using RESPs? (Yes/No)	_____	_____	_____

First name of child	_____	_____	_____
Current age	_____	_____	_____
Start school at age	_____	_____	_____
Number of years in school	_____	_____	_____
Current RESP savings	\$ _____	\$ _____	\$ _____
Annual RESP contrib.	\$ _____	\$ _____	\$ _____
Rate of return (on RESPs)	_____%	_____%	_____%
Current non-RESP savings	\$ _____	\$ _____	\$ _____
Annual non-RESP contrib.	\$ _____	\$ _____	\$ _____
Rate of return (non-RESPs)	_____%	_____%	_____%
Current annual tuition costs	\$ _____	\$ _____	\$ _____
Tuition inflation rate	_____%	_____%	_____%
Current annual room & board costs	\$ _____	\$ _____	\$ _____
Room & brd inflation rate	_____%	_____%	_____%
% of education costs to be covered by this plan	_____%	_____%	_____%
Fund education using RESPs? (Yes/No)	_____	_____	_____