# **PLANNING TOOLKIT 8**

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# **PLANNING WORKSHEETS**

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PLANNING SOLUTIONS FOR YOUR FINANCIAL FUTURE  $^{\text{TM}}$ 

	Client		Spouse	
First Name				
Last Name	,			
Birthdate			<del></del>	
Marital Status	,			
SIN#			<del></del>	
Employer	,			
Occupation				
Home Address Street				
City				
Province		Po	stal Code	
Country				
Contact Information	on			
Home Phone #.				
Client's Work #:				
Spouse's Work #:				
Email Address 1				
Email Address 2				
Notes				
<b>Dependents</b> First Name	Last Name	Birthda	te	SIN #
Wills	Client		Spouse	
Do you have a will?	Yes	No	Yes	No
Date of last update				
Location of will				
Notes				

Life Insurance Policie	es				
Policy Description		Company	Ir	sured	Coverage Amount
				ntSpouse	
				ntSpouse ntSpouse	
			Clie	ntSpouse	
				ntSpouse	<del></del>
		-		ntSpouse ntSpouse	
Disability Insurance	Policies				Mthly Coverege
Policy Description		Company	Ir	sured	Mthly Coverage Amount
,		, ,	Clie	ntSpouse	
			Clie	ntSpouse	
				ntSpouse ntSpouse	
Other Insurance Po	licies			тк <u>—</u> ороазо	
		0	1.		Coverage
Policy Description		Company		sured	Amount
				ntSpouse ntSpouse	<del></del>
				ороссо	
Notes					
Advisors					
Туре	Name			Phone#	
Know Your Client					
Have you met the clie	ent?	Yes	No		
How long have you k	now the clie	nt?			
Client's investment ki	nowledge	Low	Medium	High	
Client's willingness to	accept risk	Low	Medium	High	
Notes					
			·		

Title		
Include	in Plan?	Goal Description
		1
163	110	
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
Ves No	۵
163100	9
Yes No	10
Van Na	44
res No	11
Yes No	12

Enter data:	Monthly	Annually	
INCOME			
Client's Income	Amount	Spouse's Income	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 deducti	ions \$	Other source deductions	\$
EXPENSES			
Housing Expenses	Amount	Food/Clothing Expenses	Amount
Rent/Mortgage	\$	Food	\$
Property taxes	\$	Clothing	\$
Maintenance	\$		\$
Insurance	\$	<del></del>	\$
Utilities	\$	·	\$
Phone/cable	\$		
Automobile Expens	ses Amount	Health Care Expenses	Amount
Fuel	\$	Health plan premiums	\$
Maintenance	\$	Prescriptions	\$
Insurance	\$	Medical	\$
Loan/lease payments	s \$		\$
	\$		\$

### **EXPENSES** continued . . .

Investments	Amount	Other Expenses	Amount
RRSPs/RPPs	\$	Day care	\$
Non-registered inv'ts	\$	Charities	\$
Life insurance	\$	Gifts	\$
Disability insurance	\$	Entertainment	\$
	_ \$		\$
	_ \$		\$
Loans	Amount		
Credit cards	\$		\$
Personal loans	\$		\$
	_ \$		
	_ \$		
	_ \$		
Notes			

Net Worth Staten	nent Date				
Registered Ass	ets				
Description		Amount	Owner	Asset Type	Reg'd Type
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$	·		<del></del>
		\$			
		\$			
		\$			
		\$	- <del></del>		·
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
Asset Class Nam	ies				
Cash Bonds					
Stocks					
Balanced					
Balanceu			_		
Legend					
Owner:	Client, Spouse				
Asset Type:	Cash, Bonds, Sto	cks, Balanced			
Reg'd Type:	RRSP, RRIF, LIF	/LRIF, LIRA, Mor	ney P/DPSP, O	ther	

## Non-Registered Assets

Description	Amount	ACB	Owner	Asset Type
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

### Legend

ACB: Adjusted Cost Base

Owner: Client, Spouse

Asset Type: Cash, Bonds, Stocks, Balanced

Personal Assets	Amount	ACB	Owner	Taxable?
	\$	\$		
	<b>\$</b>	\$		·
	<b>\$</b>	\$	<u> </u>	-
	\$	\$		
	\$	\$	-	
	\$	\$	-	
	\$	\$	-	
	\$	\$		
	\$	\$	-	
	\$	\$		
	\$	\$		
	<b>\$</b>	\$		
	<b>\$</b>	\$		
		\$		
	Owner: Client, Spouse	Taxable?:	Yes, No	
			Yes, No	
ACB: Adjusted Cost Base	Owner: Client, Spouse	Taxable?:	Yes, No	
ACB: Adjusted Cost Base	Owner: Client, Spouse  Amount	Taxable?:	Yes, No	
ACB: Adjusted Cost Base	Owner: Client, Spouse  Amount  \$	Taxable?: Owne	Yes, No	
ACB: Adjusted Cost Base	Owner: Client, Spouse  Amount  \$\$  \$\$	Taxable?: Owne	Yes, No	
ACB: Adjusted Cost Base	Owner: Client, Spouse  Amount  \$ \$ \$ \$ \$	Taxable?: Owne	Yes, No	
ACB: Adjusted Cost Base	Owner: Client, Spouse  Amount  \$\$  \$\$  \$\$  \$\$	Taxable?: Owne	Yes, No	
ACB: Adjusted Cost Base	Amount           \$	Taxable?: Owne	Yes, No	
ACB: Adjusted Cost Base	Amount           \$	Taxable?: Owne	Yes, No	
ACB: Adjusted Cost Base	Amount           \$	Taxable?: Owne	Yes, No	
ACB: Adjusted Cost Base	Amount           \$	Taxable?: Owne	Yes, No	
ACB: Adjusted Cost Base  Liabilities	Amount           \$	Taxable?: Owne	Yes, No	
ACB: Adjusted Cost Base  Liabilities	Amount           \$	Taxable?: Owne	Yes, No	
ACB: Adjusted Cost Base  Liabilities	Amount           \$	Taxable?: Owne	Yes, No	

	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	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
2.	How old are you?  Under 30 30 - 45 46 - 55 56 - 65 Over 65	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%
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	8.	The ups and downs of the stock market make me nervous.  Strongly agree Agree More or less agree Disagree Strongly disagree
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	9.	I think GICs and Term Deposits are the best long term investments.  Strongly agree Agree More or less agree Disagree Strongly disagree
5.	If the value of my portfolio declines, I change my investment strategy.  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
No	tes		

### **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 In	vestments: Client _	_ Spouse	
RRSPs			
Current value	\$		
		Stream 1 Stre	eam 2
Annual contribu	ution 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 _	%
	Current Value		
LIRAs	\$		
LIFs/LRIFs	\$		
Other	\$		
Money Purcha	se Plans /DPSPs		
	\$		
Money Purcha Current salary		\$	
Annual salary in	ncreases	%	
Combined cont	ribution (employer & employee)	%	
Start contribution	ons at age		
End contributio	ns at age		

Lump Sum Co	ontributions to Registered Investments
Description	
Amount	\$
Made at age	
Description	
Amount	\$
Made at age	
Description	
Amount	\$
Made at age	

Non-Re	egistered Investments:	Client	Spouse		
Current	value \$				
			Stream 1	Stre	eam 2
Annual	contribution amount		\$	\$	
Indexed	at		%		%
Start ag	е				
End age	)				
	nflows (inheritance, lottery) of as a negative number below		use purchase, cl	nildren's educa	ation – enter
Descrip	otion	Amount	Indexed at	Start age	End age
		\$			
		\$			
		\$			
		\$			
	ns:ClientSpou	\$			
Pensior Canada Are you	Pension Plan currently receiving CPP?	ıse		(Yes/N	
Pensior Canada Are you	Pension Plan currently receiving CPP? Is this the first year of receiving	ise eiving CPP?		(Yes/N	
Pensior Canada Are you If Yes:	Pension Plan currently receiving CPP? Is this the first year of rece Enter the current annual a	ise eiving CPP? imount being rec			
Pensior Canada	Pension Plan currently receiving CPP? Is this the first year of receiving	use eiving CPP? amount being rec	eived \$	(Yes/N	
Pension Canada Are you If Yes: If No:	Pension Plan currently receiving CPP? Is this the first year of rece Enter the current annual a Start receiving CPP at age	use eiving CPP? amount being rec	eived \$ fy for? \$	(Yes/N	lo)
Pensior Canada Are you If Yes: If No: Old Age Do you	Pension Plan currently receiving CPP? Is this the first year of rece Enter the current annual a Start receiving CPP at age What pctge of maximum C E Security	use eiving CPP? amount being rec	eived \$ fy for? \$	(Yes/N	lo)
Pension Canada Are you If Yes:  If No: Old Age Do you Index Cl	Pension Plan currently receiving CPP? Is this the first year of rece Enter the current annual a Start receiving CPP at age What pctge of maximum C  Person Plan Control Contro	eiving CPP? amount being rece e CPP do you quali	eived \$ fy for? \$	(Yes/N	lo)
Pension Canada Are you If Yes:  If No: Old Age Do you Index Cl	Pension Plan currently receiving CPP? Is this the first year of rece Enter the current annual a Start receiving CPP at age What pctge of maximum C Pescurity qualify for OAS? PP and OAS benefits at Per Defined Benefit Pension	eiving CPP? amount being rece e CPP do you quali	eived \$ fy for? \$	(Yes/N	lo)
Pension Canada Are you If Yes: If No: Old Age Do you Index Cl	Pension Plan currently receiving CPP? Is this the first year of rece Enter the current annual a Start receiving CPP at age What pctge of maximum C Pescurity qualify for OAS? PP and OAS benefits at Per Defined Benefit Pension	eiving CPP? amount being rece CPP do you quali	eived \$ fy for? \$	(Yes/N	lo)
Pension Canada Are you If Yes:  If No:  Old Age Do you Index Cl Employ Descrip	Pension Plan currently receiving CPP? Is this the first year of rece Enter the current annual a Start receiving CPP at age What pctge of maximum C Pescurity qualify for OAS? PP and OAS benefits at Per Defined Benefit Pension	eiving CPP? Imount being rece POPP do you quali In Plans  Amount  \$	eived \$ fy for? \$ Indexed at	(Yes/N	lo)

Other Retirement Income				
Description	Amount	Indexed at	Start age	End age
				- <del></del>
	\$			
	\$			
	\$			
Notes				

Cash Needs			
Client	Amount	Spouse	Amount
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			
Client	Amount	Spouse	Amount
Annual income need	\$	Annual income need	\$
Less: spouse's income	\$	Less: spouse's income	\$
Less: CPP benefits	\$	Less: CPP benefits	\$
	\$		\$
<del></del> _	\$		\$
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			
Client	Amount	Spouse	Amount
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		Income Sources if Spouse Disabled		
	Amount		Amount	
Spouse's income	\$	Client's income	\$	
Government sources	\$	Government sources	\$	
Disability insurance	\$	Disability insurance	\$	
Investments	\$	Investments	\$	
Emergency savings	\$	Emergency savings	\$	
RRSP withdrawals	\$	RRSP withdrawals	\$	
			\$	
		·	\$	
·		<del></del>	\$	
Housing	\$			
Automobile				
Food/clothing	\$ \$			
Health care				
Investments	\$ \$			
Loans	\$ \$			
Other	\$			
	4			
Notes				

		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)?						
No	Notes						

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)	 %		_%	9	6
Current non-RESP savings	\$ 	\$	_	\$	
Annual non-RESP contrib.	\$ 	\$	_	\$	
Rate of return (non-RESPs)	 %		_%	9	6
Current annual tuition costs	\$ _	\$	_	\$	
Tuition inflation rate	 %		_%	9	6
Current annual room & board costs	\$ _	\$	_	\$	
Room & brd inflation rate	 %		_%	9	6
% of education costs to be covered by this plan	 %		_%	9	6
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)	 %	- <del></del>	_%	%	6
Current non-RESP savings	\$ 	\$	_	\$	
Annual non-RESP contrib.	\$ 	\$	_	\$	
Rate of return (non-RESPs)	 %	- <del></del>	_%	%	6
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)	 _		_		