

Exploring your Financial Profile



Use the following worksheets to help gather the information that will help you to make informed decisions in your retirement planning.

Personal Data

Name _____

Phone _____

E-mail _____

Employer _____

Years with Employer _____

Employment Status _____

Date of Birth (dd/mm/yyyy) _____

Age _____

Name _____

Phone _____

E-mail _____

Employer _____

Years with Employer _____

Employment Status _____

Date of Birth (dd/mm/yyyy) _____

Age _____

Additional Family & Personal Details

What are your main financial concerns?

Capital Estate Planning

Providers of your Voluntary Benefits Program

780-463-6128

1-800-661-8755

strategies@capitalplanning.ca

www.capitalplanning.ca

Financial Planning

	Y	N	U	D
1. I have accurately projected my retirement income needs and sources of income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Stability in the value of my investments is critical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am comfortable in taking higher risk to achieve long-term growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am satisfied with the current rate of return on my investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My spouse/partner and I have adequate employer pension plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My spouse/partner actively participates in our financial affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am satisfied that my investments and pensions will provide adequate income for life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My current standard of living will continue if I have a severe accident or illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My life insurance program will enable my family to maintain their present lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My will is current and consistent with my wishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I understand how taxes will be applied to my estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Preserving my estate is very important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Insurance & Will Data

Name _____

Current will? Yes No

Date will was written _____

Current Power of Attorney Yes No

Current Medical Consent Yes No

Personal Life Insurance Yes No

Mortgage Insurance Yes No

Group Insurance Yes No

Disability Insurance Yes No

Critical Illness Insurance Yes No

Name _____

Current will? Yes No

Date will was written _____

Current Power of Attorney Yes No

Current Medical Consent Yes No

Personal Life Insurance Yes No

Mortgage Insurance Yes No

Group Insurance Yes No

Disability Insurance Yes No

Critical Illness Insurance Yes No

Notes

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Income Sources & Assets

Name _____

Employment Income _____

Rental Income _____

Pension _____

Dividend Income _____

Interest Income _____

Trust Income _____

Capital Gains _____

RRSP / RRIF _____

Annuities _____

CPP _____

OAS _____

Other _____

Total \$ _____

Monthly Savings _____

Assets

Principal Residence _____

Vacation Residence _____

Land _____

Rental Properties _____

Business Value _____

Lines of Credit _____

Credit Cards _____

Leverage Loans _____

Mortgage Details _____ Renewal Date _____

Notes _____

Business Details _____

Holding Company _____

Family Trust _____

Name _____

Employment Income _____

Rental Income _____

Pension _____

Dividend Income _____

Interest Income _____

Trust Income _____

Capital Gains _____

RRSP / RRIF _____

Annuities _____

CPP _____

OAS _____

Other _____

Total \$ _____

Monthly Savings _____

Assets

Principal Residence _____

Vacation Residence _____

Land _____

Rental Properties _____

Business Value _____

Lines of Credit _____

Credit Cards _____

Leverage Loans _____

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Investments

Name _____

RRSP Value (total) _____

Non-Registered Value (total) _____

Business Investments (total) _____

TFSA Value (total) _____

RESP Value (total) _____

TFSA Contribution Room _____

RRSP Contribution Room _____

Regular PAC _____

Leverage Investments _____

Are you expecting any inheritance? _____

When do you expect to retire? _____

Name _____

RRSP Value (total) _____

Non-Registered Value (total) _____

Business Investments (total) _____

TFSA Value (total) _____

RESP Value (total) _____

TFSA Contribution Room _____

RRSP Contribution Room _____

Regular PAC _____

Leverage Investments _____

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