

Client Financial Discovery

OFFICE USE
A B C D
B-DAY



CAPESKY

INSURANCE & WEALTH MANAGEMENT

CLIENT NAME:		SPOUSE NAME:	
Meeting Date		Notes:	
REVIEW OF PRODUCTS & INVESTMENTS			
<input type="checkbox"/> Mortgage Insurance	<input type="checkbox"/> RSP	<input type="checkbox"/> Spousal RSP	
<input type="checkbox"/> Life Insurance <input type="checkbox"/> Term <input type="checkbox"/> Whole-Life	<input type="checkbox"/> Open Non-Registered Investments	<input type="checkbox"/> Spousal RIF	
<input type="checkbox"/> Kids' Life Insurance	<input type="checkbox"/> RIF	<input type="checkbox"/> Mutual Funds	
<input type="checkbox"/> Grandkids Life Ins.	<input type="checkbox"/> ETF	<input type="checkbox"/> Segregated Funds	
<input type="checkbox"/> Critical Illness	<input type="checkbox"/> TFSA	<input type="checkbox"/> RESP	
<input type="checkbox"/> Disability Insurance	<input type="checkbox"/> LIF	<input type="checkbox"/> RDSP	
	<input type="checkbox"/> LIRA	<input type="checkbox"/> Annuity	

PLANNING THAT WORKS FOR YOU

BUILD | GROW | PRESERVE

Capesky Service Cycle

CAPESKY | PLANNING THAT WORKS FOR YOU.



WHATS NEW? HAS ANYTHING CHANGED?

- Purchase/sale of home? ☐ YES ☐ NO _____
- Marital Status? Birth of Child? ☐ YES ☐ NO _____
- Change of Employment? Income? ☐ YES ☐ NO _____
- Health changes? You/dependents? ☐ YES ☐ NO _____
- Changes to beneficiaries? ☐ YES ☐ NO _____
- New Grandkids? ☐ YES ☐ NO _____
- Planning to retire soon? ☐ YES ☐ NO _____
- Have you STARTED or QUIT Smoking? ☐ YES ☐ NO _____

FAMILY PLANNING - *Referrals ensure quality planning for those who matter most to you.*

Beneficiary	Relationship	DOB + SIN	RESP/TFSA/RRSP

Basic Information

CAPEISKY | PLANNING THAT WORKS FOR YOU.

CLIENT	SPOUSE																
DATE OF BIRTH:	DATE OF BIRTH:																
SMOKER? <input type="checkbox"/> YES <input type="checkbox"/> NO	SMOKER? <input type="checkbox"/> YES <input type="checkbox"/> NO																
MARITAL STATUS? <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> WIDOW(ED) <input type="checkbox"/> Settlement/Agreement?	MARITAL STATUS? <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> WIDOW(ED) <input type="checkbox"/> Settlement/Agreement?																
DEPENDANT CHILDREN?	DEPENDANT CHILDREN?																
<table border="1"> <thead> <tr> <th>DEPENDANT NAME</th> <th>Date of Birth</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	DEPENDANT NAME	Date of Birth							<table border="1"> <thead> <tr> <th>DEPENDANT NAME</th> <th>Date of Birth</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	DEPENDANT NAME	Date of Birth						
DEPENDANT NAME	Date of Birth																
DEPENDANT NAME	Date of Birth																
GROWN ADULT Children/Grandkids?	GROWN ADULT Children/Grandkids?																
<table border="1"> <thead> <tr> <th>NAME</th> <th>Date of Birth</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	NAME	Date of Birth					<table border="1"> <thead> <tr> <th>NAME</th> <th>Date of Birth</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	NAME	Date of Birth								
NAME	Date of Birth																
NAME	Date of Birth																
SIN #	SIN #																
DRIVER'S LICENCE #	DRIVER'S LICENCE #																
ISSUE DATE:	ISSUE DATE:																
EXPIRY DATE:	EXPIRY DATE:																
Describe your OCCUPATION:	Describe your OCCUPATION:																
Start Date:	Start Date:																
Current EMPLOYER:	Current EMPLOYER:																
ANNUAL INCOME: _____	ANNUAL INCOME: _____																
Future employment plans?	Future employment plans?																

SAVINGS & INVESTMENTS	Client/Spouse/Monthly Assets		
PERSONAL SAVINGS - BANK ACCOUNTS	BALANCE	AVG. RATE OF RETURN	MONTHLY \$\$\$
RETIREMENT SAVINGS - Registered RSPs - Spousal RRSPs Do you know your CRA Login ID?	BALANCE <input type="checkbox"/> YES <input type="checkbox"/> NO Remaining limit to MAX Contribution _____	AVG. RATE OF RETURN \$ or % Contributed by EMPLOYEE _____ \$ or % Contributed by EMPLOYER _____ Survivor's Benefit _____ % MAXIMUM Benefit _____	MONTHLY \$\$\$ MONTHLY \$\$\$ MONTHLY \$\$\$
EMPLOYER PENSION PLAN <input type="checkbox"/> Defined Contribution Plan <input type="checkbox"/> Defined BENEFIT Plan			
- Estimated Annual Pension (in today's \$) - Locked-In Funds (LIF)	BALANCE	AVG. RATE OF RETURN	MONTHLY \$\$\$
- Tax Free Savings Accounts (TFSA) - Registered Education Savings Plans - Student loans?	BALANCE	AVG. RATE OF RETURN	MONTHLY \$\$\$
	Remaining limit to MAX Contribution _____		
- GICs - Non-Registered Investments	BALANCE	AVG. RATE OF RETURN	MONTHLY \$\$\$
CORPORATE STRUCTURES - Savings? - Investments/Dividends? IPP/RCA's			
- Experience w past/current Advisors/ Banks? - Contact details?			

Financial UPDATE

CAPEISKY | PLANNING THAT WORKS FOR YOU.

DEBTS & LIABILITIES	Client/Spouse/Monthly Expenses		
CREDIT CARD(s)	<u>BALANCE</u>	<u>INTEREST RATES</u>	<u>MONTHLY \$\$\$</u>
LINE(s) of CREDIT			
PERSONAL LOANS			
VEHICLE LOANS			
Housing Costs	<u>BALANCE</u>	<u>INTEREST RATE (Fixed/Variable)</u>	<u>MONTHLY \$\$\$</u>
- Est. Value			
- RENT			
- <u>MORTGAGE</u>			
- EQUITY			
FOOD/Entertainment	<u>AVERAGE Expenses</u>		<u>MONTHLY \$\$\$</u>
- Groceries/household			
- Restaurants/Eating out			
- Kids/School/Sports...			
- MISC.			
UTILITIES	<u>AVERAGE Expenses</u>		<u>MONTHLY \$\$\$</u>
- Water			
- Gas			
- Electric/Hydro			
- Cable/Satellite			
- Cell phone/Internet			
2 nd Mortgages/ Cottage /Rental Unit	<u>BALANCE</u>	<u>INTEREST RATE (Fixed/Variable)</u>	<u>MONTHLY \$\$\$</u>
CORPORATE STRUCTURES?			
- Leveraged Loans			
- Health Benefit Plan			

Retirement Planning

CAPEISKY | PLANNING THAT WORKS FOR YOU.

YOUR GOALS	Client/Spouse/Monthly needs
What would you like to do during your retirement?	
Do you plan on downsizing your home or relocating when you retire?	<input type="checkbox"/> YES <input type="checkbox"/> NO
At what age do you plan to retire?	_____ AGE
Are you eligible for CPP/OAS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How much will you need to live on?	_____ MONTHLY \$\$\$
Indicate as a % of your current income (ie. 80%)	_____ %
EMPLOYER Retirement plan	
Does your employer offer a retirement plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your employer offer a CONTRIBUTION MATCH?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you contributing the MAX?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SURVIVOR INCOME NEEDS – Life/Disability/Critical Illness

- What would you do financially if one/both of you were to pass away?
- Do you know anyone who experienced the death /disability/ illness of a spouse?
- How would your lifestyle change? How would your monthly budget change?
 - Emergency funds needed monthly? Or at death? _____
 - Funeral Expenses/Estate Transfer Taxes? _____

CURRENT COVERAGE	Client/Spouse/Limits
Do you BOTH have Life insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ \$Death Benefit \$
Employer Owned ? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> TERM (Purchased _____)
Personally Owned ? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> WHOLE LIFE (Cash Value _____)
	_____ \$ Monthly premium
	_____ BENEFICIARIES (Spouse/Kids?)
Do you have Disability insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ \$Monthly Limit \$
Do you have Critical Illness insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ \$Lump Sum Limit \$
Have you had any medical events that might prevent you from getting additional insurance?	

Estate Planning

CAPEISKY | PLANNING THAT WORKS FOR YOU.

- Do you feel you are adequately protected? ☐ YES ☐ NO _____
- Do you have a lawyer? ☐ YES ☐ NO _____
 - Name/Address/Contact _____
- Do you have a will? ☐ YES ☐ NO _____
- Are your beneficiaries up-to-date? ☐ YES ☐ NO _____
- Power of attorney? (Financial) ☐ YES ☐ NO _____
- Power of attorney? (Personal Care) ☐ YES ☐ NO _____
- Outstanding Income Tax? ☐ YES ☐ NO _____
- Who will act as your executor? _____
- Where are your important documents kept? _____



- | | | |
|--|------------------------------|-----------------------------|
| • Joint ownership of property? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Trusts to hold property for spouse/children? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Segregated funds or deferred annuities? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Using Capital Gains exemptions? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Estate freeze for business owners? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Buy/Sell Agreements for business owners? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • A gifting (or charitable) program while you are alive? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Risk Tolerance

CAPEISKY | PLANNING THAT WORKS FOR YOU.

Frequency of Advisor Reviews	<input type="checkbox"/> Yearly	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly
DATE of next Follow-up?			

Risk Tolerance	Objective	Time Horizon	Annual Income
<input type="checkbox"/> Low	<input type="checkbox"/> Preservation	<input type="checkbox"/> 1-3 years	<input type="checkbox"/> < = \$30K
<input type="checkbox"/> Low/Medium	<input type="checkbox"/> 100% Fixed Income	<input type="checkbox"/> 4-5 years	<input type="checkbox"/> \$30-\$60K
<input type="checkbox"/> Medium	<input type="checkbox"/> Income	<input type="checkbox"/> 6-10 years	<input type="checkbox"/> \$60-90K
<input type="checkbox"/> Medium/High	<input type="checkbox"/> Income & Growth	<input type="checkbox"/> 10+ years	<input type="checkbox"/> \$90-120K
<input type="checkbox"/> High	<input type="checkbox"/> Growth		<input type="checkbox"/> > = \$120K

Is financial planning the cure for cash-related stress?

Canadians who work with a **CERTIFIED FINANCIAL PLANNER®** professional or a **QUALIFIED ASSOCIATE FINANCIAL PLANNER™** professional sleep better and report lower levels of money-related stress.

Does this sound like you?	With Planner	Without Planner
Money is my top cause of stress	23%	39%
I have lost sleep because of financial worries	40%	52%
My financial stress has led to health issues	20%	31%
I feel more hopeful about my financial future today	73%	56%

NOTES: _____
