

F N A – QUESTIONNAIRE



SECTION 1

Name _____ Spouse Name _____

PROFESSIONAL CONTACTS

	<u>Name</u>	<u>Firm/Company</u>	<u>Date of Last Consultation</u>
Lawyer	_____	_____	_____
Accountant	_____	_____	_____
Stock Broker	_____	_____	_____
Insurance Agent	_____	_____	_____
Banking Inst.	_____	_____	_____

ASSUMPTIONS

	<u>OUR</u>	<u>YOUR</u>
CPI (Consumer Price Index – Gov't related items)	2.7%	_____
Inflation (Personal Items, Lifestyle Expenditures, Wages)	3.7%	_____
Post Secondary Tuition Cost Index (Education Inflation)	11.0%	_____
Real Estate Index (Equity Growth on Real Estate)	2.0%	_____
Pre Tax Equity Investment Return	10.0%	_____
Pre Tax Interest Investment Return	6.0%	_____
Long Term, Gov. of Canada Bond Rate (LIFS, RIFS Withdrawals)	5.5%	_____
At what age do you wish to retire? _____	Your Spouse? _____	
Desired Retirement Income \$ _____	Your Spouse? \$ _____	
Annual RRSP Contribution \$ _____	Your Spouse? \$ _____	
Your current unused RRSP Room \$ _____	Your Spouse? \$ _____	
Include OAS and CPP Income during retirement? Y / N	Start CPP at : Age 65 _____	

SECTION 2

CASH MANAGEMENT

	<u>YOU</u>	<u>YOUR SPOUSE</u>
Pay Period (Weekly, Bi-weekly, Monthly, Quarterly)	_____	_____
Gross Income	\$ _____	\$ _____
CPP	_____	_____
EL	_____	_____
Tax	_____	_____
Union/Professional Dues	_____	_____
RRSP Contributions	_____	_____
Public Health Care	_____	_____
Other Deductions at Source	_____	_____
Net Income After Deductions	A \$ _____	\$ _____
Commissions (After Business Expenses)	+ \$ _____	\$ _____
Bonus(es)	+ _____	_____
Rental Income	+ _____	_____
CPP Income (if currently receiving)	+ _____	_____
OAS Income (if currently receiving)	+ _____	_____
Other Pensions (if currently receiving)	+ _____	_____
RRSP/RRIF Income (if currently receiving)	+ _____	_____
Other Income Sources (if currently receiving)	+ _____	_____
Total Income from all Sources	= \$ _____	\$ _____

F N A – QUESTIONNAIRE

Gold Coin Group Inc.

Create • Manage • Preserve Wealth



LIFESTYLE EXPENDITURES (Specify frequency of expenses i.e: Monthly, Weekly)

<u>EXPENSE ITEM</u>	<u>CURRENT</u>	<u>INSURED</u>	<u>RETIREMENT</u>
Housing Cost: Mortgage Payment	\$ _____	\$ _____	\$ _____
Rent	_____	_____	_____
Condo Fees	_____	_____	_____
Property Taxes	_____	_____	_____
Insurance	_____	_____	_____
Utilities (Water, Gas, Electric)	_____	_____	_____
Maintenance & Repairs	_____	_____	_____
Other: _____	_____	_____	_____
Household & Living: Food	_____	_____	_____
Telephone	_____	_____	_____
Personal Care	_____	_____	_____
Clothing	_____	_____	_____
Medical/Dental	_____	_____	_____
Child Care	_____	_____	_____
Education	_____	_____	_____
Other: _____	_____	_____	_____
Transportation: Car Payments	_____	_____	_____
Car Insurance	_____	_____	_____
Gas/Oil	_____	_____	_____
Maintenance & Repairs	_____	_____	_____
Public Transportation	_____	_____	_____
Other: _____	_____	_____	_____
Insurance: Life Insurance	_____	_____	_____
Disability Insurance	_____	_____	_____
Public Health Care	_____	_____	_____
Private Health Care	_____	_____	_____
Other: _____	_____	_____	_____
Investment: Prof. Fees, Accounting etc.	_____	_____	_____
Business Loan Payment	_____	_____	_____
RRSP Loan Payment	_____	_____	_____
Investment Loan Payment	_____	_____	_____
Savings Plans	_____	_____	_____
Other: _____	_____	_____	_____
Recreation: Travel	_____	_____	_____
Cable/Satellite/Video Rentals	_____	_____	_____
Rec, Sports Equipment & Facility	_____	_____	_____
Other: _____	_____	_____	_____
Discretionary: Gifts/Donations	_____	_____	_____
Tobacco/Alcohol	_____	_____	_____
Other: _____	_____	_____	_____
Miscellaneous: Personal Loan Payments	_____	_____	_____
Credit Card/Short Term Loans	_____	_____	_____
Professional/Union Dues	_____	_____	_____
Total Lifestyle Expenditures	\$ _____	\$ _____	\$ _____

F N A – QUESTIONNAIRE



DEBT INFORMATION

LOAN INFORMATION

	<u>LOAN 1</u>	<u>LOAN 2</u>	<u>LOAN 3</u>	<u>LOAN 4</u>
Borrower (Joint or Individual)	_____	_____	_____	_____
Use of Funds (Car, RSPs, etc.)	_____	_____	_____	_____
Type (Term, Demand, Fixed Principal)	_____	_____	_____	_____
Outstanding Amount of Loan	\$ _____	\$ _____	\$ _____	\$ _____
Outstanding Term of Loan	_____	_____	_____	_____
Interest Rate on Loan (%)	_____	_____	_____	_____
Compound Period (Daily, Annually)	_____	_____	_____	_____
Payment Toward Loan	\$ _____	\$ _____	\$ _____	\$ _____
Payment Cycle (Bi-weekly, Monthly)	_____	_____	_____	_____

CREDIT CARD & SHORT TERM DEBT

	<u>DEBT 1</u>	<u>DEBT 2</u>	<u>DEBT 3</u>	<u>DEBT 4</u>
Cardholders Name	_____	_____	_____	_____
Type of Card (Visa, MC, Store)	_____	_____	_____	_____
Balance Owing	\$ _____	\$ _____	\$ _____	\$ _____
Annual Interest Rate	_____ %	_____ %	_____ %	_____ %
Monthly Payment	\$ _____	\$ _____	\$ _____	\$ _____

MORTGAGE INFORMATION

	<u>MORTGAGE 1</u>	<u>MORTGAGE 2</u>	<u>MORTGAGE 3</u>	<u>MORTGAGE 4</u>
Ownership (Joint, Individual)	_____	_____	_____	_____
FMV at time of Purchase	\$ _____	\$ _____	\$ _____	\$ _____
FMV Now	\$ _____	\$ _____	\$ _____	\$ _____
Purpose (Residence/Rental/Other)	_____	_____	_____	_____
Amount Mortgaged	\$ _____	\$ _____	\$ _____	\$ _____
First Payment Date	_____	_____	_____	_____
Term	_____	_____	_____	_____
Amortization Period	_____	_____	_____	_____
Interest Rate	_____ %	_____ %	_____ %	_____ %
Compound Period (Semi-Annual)	_____	_____	_____	_____
Payment	\$ _____	\$ _____	\$ _____	\$ _____
Payment Frequency (Bi-weekly)	_____	_____	_____	_____
Property Tax	\$ _____	\$ _____	\$ _____	\$ _____
Property Insurance Premium	\$ _____	\$ _____	\$ _____	\$ _____
Next Renewal Date (mm/dd/yy) of:	_____	_____	_____	_____

F N A – QUESTIONNAIRE



SECTION 3

RISK MANAGEMENT

LIFE INSURANCE AND/OR CRITICAL ILLNESS COVERAGE

Face Amount	Premium	Issue Date	Insured	Owner	Beneficiary	Company	Type*	CSV

*Type: T = Term; WL = Whole Life; UL = Universal Life; G = Group; CI = Critical Illness

Disability/LTC Plans	Policy 1	Policy 2	Policy 3	Policy 4
Type: (G/I/O) or LTC*				
Company				
Name of Policy Holder				
Coverage (NC/GR/CR)*				
Occupation (Own/Any)				
Premiums				
Monthly Benefits				
Waiting Period				
Benefit Period				
Taxable				
Index %				

* Type: G = Group; I = Individual; O = Other; LTC = Long Term Care

* Coverage: NC = Non Cancelable; GR = Guaranteed Renewable; CR = Commercial

Auto Insurance Renewal Date: _____

Home Insurance Renewal Date: _____

Other Insurance Renewal Date: _____

SECTION 4

INVESTMENT MANAGEMENT

Client Name	Tax Status*	Asset Type*	Net Inv. \$	FMV \$	ROI %	Maturity	Purpose

*Tax Status: RSP, Sp-RSP, Open

*Asset Type: Funds, Bonds, Equity, LSIF, etc

F N A – QUESTIONNAIRE

Gold Coin Group Inc.

Create • Manage • Preserve Wealth



PENSION INFORMATION

Plan Member	Type*	F M V	Start Age	Monthly Income \$	Locked	Taxable	Survivor
					Y/N	Y/N	Y/N
					Y/N	Y/N	Y/N
					Y/N	Y/N	Y/N
					Y/N	Y/N	Y/N
					Y/N	Y/N	Y/N

*Type: RPP, D.C., DPSP, GRSP

PERSONAL/FAMILY ASSETS

Description	Owner's Name	Purchase Price \$	Market Value \$
House			

BANK ACCOUNTS

Type of Account	Institution Name	Balance \$	R O I %	Purpose

SECTION 5

ESTATE PLANNING CONSIDERATIONS

	<u>YOU</u>	<u>YOUR SPOUSE</u>
Do you have a will?	_____	_____
When did you last review your will?	_____	_____
Do you have Power of Attorney for Property?	_____	_____
Do you have Power of Attorney for Personal Care?	_____	_____
Are all of the following addressed?		
1. Record of Personal Affairs	_____	_____
2. Gifts to Family Members	_____	_____
3. Planned Giving to Charity	_____	_____
4. Joint Property	_____	_____
5. Living Trusts	_____	_____
6. Life Insurance	_____	_____
7. Letter of Wishes	_____	_____
8. Taxes	_____	_____
9. Potential Family Strife	_____	_____
10. Probate Fees	_____	_____
11. Loss of Control	_____	_____
12. Liquidity Concerns	_____	_____



SECTION 6

TAX MANAGEMENT

- Income Deferral Strategies _____
- Capital Gains Deferral _____
- Income Splitting _____
- Estate Freezing _____
- Equivalent-to-married Credit _____
- Income Spreading _____
- Specialized Tax Shelters _____
- Leveraging _____
- Universal Life Tax Exemption Concept _____

SECTION 7

SPECIAL NEEDS MANAGEMENT

Additional Issues which the Client or Spouse wants us to address:

I/We state that the information contained on this page and the preceding 5 pages are given on a **'best effort'** basis by us of our financial position.

Client Signature Signature of Spouse Signature of Witness Date