



Financial Needs Analysis Questionnaire

Client name: _____

Name of spouse: _____

Advisor: _____

Date: _____



Part 1 – Goals

1. Which personal objectives are the most important to you?

2. What should a life insurance program do for you and your family?

3. How do you feel about saving for your children's education? Why?

4. Today, what percentage of the family income do you feel should go towards savings? Why?

5. What do you think is a reasonable interest rate when investing monies?

6. (a) At what age do you wish to retire? _____

(b) What plans do you have for retirement? _____

(c) Is saving for retirement important to you? _____

7. Are you familiar with your government retirement benefits? _____

8. If you could no longer work due to a disability, would you have sufficient reserves to keep you going? For how long? _____

Advisors

	Name	Firm	Telephone	E-mail
Lawyer				
Accountant or tax consultant				
Insurance broker				
Financial planner or advisor				
Other:				

Part 3 – Financial Management

Income

GROSS INCOME \$ _____

MINUS:

Income taxes (_____)

EI (_____)

CPP/QPP (_____)

Pension (_____)

Other (_____)

NET INCOME \$ _____

Rental income _____

Dividends _____

Interest _____

Pension _____

Other _____

TOTAL INCOME \$ _____

Expenses

HOUSING

Mortgage/Rent _____

Maintenance and repairs _____

Taxes, water/sewer _____

Heat and electricity _____

Tel./Internet/Cable _____

Insurance _____

Other _____

LIVING EXPENSES

Groceries _____

Clothing _____

Healthcare _____

Personal care _____

Bank fees _____

Daycare _____

Other _____

TRANSPORTATION

Fuel _____

Maintenance and repairs _____

Lease/Loan/Savings _____

Licence and registration _____

Insurance _____

Other _____

MISCELLANEOUS

Donations _____

Recreational activities _____

Gifts _____

Vacation _____

Debt repayment _____

Restaurants _____

Subscriptions _____

Other _____

SAVINGS AND INSURANCE

Short-term goals _____

Retirement savings _____

Education savings _____

Other savings _____

Life insurance _____

Disability insurance _____

Critical illness insurance _____

Other _____

TOTAL EXPENSES \$ _____

Part 5 – Retirement

Retirement Goals

	Client	Spouse
Retirement date (age/year)	_____	_____
Life expectancy (age/year)	_____	_____
Desired annual net income at retirement (in today's dollars)	_____	_____
Projected annual inflation rate (%)	_____	_____

RRSP and TFSA Limits

	Client	Spouse
RRSP deduction limit for the year 20__	_____	_____
TFSA contribution limit for the year 20__	_____	_____

Sources of Retirement Income

Defined Benefit Pension Plan: (It is preferable that an estimated pension be obtained from the client's pension plan statement or plan administrator.)

	Client	Spouse
Formula method:		
Pension participation date (enrolment date)	_____	_____
Number of years of average salary	_____	_____
Pension formula (percent per year of service)	_____	_____
Estimated monthly pension in lieu of formula method	_____	_____

Sources of Retirement Income (continued)

Defined Benefit Pension Plan (continued): (It is preferable that an estimated pension be obtained from the client's pension plan statement or plan administrator.)

	Client	Spouse
Indexed to inflation? (yes/no)	_____	_____
Is pension integrated? (With CPP/QPP, OAS)	_____	_____
Benefits begin (at retirement or a specified age)	_____	_____
Percent payable to survivor (If applicable)	_____	_____

Defined Contribution Pension Plan

	Client	Spouse
Current value	_____	_____
Contribution frequency	_____	_____
Percentage of salary per year or dollar value per contribution	_____	_____

Canada Pension Plan

	Client	Spouse
Benefit start age	_____	_____
Benefit eligibility (percentage)	_____	_____
Estimated monthly benefit (if known)	_____	_____
Split CPP (yes/no)	_____	_____

Sources of Retirement Income (continued)

Old Age Security

	Client	Spouse
Benefit eligibility	_____	_____
Estimated monthly benefit (if known)	_____	_____

Other financial goals and additional comments

(Use this section to enter any additional financial goals and any other information that you feel would be relevant to your client's financial plan.)

Part 6 – Insurance and Estate Planning

In case of death, disability or critical illness, what are your main concerns regarding the impact these events would have on your financial situation?

Life Insurance

Insured	Insurer	Date Issued	Type of Insurance	Benefit	Premium

Critical Illness Insurance

Insured	Insurer	Date Issued	Type of Insurance	Benefit	Premium

Disability Insurance

Insured	Insurer	Date Issued	Type of Insurance	Benefit	Premium

Do you have a will? Yes No Last updated _____

Do you have a power of attorney? Yes No Last updated _____

Do you have a living will? Yes No Last updated _____



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