



Building a foundation

Fact find



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The four cornerstones

Liquidity - What would happen if you needed cash?

Retirement - What will your retirement be like?

Living benefits - What would happen if your health failed?

Financial security at death - What would happen if you died?

Section A: Client information

Client 1	Client 2
Name	Name
Address	Address
*Email address	*Email address
Home phone	Home phone
Cell phone	Cell phone
Work phone	Work phone
Fax number	Fax number

Preferred contact method (check one)

Cell phone Work Phone Home phone Email*

***Advisor note:** Confirm with client that email is not completely secure and the client has the option of not providing an email address. Ensure the client is willing to receive communications using email. Collection of email address is for business correspondence only and is not for prospecting.



Personal Information

Client 1	Client 2
Date of birth	Date of birth
Marital status	Marital status
Children/Dependants Date of birth	Children/Dependants Date of birth
Hobbies/Interests	Hobbies/Interests

Employment

Client 1	Client 2
Employer	Employer
Title	Title
Occupation / Duties	Occupation / Duties
Annual income	Annual income
Future career goals	Future career goals

Financial advice

Will/Power of attorney

Do you have a will? Yes No

Last update _____

Location _____

Details / Amount _____

Do you expect an inheritance? Yes No

Do you have a power of attorney? Yes No



Financial advice, continued

Who plays a role in your financial security planning?
(Example: advisor, lawyer, accountant, family)

What role do they have in your financial security plan?

Objectives

What are your short-term goals? (next two years)

What are your long-term goals? (five to 10 years from today)

If we met three years from today, what personal and professional accomplishments would make you feel happy?

Personal accomplishments

Professional accomplishments

What do you expect from an advisor?

Notes: Client Information

Goals, dreams, concerns, education, values, family, lessons learned, lifestyle, legacy



Section B: Cash flow

Current state

Assets	Amount	Contribution frequency (monthly, annually)
Bank accounts		
Car (own/lease)		
Non-registered savings (GICs, etc.)		
Total:		

Current state

Debts/Liabilities	Amount	Contribution frequency (monthly, annually)
Student loans		
Car loans/leases		
Mortgage/rent		
Line of credit/loans		
Credit cards		
Other(s)		
Total:		
Net worth (assets less liabilities)		

Income	
Last year	This year
Five years from today	Contribute to EI/ CPP/ QPP?



Future planning

How would you deal with a financial emergency?
(car or housing repairs, etc.)

Ideally, how much money would you like to set aside for an emergency?

Future purchase goals

Description	Timeframe	Amount to be saved
Car		
House		
Business		
Vacations		
Education		
Other:		
Other:		
Other:		

Notes: Cash flow

Accessing cash, student loans, credit score, debt load, goals, dreams, concerns, education, values, family, lessons learned, lifestyle

Section C: Retirement planning

Current retirement plan

Do you contribute to any of the following retirement planning options? Yes No



Retirement planning, continued

Existing retirement planning	Amount	Frequency
RRSP		
Pension plan		
Tax-free saving account (TFSA)		
Other registered/ non-registered savings		

Have you ever borrowed money to invest in an RRSP? Yes No

If no, would you consider it? Yes No

Desired retirement lifestyle

What age do you plan to retire? Why?

What lifestyle do you see for yourself in retirement?

Retirement timeline

Notes: Retirement planning

TFSA, cash value, registered/non-registered, goals, dreams, concerns, values, family, lessons learned, lifestyle, legacy



Section D: Income protection

Disability coverage

Do you have disability insurance? Yes No

Critical illness coverage

Is there a history of critical illness in your family? Yes No

Do you have critical illness insurance? Yes No

Existing disability policies

Institution	
Insured	Owner
Waiting period	Benefit period
Monthly coverage	Premium
Other benefits	

Existing critical illness policies

Institution	
Insured	Owner
Lump sum payment	Benefit period
Premium	
Other benefits	

Are you satisfied with your current disability and/or critical illness insurance coverage?

Planning

If you became sick or injured, what would you like to happen?

How much income do you need each month to meet your financial obligations?



In the situation you just described, how much money would you need if you died at that point in time?

Where do you expect this money to come from?

Future need for capital

Cash requirements		
Final expenses		
Mortgage		
Education fund		
Income requirements	/ per year ÷	%
Total money required		

Options to address future needs

Start now	Start later	Build step-by-step
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Notes: Estate planning



Priorities/notes

Cashflow	Retirement	Income protection	Estate planning
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Section F: Household income and expenses

*Shaded fields to be completed by your advisor.

Household net income (monthly)	Client 1	Client 2
Employment income (monthly)		
Pension		
Family allowance		
Other government benefits		
Rental income		
Investment income		
Other		
*Total		

Household commitments (monthly)	Client 1	Client 2
Contributions to savings/insurance		
Registered retirement savings plan contributions		
Tax-free savings account contributions		
Non-registered savings contributions		
Disability or critical illness insurance		
Life insurance		
Other (e.g. education)		
*Total		



Household income and expenses, continued

Debt repayments	Client 1	Client 2
Loan/line of credit payments		
Credit card payments		
Student debt repayment		
Mortgage		
Other		
Total		

General expenditures		
Groceries	Household	
Clothing	Personal care	
Childcare	Other	
Total		

Healthcare		
Paramedical	Medication	
Dental	Vision	
Other	Other	
Total		

Miscellaneous		
Gifts	Charities	
Other	Other	
Other	Other	
Total		



Recreation	
Entertainment	Dining
Sports/memberships	Hobbies/pastimes
Subscriptions	Vacations
Other	
Total	

Transportation	
Lease/car payments	Transit
Insurance	Gas
Maintenance	Parking
Other	
Total	

Housing costs	
Rent	Taxes/home insurance
Maintenance	Electricity/heat/water
Phone/cable/internet	
Other	
Total	

Monthly household cash flow summary

Total income
Client 1 net income (monthly)
Client 2 net income (monthly)
Total net household income



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Quadrus Investment Services Ltd.

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