



FIDUCIA
WEALTH MANAGEMENT
CREATION | PRESERVATION | TRANSFER

Confidential Discovery Questionnaire

Prepared for:

Client A Name: _____

Client B Name: _____

1. Financial Philosophy

We would like to learn a little more about your values, feelings and attitudes towards various financial topics. Please provide a brief description of your philosophy on the following topics:

Topic	Client A Comment	Client B Comment
Investment savings:		
Reinvesting in your business:		
Borrowing:		
Borrowing to invest:		
Tax minimization:		
Tell us about the <i>worst</i> investment you've ever made:		
Tell us about the <i>best</i> investment you've ever made:		
What do you love spending money on?		
What do you hate spending money on?		
What is your greatest financial concern?		
What life experiences and adventures have you not yet had that you would like to?		

2. Personal Information (to be held in the strictest confidence)

	<i>Client A</i>	<i>Client B</i>
Home Address:		
Date of birth:		
Birth place:		
Citizenship (list all):		
Social Insurance Number:		
Do you smoke? Yes / No		
Marital Status / Date of Marriage:		
Do you have a marriage contract?		
Have you had previous marriages?		
Do you have spousal / child support obligations?		
Do you have any known health issues?		
Preferred email address:		
Home Phone:		
Work Phone:		
Cell Phone:		

Children, Grandchildren or Dependent Parents

<i>Name</i>	<i>DOB / Age</i>	<i>Relationship</i>	<i>Level of dependence</i>

3. Personal Financial Situation (Income, Assets & Liabilities)

	<i>Client A</i>	<i>Client B</i>
Employment & Income		
Employer / Company:		
Occupation / Title:		
Years of service:		
Base salary:		
Commissions or annual bonus:		
Private company dividends:		
Rental income:		
Investment income:		
Pensions and Other Sources of Income		
Are you entitled to full CPP benefits? If no, do you know your entitlement?		
Are you entitled to full OAS benefits? If no, do you know your entitlement?		
Do you have a company pension plan? If yes:		
<ul style="list-style-type: none"> • Is it a Defined Benefit or Defined Contribution Plan? • Please remember to provide statements.... • Amount per month / year: • Starting age: • Is it indexed? 		
Other (please specify):		
Savings		
RRSP deposits (annual / monthly):		
TFSA deposits (annual / monthly):		
Open accounts (annual / monthly):		
Education / RESP (annual / monthly):		
Other savings (please specify):		

Personal Balance Sheet				
	Client A	Client B	Jointly Held	Cost / ACB
Financial Assets				
RRSP accounts:				
TFSA accounts:				
Open accounts:				
Cash / short-term savings:				
Real Estate Assets				
Principal residence:				
Second home:				
Vacation property:				
Rental properties:				
Other (please specify):				
Household & Miscellaneous Assets				
Vehicles / boats, etc.:				
Art, Antiques & Jewellery:				
Other (please specify):				
Liabilities (please indicate any assets loans are associated with)				
Mortgages (list)				
Lines of Credit (list)				
Credit card (list)				

4. Business Interests

	<i>Client A</i>	<i>Client B</i>	<i>Jointly Held</i>	<i>Cost / ACB</i>
<i>Corporate Investments & Securities</i>				
Cash:				
GICs / CSBs / Deposits:				
Investment accounts:				
<i>Corporate Owned Real Estate Assets</i>				
Description:				
<i>Business Operations & Good Will</i>				
<i>Liabilities (please indicate any assets loans are associated with)</i>				
Loans (list):				
<i>Share Value</i> <i>Fair Market Value (FMV) of shares you own is generally Total Corporate Assets less Total Corporate Liabilities...</i>				

5. Retirement Planning

	Client A	Client B
<i>You may plan to spend more in the early or 'active years' of retirement and less as you become older and less able to travel. We typically plan for income to life expectancy plus at least 5 years.</i>		
Target retirement age:		
Estimate of after-tax income required: <ul style="list-style-type: none"> • If combined, list under Client A • Income for 'active years': • Income for 'passive years': 		
<i>Working in Retirement – Partial Retirement</i> <i>Today, many people plan to transition into retirement by continuing to work for a number of years on a part-time of consultant basis. If you expect to earn an income while in retirement, please indicate:</i>		
Income you expect to earn (today's \$\$):		
Starting age for income:		
Ending age for income:		
<i>Healthcare in Retirement</i> <i>Fewer and fewer people will have continued employer healthcare through retirement. Even those who do will not have coverage the cost of Long-Term Care for Assisted Living. If this is a potential concern for you, please consider:</i>		
Do you think your assets and income sources could provide adequately for the increase in costs associated with a prolonged long-term care requirement?		
Have you had any personal experience with a family member of loved one in a long-term care scenario?		
What would you estimate the cost of full time assisted living to currently be on an annual basis?		
<i>Inheritance</i> <i>It has been estimated that Canadian baby boomers will inherit approximately \$1 trillion over the next twenty years, with this in mind we would like to ask if you expect to receive an inheritance at some point in the future. If so:</i>		
Are you the beneficiary of someone else's estate or a trust?		
What type of assets do you expect to inherit?		
Can you estimate the value of your potential inheritance in today's dollars?		

6. Insurance Portfolio

	<i>Client A</i>	<i>Client B</i>	<i>Joint</i>
<i>Life Insurance (if joint, indicate whether proceeds payable on first or second to die)</i>			
Permanent insurance: (premiums do not increase over time and coverage will remain in force until death)			
Term (temporary) insurance: (premiums will go up, sometimes dramatically over time – usually terms of 10, 20 or 30 yrs - and the coverage typically terminates by age 80 or 85)			
Joint: (indicate permanent or term)			
Group benefits life coverage:			
<i>Disability Insurance</i>			
Monthly benefit amount: (private plan)			
Monthly benefit amount: (group benefits plan)			
<i>Critical Illness Insurance</i>			
Permanent: (premiums level typically to age 75 or 100 when the policy terminates)			
Term (temporary): (premiums rise each term or 10, 20 yrs, etc.)			
Optional benefits and riders: (return of premium, disability waiver, etc.)			
Group benefits illness coverage:			
<i>Long-Term Care Insurance</i>			
Benefit amount: (per day / week or month)			

7. Tax & Estate Planning

	<i>Client A</i>	<i>Client B</i>
<i>Wills & Powers of Attorney</i>		
Do you have a current: <ul style="list-style-type: none"> • Will? • Power of Attorney (Property) • Power of Attorney (Personal Care) 		
When was it last reviewed?		
Does your will include any testamentary trusts?		
Who are the beneficiaries of your will?		
<i>Family Trusts</i>		
Do you have a family trust?		
If yes, what assets does it hold?		
<i>Estate Goals</i>		
Who would you like to benefit from your estate?		
What would you like your beneficiaries to be able to do as a result of your estate planning?		
In the event of your death, what is your estimate of the emotional and financial maturity of your children?		
In the event of your death, what would you like to occur specifically for your spouse?		
Tax considerations aside, in what manner would you want your estate distributed?		
Do you own property or any other assets in the USA or any other foreign country?		
Additional Comments:		

8. Charitable Giving & Philanthropy

	<i>Client A</i>	<i>Client B</i>
<i>Favourite Charities or Causes</i>		
Do you have a favourite charity or cause?		
Would you rather receive income tax benefits from gifts made while alive or would you prefer to leave money in your will?		
Have you ever hear of, or considered a charitable gift annuity?		
Do you have securities (i.e. stocks) you would like to donate to a charity?		
Is there anything else we should know about your charitable intentions?		

9. Document Checklist

Importance of Document Review

It may be easier for you to provide us with copies of relevant documents. If you provide originals, we will return them after copies are taken. It is important for us to review actual documents to gain a precise understanding of your overall financial situation.

Names & contact information for personal accountants, lawyers and other advisors	<input type="checkbox"/>
Last three (3) payroll stubs	<input type="checkbox"/>
Last two years T1 General (tax returns) and Notice of Assessment from CRA	<input type="checkbox"/>
Employee benefit booklets <i>and</i> most recent benefit statements	<input type="checkbox"/>
Most recent pension plan statement	<input type="checkbox"/>
CPP / QPP statement of contributions and projected benefits (or current benefits received)	<input type="checkbox"/>
Most recent statements for savings accounts, RRSPs, TFSAs, Open accounts, GICs, CSBs, corporate accounts, etc.)	<input type="checkbox"/>
Copies of any mortgages receivable	<input type="checkbox"/>
Copies of statements for all liabilities (mortgages, lines of credit, etc.)	<input type="checkbox"/>
Life, disability, critical illness, long-term care insurance policies (personal or corporate owned)	<input type="checkbox"/>
General insurance policies (home, auto, umbrella, etc.)	<input type="checkbox"/>
Wills & or Powers of Attorney	<input type="checkbox"/>
Marriage contracts	<input type="checkbox"/>
Divorce / separation agreements	<input type="checkbox"/>
Shareholder agreements / business agreements	<input type="checkbox"/>
Family Trust documentation	<input type="checkbox"/>
Documentation for any interest you have in a Trust of Estate still in existence	<input type="checkbox"/>

10. Did We Miss Anything?

If there is anything else you would like to add to help us better understand your Vision of Financial Success, please elaborate below. Your additional input and explanation can be very helpful in the planning process!

Client A	Client B

