

FINANCIAL NEEDS ANALYSIS

Date:	Name:	Name:
Email		
Phone		
DOB		
Address		
Occupation		
Annual income		
Children		
Will	Do you have an up-to-date will? <input type="checkbox"/> Yes <input type="checkbox"/> No Power of attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Goals/concerns: <input type="checkbox"/> Income and family protection <input type="checkbox"/> Retirement <input type="checkbox"/> Debt management <input type="checkbox"/> Save more <input type="checkbox"/> Estate <input type="checkbox"/> Investments <input type="checkbox"/> Kids education <input type="checkbox"/> Mortgage Life Insurance <input type="checkbox"/> Major purchase <input type="checkbox"/> Other: _____		

Existing insurance

Disability insurance		
Critical illness insurance		
Life insurance		
Mortgage insurance		

Assets

Insurance Cash Value		
Stocks/Bonds/Funds		
Savings		
RRSP		
TFSA		
RRIF/Pension accounts		
Residence		
Real Estate		
Other		

Debt

Credit cards		
Car loan		
Line of credit		
Investment loan		
Mortgage		
Other		

Risk tolerance

	<input type="checkbox"/> I am willing to take substantial risks in order to maximize my rate of return. <input type="checkbox"/> I am willing to take an average amount of risk to improve my rate of return. <input type="checkbox"/> I prefer to take very little risk with my investments.	<input type="checkbox"/> I am willing to take substantial risks in order to maximize my rate of return. <input type="checkbox"/> I am willing to take an average amount of risk to improve my rate of return. <input type="checkbox"/> I prefer to take very little risk with my investments.
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