

INITIAL ASSESSMENT & EVALUATION QUESTIONNAIRE

For:

Client: _____

Spouse: _____

Date: _____

Advisor: _____

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I. By understanding what we value in life, (Peter McKitterick) can provide a more relevant and appropriate service for you.

Note: For the purposes of this exercise, we will call _____ the "Client" and _____ the "Spouse". We have recorded client responses on the left side, and spousal responses on the right side.

A. I love spending money on...

Client	Spouse

B. I hate spending money on...

Client	Spouse

C. My greatest financial concern is...

Client	Spouse

D. The adventures that I have not had yet that I would like to are...

Client	Spouse



- 1) If we were sitting here 3yrs from today, what would need to occur for you to feel like you've made good progress?

Client	Spouse

- 2) What is important about money to you?

Client	Spouse

- 3) Describe in 25 words or less your investment policy statement?

Client	Spouse



II. The first step in creating a plan that will support your values is to know what your specific financial objectives are.

There is a time in our life in which our financial position has enabled/will enable us to say "We don't have to keep working anymore".

A. That was/will be age _____ (**Retire By**) Client Age _____ Spouse Age _____

B. The amount of net after tax income that is required to maintain our standard of living is:

NOW \$ _____ Per Month or \$ _____ Per Year

AT RETIREMENT \$ _____ Per Month or \$ _____ Per Year

C. The percentage of educational costs that we want to fund for our children/grandchildren is _____ %

Name	Birth Date (M/D/YY)	Relationship	Plan to Provide Support For (education, living expenses, etc.)	Length of Time	Annual Cost

D. We are budgeting money for these projects over the next 10 years and other financial objectives:

Purpose	Amount	Date Required	
	Per Year	From Year/ Client's Age	To Year/ Client's Age
	\$		
	\$		
	\$		
Liabilities (Mortgage, Line of Credit, Investment Debt)	\$		
	\$		
	\$		



Type of Asset	Client	Spouse	NOTES
Personal Use Assets			
Residence	\$	\$	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Cottage/ Other	\$	\$	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Mortgage on Residence	\$	\$	<input type="checkbox"/> Statement attached
Other Personal Liabilities	\$	\$	<input type="checkbox"/> Statement attached
Non-Registered Investments			
Bank Savings Account	\$	\$	<input type="checkbox"/> Statement attached
Investment Portfolio	\$	\$	<input type="checkbox"/> Statement attached
Registered Investments			
RRSP/RRIF - GIC	\$	\$	<input type="checkbox"/> Statement attached
RRSP/RRIF - Investment Portfolio	\$	\$	<input type="checkbox"/> Statement attached
TFSA	\$	\$	<input type="checkbox"/> Statement attached
Other Assets	\$	\$	<input type="checkbox"/> Statement attached
Investment Liabilities	\$	\$	<input type="checkbox"/> Statement attached

Cash Flow	Client	Spouse	NOTES
Salary/Business Income	\$	\$	
Investment Incomes	\$	\$	
Pension	\$	\$	<input type="checkbox"/> See Initial Assessment & Evaluation Supplement for details
CPP Benefits	\$	\$	
OAS Benefits	\$	\$	
Other Income	\$	\$	<input type="checkbox"/> See Initial Assessment & Evaluation Supplement for details
Registered Savings	\$	\$	
Education Savings	\$	\$	
Other Savings	\$	\$	



Life Insurance	Client	Spouse
Group Policy through the Employer	\$	\$
Term Insurance (1-Year; 5-Year; 10-Year; etc.)	\$	\$
Permanent Insurance (Whole Life; Term to 100; Universal Life)	\$	\$
Joint 1 st to Die Coverage: Term <input type="checkbox"/> Universal <input type="checkbox"/> \$ _____		
Joint 2 nd to Die Coverage: Term <input type="checkbox"/> Universal <input type="checkbox"/> \$ _____		

Health Insurance	Client	Spouse
Short-Term Disability Benefits	\$	\$
Long-Term Disability Benefits	\$	\$
Critical Illness Insurance	\$	\$
Taxable: Yes <input type="checkbox"/> No <input type="checkbox"/> Taxable: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Indexed: Yes ___ % No <input type="checkbox"/> Indexed: Yes ___ % No <input type="checkbox"/>		

Other information:



III. Peter McKitterick 's Initial Assessment of your situation is:

This assessment is not intended to replace an in-depth analysis of our situation. It is intended only as a quick assessment of potential problems or opportunities.

A. Portfolio

- Our portfolio is not well diversified, thus exposing us to unnecessary (short-term) risk.
 - Our portfolio may not be "efficient," that is, it doesn't appear to be designed so that when some asset classes are down, others are more likely to be up
 - Our portfolio may be too conservative to allow us to achieve our goals/maximize our estate
 - Our portfolio may be too aggressive and thus could be more volatile than we can comfortably handle
 - Our portfolio appears to have been constructed on a piecemeal basis
 - Our portfolio appears to be well constructed
 - Other: _____
-
-

B. Tax Management

- Some deductions/credits may be missed
 - Our portfolio does not appear to be tax optimized
 - There may be an opportunity to reduce taxation of interest income
 - There may be an opportunity to make interest on debt tax deductible
 - There may be missing income splitting opportunities
 - Other: _____
-
-

C. Risk Management

- May be under-insured:
 - o Life insurance (Client)
 - o Life insurance (Spouse)
 - o Income replacement insurance (Client)
 - o Income replacement insurance (Spouse)
 - o Long-term care
 - o Critical illness
 - o Office/business overhead



III. Peter McKitterick 's Initial Assessment of your situation (continued):

- May be over-insured:
 - Life insurance (Client)
 - Life insurance (Spouse)
 - Income replacement insurance (Client)
 - Income replacement insurance (Spouse)
 - Long-term care
 - Critical illness
 - Office/business overhead

Other Insurance issues _____

D. Other: _____

E. Feasibility of Attaining Objectives: _____

F. Service Recommended:

- Comprehensive Financial Planning
- Comprehensive Investment Management
- Modular Planning Services
 - Investment Policy Statement—IPS
 - Personal Financial Strategy: Retirement, Death, Disability
 - Needs on Death Analysis
 - Needs on Disability Analysis



IV. Action Plan:

A. Our next appointment is on _____ at _____ am/pm at _____.

B. Our objective for that appointment is:

C. We will provide the following data to Peter McKitterick:

- Last Three Payroll Stubs
- Employee Benefits Booklet(s)
- Most Recent Employee Benefits Statement(s)
- Most Recent Pension Plan Statement(s) and/or Plan Booklets
- Last Two Years Personal Income Tax Returns
- Notices of Assessment
- Most Current Financial Statements (for all Corporate, Proprietor or Partnership Interests)
- Monthly Cash Flow/Budget if you have one
- CPP/QPP Statement of Contributions

Most Current Statements of Investment and/or Copies of:

- RRSPs
- GICs
- CSBs
- Stock Portfolio
- Mutual Funds
- Mortgages Receivable
- Limited Partnership Offering Memorandum, Executive Summary and most current correspondence
- Documentation for all Current Liabilities (Mortgages, Lines of Credit, Credit Card Statements, etc.)
- Life, Disability, Critical Illness and Long-Term Care Insurance Policies
- General Insurance Policies (Auto, Homeowners etc.)
- Wills and/or Powers of Attorney
- Marriage Contract
- Divorce/Separation Agreement
- Shareholder's/Business Agreements
- Family Trust Documentation

D. Peter McKitterick will: _____



V. Initial Assessment & Evaluation Supplement

Pension Revenues (Description)	Who	Annual Amount	Starting Year	Ending Year	Index Rate	% Taxable	Survivor Option
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	\$ /yr			%	%	
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	\$ /yr			%	%	
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	\$ /yr			%	%	
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	\$ /yr			%	%	
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	\$ /yr			%	%	

Other Income

Item	Who	Fixed Period	End At Retirement	Start At Retirement	Defer Until Retirement	Tax Status
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	yrs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	yrs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	yrs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	yrs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	yrs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Tax Information	Who	Annual Amount	Starting Year	Ending Year	Index Rate	Percentage Taxable
Tax deductions/relief	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	\$ /yr			%	%
Tax deductions/relief	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	\$ /yr			%	%

Asset Allocation				
Cash		%	Canadian Small Cap Equities	%
Short Term Fixed		%	U.S. Equities	%
Fixed Income		%	U.S. Small Cap Equities	%
Special Income		%	International Equities	%
Canadian Equities		%	Real Estate	%

