

# FINANCIAL LIFE PLANNING QUESTIONNAIRE

**FRED BRUUN**, CIM, FCSI, CFP  
ASSOCIATE DIRECTOR AND INVESTMENT ADVISOR

Macquarie Private Wealth

A world of opportunities



MACQUARIE



## Welcome

Thank you for taking the time to complete this Confidential Financial Life Planning Questionnaire. The purpose of this questionnaire is to assist me in designing a personalized, integrated financial strategy for you and your family. It allows me to review the pertinent information in your present strategy and to begin focusing on the future. I believe the best way to manage your assets is to look at the entire financial landscape. An integrated investment planning strategy should include your investments, RRSPs and pensions as well as education, estate and insurance planning.

I have designed this questionnaire specifically for my clients. It is confidential, and the information will be used solely in developing a structured investment plan for you and your family.

The solutions I recommend are based upon the information you provide me. Please answer the questionnaire as thoroughly as possible. If you have any questions, please call me at 416 864 3555.

Upon completion of the questionnaire, please fax it to my attention at 416 864 3523, or return it in the attached postage-paid envelope. If possible, please attach copies of your latest statements or other pertinent information to this questionnaire. Original statements will be copied and returned to you promptly.

I will fully review all the information and begin developing an integrated financial planning strategy. I will contact you shortly to discuss your answers and to arrange a meeting. Thank you.

Sincerely,  
Fred Bruun, CIM, FCSI, CFP  
Associate Director and Investment Advisor  
Macquarie Private Wealth Inc.

Name(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_



## Personal Profile

### Client

Title  Mr.  Ms.  Miss  Mrs.  Dr.

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Cell Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Work Email \_\_\_\_\_ Home Email \_\_\_\_\_

### Spouse

Title  Mr.  Ms.  Miss  Mrs.  Dr.

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Cell Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Work Email \_\_\_\_\_ Home Email \_\_\_\_\_

### Children

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

## Retirement Planning

### What is your present income?

Client Salary \$ \_\_\_\_\_ Self-Employment \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Spouse Salary \$ \_\_\_\_\_ Self-Employment \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Self-employment income should be entered as net before taxes (total revenues less related expenses).

Do not include investment income in this section.



**Retirement Planning (Continued)**

Do you anticipate any significant changes in your household income in the next few years?

Yes     No    If yes, briefly explain \_\_\_\_\_

At what age do you plan to retire?    Client \_\_\_\_\_    Spouse \_\_\_\_\_

Do you plan to work in some capacity at retirement?     Yes     No

If yes, for how many years?    Client     Less than 5 years     5-10 yrs     More than 10 yrs  
                                          Spouse     Less than 5 years     5-10 yrs     More than 10 yrs

What annual expenses do you expect to have at retirement (in today's dollars)? \$ \_\_\_\_\_

What are your current annual living expenses? \$ \_\_\_\_\_

What are your current annual taxes? \$ \_\_\_\_\_

Do you foresee any upcoming events that may require significant expenditures (child's wedding, education, business, vacation home purchase)? \$ \_\_\_\_\_

Is charitable giving a concern to you? If yes, at what point in time? \$ \_\_\_\_\_

**Sources of Retirement Income**

Client 1	Amount (\$)	Start Age	End Age	Index Rate % Before	Index Rate % After
Old Age Security (OAS)	_____	_____	_____	_____	_____
Canada Pension Plan (CPP)/ Quebec Pension Plan (QPP)	_____	_____	_____	_____	_____
Defined Benefit Pension Plan	_____	_____	_____	_____	_____
Other Income	_____	_____	_____	_____	_____



### Sources of Retirement Income (Continued)

Client 2	Amount (\$)	Start Age	End Age	Index Rate % Before	Index Rate % After
Old Age Security (OAS)	_____	_____	_____	_____	_____
Canada Pension Plan (CPP)/ Quebec Pension Plan (QPP)	_____	_____	_____	_____	_____
Defined Benefit Pension Plan	_____	_____	_____	_____	_____
Other Income	_____	_____	_____	_____	_____

### Registered Assets and Pensions

This questionnaire assumes that your spouse is the beneficiary of all your assets. If not, please put particulars in Appendix A. If you are single, the questionnaire assumes that your estate is the beneficiary of your assets. If not, please put particulars in Appendix A.

What is the current value of your combined RRSPs/RIFs? (including Group RRSPs) Client 1 \$\_\_\_\_\_ Client 2 \$\_\_\_\_\_

What is the current value of your combined LIRA/LIF/LRIF? Client 1 \$\_\_\_\_\_ Client 2 \$\_\_\_\_\_

What amount do you typically contribute to your RRSP each year? Client 1 \$\_\_\_\_\_ Client 2 \$\_\_\_\_\_

Do you have any unused RRSP contribution room to carry forward? Client 1 \$\_\_\_\_\_ Client 2 \$\_\_\_\_\_

*Unused RRSP contribution room can be found on your last year's Notice of Assessment. Please attach a copy.*



### Non-Registered Investments

What is the current value of your non-RRSP investments? Client \$ \_\_\_\_\_

(Include stock options, deferred profit plans, etc.) Spouse \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Adjusted Cost Base Client \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Please attach pertinent statements.

How much do you expect to contribute annually to your non-RRSP investments?

Client \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

### Education Savings

Do you presently have a savings plan for your child(ren)'s education?  Yes  No

Are you presently using an RESP?  Yes  No

	Child 1	Child 2	Child 3
If yes, what is the current value of your RESP?	\$ _____	\$ _____	\$ _____

How much do you contribute annually?	\$ _____	\$ _____	\$ _____
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What year was the RESP set up?	\$ _____	\$ _____	\$ _____
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Do you have any in trust accounts for your child(ren)?  Yes  No

If yes, what is the value? \$ \_\_\_\_\_

### Mortgage and Other Liabilities

What is the value of your principal residence? \$ \_\_\_\_\_

What is the balance and interest rate of your current mortgage(s)? \$ \_\_\_\_\_ % \_\_\_\_\_

When does your mortgage come up for renewal? \_\_\_\_\_

Do you have any other real estate assets? If so what is the value? \$ \_\_\_\_\_

Do you have any significant debts (loans, line of credit)? Include outstanding amount and amortization details.

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Are your liabilities life insured through your lender?  Yes  No

If yes, type:  Joint first to die  Joint last to die  Client only  Spouse only



## Insurance and Estate Planning

Protecting your family and assets

	Client	Spouse
Have you completed a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last update? _____		
Do you have a living will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a financial Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a living Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Life Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details (Amount of Insurance, Policy Type, Issuer, etc.) _____		
_____		
Do you have Disability Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details (Monthly Benefit, etc.) _____		
_____		
Do you have highly appreciated assets (i.e., business, real estate, cottage, art, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have US assets (vacation property, shares of US companies)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have foreign assets located outside Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you own a business do you have: Buy/Sell Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Man Insurance??	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have holding companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



### Non-Financial

Describe some of your personal interests and hobbies:

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Other than financial independence, what do you envision doing in your retirement?

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What are you hoping that I can do for you?

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If we were meeting five years from today and you were to look back over those five years, what key things would have to happen in your relationship with me as your advisor to make you happy about your portfolio and your decision to invest with me?

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### Professional Advisors

Who is your Lawyer?

Name \_\_\_\_\_ Firm \_\_\_\_\_ Phone \_\_\_\_\_

Do we have permission to contact him/her regarding your financial matters?  Yes  No

Who is your Accountant?

Name \_\_\_\_\_ Firm \_\_\_\_\_ Phone \_\_\_\_\_

Do we have permission to contact him/her regarding your financial matters?  Yes  No

Who is your Insurance Advisor?

Name \_\_\_\_\_ Firm \_\_\_\_\_ Phone \_\_\_\_\_

Do we have permission to contact him/her regarding your financial matters?  Yes  No



## Checklist

Have you enclosed the following items with the questionnaire?

- Most recent RRSP/RRIF/LIRA investment statements
- Most recent non-registered investment statements
- Copies of children's RESP and In Trust statements
- Income tax Notice of Assessment (if desired to give us your P.A. and unused RRSP room)
- Insurance Policy Statements

## Forward

There are two convenient ways to return this information back to us:

1. Use the enclosed postage-paid return envelope
2. By facsimile:           Attention: Fred Bruun  
                                    Fax: 416 864 9888

Thank you for taking the time to complete this comprehensive investment planning questionnaire. Your assistance is appreciated and it will enable me to better understand your current financial situation. The key to a successful investment plan is to develop a solid relationship with our clients.

If you have any questions or concerns, please call me at 416 864 3555 or email me at [fred.bruun@macquarie.com](mailto:fred.bruun@macquarie.com)



## Privacy Policy

At Macquarie Private Wealth Inc. ("MPW") we have always focused on ensuring our clients' personal information is used only for the purposes for which it was intended. We have summarized below our policies concerning the collection, use, and disclosure of client's personal information. A complete description of our firm's policies and procedures can be found on our website located at [www.macquarieprivatewealth.ca](http://www.macquarieprivatewealth.ca).

### Collection and Use of Personal Information

When you open an account with MPW we obtain personal information about you that is kept on file in accordance with industry regulations. Only authorized employees, authorized third-party service providers and regulatory authorities have access to this information.

### Social Insurance Number

MPW is required to collect Social Insurance Numbers for all Canadian citizens for income tax reporting purposes.

### Disclosure of Personal Information to External Sources

MPW may, from time to time, disclose your personal information to external sources such as credit agencies, other financial institutions and other parties who provide services to MPW.

### Consent

Pursuant to applicable privacy legislation MPW must obtain your consent to collect, use and disclose your personal information to administer your account. Your consent is also required before we may provide you information to our affiliates or other third parties as described above. There may be certain situations where your personal information will be collected, used or disclosed by us without your specific knowledge or consent except as provided herein. These situations include: collection and use of information as required by regulation; disclosure to legal counsel for the purposes of obtaining advice; collection or use in situations where it is clearly to your benefit where we cannot obtain your consent in a timely way; use or disclosure to investigate the breach of an agreement or contravention of a law; use and disclosure in the case of an emergency; disclosure to comply with a subpoena, warrant, or court order; or otherwise to comply with applicable laws or regulations. By executing below you consent to our use and disclosure of your information in the circumstances described above.

### Corrections to Personal Information

You have the right to review all of your personal information retained by MPW and make corrections in writing, addressed to our Compliance Officer.

### Retention of Personal Information

MPW may retain your personal information after you cease to be a client, as required by applicable laws and regulations.

By signing below I hereby consent to the collection, use, and retention of personal information as described above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

No entity within the Macquarie Group of Companies is registered as a bank or an authorized foreign bank in Canada under the Bank Act, S.C. 1991, c.46 and no entity within the Macquarie Group of Companies is regulated in Canada as a financial institution, bank holding company or an insurance holding company. Macquarie Bank Limited ABN 46 008 583 542 (MBL) is a company incorporated in Australia and authorized under the Banking Act 1959 (Australia) to conduct banking business in Australia. MBL is not authorized to conduct business in Canada. No entity within the Macquarie Group of Companies other than MBL is an authorized deposit-taking institution for the purposes of the Banking Act 1959 (Australia), and their obligations do not represent deposits or other liabilities of MBL. MBL does not guarantee or otherwise provide assurance in respect of the obligations of any other Macquarie Group company. Macquarie Private Wealth Inc. is a member of the Canadian Investor Protection Fund and IIROC.



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