



Financial Needs Analysis



Cash Flow

- Earn additional income
- Manage expenses



Debt Management

- Consolidate debt
- Strive to eliminate debt



Emergency Fund

- Save at least 3-6 months' income
- Prepare for unexpected expenses



Proper Protection

- Protect against loss of income
- Protect family assets



Build Wealth

- Strive to outpace inflation and reduce taxes



Preserve Wealth

- Reduce taxation
- Build a family legacy

Client 1 Name _____ Client 2 Name _____

Agent _____ Date _____

Household Information

Client 1 _____ Preferred Name _____ M/F Age _____ DOB _____
Home Address _____ City _____
Province _____ Postal Code _____
Work Address _____ City _____
Province _____ Postal Code _____
(Please Check Preferred) (Please Check Preferred)
☐ Home Phone _____ ☐ Personal Email _____
☐ Mobile Phone _____ ☐ Business Email _____
☐ Work Phone _____ ☐ Alternate Email _____
☐ Other Phone _____

Client 2 _____ Preferred Name _____ M/F Age _____ DOB _____
Home Address _____ City _____
Province _____ Postal Code _____
Work Address _____ City _____
Province _____ Postal Code _____
(Please Check Preferred) (Please Check Preferred)
☐ Home Phone _____ ☐ Personal Email _____
☐ Mobile Phone _____ ☐ Business Email _____
☐ Work Phone _____ ☐ Alternate Email _____
☐ Other Phone _____

Dependents

Name _____	M/F	DOB _____	Years Ed. _____
Name _____	M/F	DOB _____	Years Ed. _____
Name _____	M/F	DOB _____	Years Ed. _____
Name _____	M/F	DOB _____	Years Ed. _____

To help guide our meeting today, I'd like to first discuss the personal, professional, and financial goals that are most important and of greatest value / worth to you.

Goals

	Short-Term 1-3 years	Mid-Range 3-7 years	Long-Term 7+ years
<input type="checkbox"/> Make a Major Purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Build Retirement Wealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Buy a New Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Build Savings for Unexpected Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reduce or Pay Off Mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Education Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alternative Income in case of disability or death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Help Support Aging Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pay Off Credit Cards / Debts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Start a Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When was the last time you reviewed your family's financial goals? _____

Do you have an established monthly budget? ☐ Yes ☐ No

Do you have a regular savings plan? ☐ Yes ☐ No

Is there a particular topic you want to make sure we cover in our time together today?

Income

Current Income

(Include salary, bonuses, commissions, rental income, interest & dividends, alimony & child support, annuity or pension income, and any other income sources)

Owner/Recipient	Source	Gross Amount	Frequency	Net Takehome

Client 1 Total Income: _____ **Client 2 Total Income:** _____

Total Combined Gross Household Income _____

Current estimated combined effective tax rate: _____ Did you have to pay taxes at your last filing? ☐ Yes ☐ No

Did you receive a tax refund last filing? ☐ Yes ☐ No Refund Amount: _____

Anticipated Future Income

(Include military or civil retirement, annuity or pension income, and any other retirement income sources.)

Owner/Recipient	Source	Gross Amount	Start Age/Year	Frequency

Do you want to calculate including CPP/OAS benefits?

Client 1 ☐ Yes ☐ No Start Age _____

Client 2 ☐ Yes ☐ No Start Age _____

If yes, what is your current estimated monthly benefit? _____

Employment

	Client 1	Client 2
What is the name of your employer?	_____	_____
How long have you worked there?	_____	_____
What is your title?	_____	_____
What are your specific job duties?	_____	_____
Describe the nature of the business	_____	_____
Who owns the business?	_____	_____
What is the business structure?	_____	_____
Do you see yourself retiring there?	_____	_____
What are your future career plans?	_____	_____

Emergency Fund

Number of months to provide Emergency Funds: _____

Provide for: ☐ All Expenses ☐ Only Non-Discretionary Expenses

OR: How much do you need monthly in case of emergency? _____

How much do you currently have saved in a dedicated emergency fund? _____

Expenses

	Amount	Discretionary?		Amount	Discretionary?
Auto & Transportation	_____	<input type="checkbox"/>	Mortgage/Rent Payment	_____	<input type="checkbox"/>
Fuel	_____	<input type="checkbox"/>	Homeowners insurance	_____	<input type="checkbox"/>
Insurance	_____	<input type="checkbox"/>	Principle & Interest	_____	<input type="checkbox"/>
Loan / Lease Payment	_____	<input type="checkbox"/>	Property taxes	_____	<input type="checkbox"/>
Parking Tolls	_____	<input type="checkbox"/>	Other	_____	<input type="checkbox"/>
Public Transportation	_____	<input type="checkbox"/>			
Service	_____	<input type="checkbox"/>	Other Debt Service Payments	_____	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>	Credit Cards	_____	<input type="checkbox"/>
			Personal Loans	_____	<input type="checkbox"/>
Food	_____	<input type="checkbox"/>	Student Loans	_____	<input type="checkbox"/>
Dining Out	_____	<input type="checkbox"/>			
Groceries	_____	<input type="checkbox"/>	Other Monthly Expenses	_____	<input type="checkbox"/>
			Alimony & Child Support	_____	<input type="checkbox"/>
Health/Medical	_____	<input type="checkbox"/>	Subscriptions/Memberships	_____	<input type="checkbox"/>
Insurance Premiums	_____	<input type="checkbox"/>	Tithe/Charity	_____	<input type="checkbox"/>
Prescriptions	_____	<input type="checkbox"/>	Travel & Entertainment	_____	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>	Other_____	_____	<input type="checkbox"/>
			Other_____	_____	<input type="checkbox"/>
Household	_____	<input type="checkbox"/>	Utilities	_____	<input type="checkbox"/>
Child Care	_____	<input type="checkbox"/>	Cable	_____	<input type="checkbox"/>
Cleaning Services	_____	<input type="checkbox"/>	Electric	_____	<input type="checkbox"/>
Clothing	_____	<input type="checkbox"/>	Gas	_____	<input type="checkbox"/>
Educational	_____	<input type="checkbox"/>	Internet	_____	<input type="checkbox"/>
Gifts	_____	<input type="checkbox"/>	Mobile Phones	_____	<input type="checkbox"/>
Landscape Service	_____	<input type="checkbox"/>	Phone	_____	<input type="checkbox"/>
Personal Care	_____	<input type="checkbox"/>	Trash Collection	_____	<input type="checkbox"/>
Pet Care	_____	<input type="checkbox"/>	Water	_____	<input type="checkbox"/>
Sports & Lessons	_____	<input type="checkbox"/>	Other	_____	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>			

Total Monthly Expenses: _____

Total Non-Discretionary Expenses: _____

Debts

Description	Lender	Original Term	Year	Balance	IR	Current Payment	Minimum Payment
Mortgage 1	_____	_____	_____	_____	_____%	_____	_____
Mortgage 2 or HELOC	_____	_____	_____	_____	_____%	_____	_____
Auto Loan	_____	_____	_____	_____	_____%	_____	_____
Student Loans	_____	_____	_____	_____	_____%	_____	_____
Credit Card	_____	_____	_____	_____	_____%	_____	_____
Credit Card	_____	_____	_____	_____	_____%	_____	_____
Credit Card	_____	_____	_____	_____	_____%	_____	_____
Credit Card	_____	_____	_____	_____	_____%	_____	_____
Credit Card	_____	_____	_____	_____	_____%	_____	_____
Personal Loan	_____	_____	_____	_____	_____%	_____	_____
Personal Loan	_____	_____	_____	_____	_____%	_____	_____
Other Loan	_____	_____	_____	_____	_____%	_____	_____
Other Loan	_____	_____	_____	_____	_____%	_____	_____

Proper Protection: Life Insurance Need

What tasks do you want your life insurance to accomplish?

- ☐ Pay off Debts
- ☐ Provide Income replacement Amount \$ _____ or ____% of current combined household for ____ years
- ☐ Pay off Mortgage
- ☐ Provide Education funding Approximate total cost of education: \$ _____
- ☐ Pay Final Expenses Amount \$ _____
- ☐ Provide Emergency Fund

Existing Life Insurance Policies

Insured	Owner	Beneficiary	Type	Face Amount	Surrender Value	Premium	Premium Mode	Policy Year	Provider

Build Wealth

Retirement Goals

At what age would you like to be in a position to retire? Client 1 _____ Client 2 _____

To what age do you need retirement income to continue (life expectancy)? Client 1 _____ Client 2 _____

In today's dollars, how much monthly income do you need to support your desired lifestyle in retirement?

Monthly amount _____ or ____% of current combined household total

Registered Assets

Client 1 RRSP

() Description _____ Value \$ _____ Invest Rate ____%

() Description _____ Value \$ _____ Invest Rate ____%

() Description _____ Value \$ _____ Invest Rate ____%

Client 2 RRSP

() Description _____ Value \$ _____ Invest Rate ____%

() Description _____ Value \$ _____ Invest Rate ____%

() Description _____ Value \$ _____ Invest Rate ____%

Monthly RRSP Contribution Plan

Client 1

Mo. Payment _____ Inv/Rate _____%

Description: _____

Client 2

Mo. Payment _____ Inv/Rate _____%

Description: _____

Monthly RESP Contributions

Child #1 _____ Value \$ _____ Payment _____ Inv/Rate ____%

Child #2 _____ Value \$ _____ Payment _____ Inv/Rate ____%

Child #3 _____ Value \$ _____ Payment _____ Inv/Rate ____%

Child #4 _____ Value \$ _____ Payment _____ Inv/Rate ____%

Non-Registered Assets

Primary Residence Description _____ Value \$ _____ Invest Rate ____%

() Description _____ Value \$ _____ Invest Rate ____%

() Description _____ Value \$ _____ Invest Rate ____%

() Description _____ Value \$ _____ Invest Rate ____%

() Description _____ Value \$ _____ Invest Rate ____%

Regular Savings:

Savings Account #1 Value \$ _____ Chequing Account #1 Value \$ _____

Savings Account #1 Value \$ _____ Chequing Account #1 Value \$ _____

Other Value \$ _____ Emergency Fund Value \$ _____

Preserve Wealth

Do you have a Will? ☐ Yes ☐ No Last update: _____
Do you have a Trust? ☐ Yes ☐ No If yes, what kind: _____ Purpose of Trust _____
Do you expect to receive any lump sums or inheritance in the near future? Y/N

Other Trusted Advisors (include accountant, attorney, etc.)

Name

Role

_____	_____
_____	_____
_____	_____

If I could take away your largest financial headache, what would that be? _____

Please rate the following on a scale of 1 to 10 with respect to their importance and urgency.

____ Cash Flow	____ Proper Protection	____ Retirement
____ Emergency Fund	____ Debt	____ Estate Preservation

How much on a monthly basis do you feel you can save towards your goals? _____

Rate Yourself as an Investor:

Investment Knowledge	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor/Nil	
Risk Tolerance	<input type="checkbox"/> Low	<input type="checkbox"/> Low-Medium	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium-High	<input type="checkbox"/> High
What has been your experience with finance and investments?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	

Notes: _____

If, when we get back together, I can offer you solutions that may help you and your family reach your goals, is there any reason we could not do business and get you started right away? ☐ Yes ☐ No Reason _____

Let's look at our schedules and find a date and time to get back together.

Next Appointment _____

Client Signature _____ Date _____

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