



This form is simple DIY form. It is to help to assess your current financial situation.

You will be surprised what are the things you have not thought about before.

### Financial Needs Analysis Questionnaire

Name: \_\_\_\_\_

Name of spouse: \_\_\_\_\_

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

**Part 1 – Goals**

1. Which personal objectives are the most important to you?

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2. What should a life insurance program do for you and your family?

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3. How do you feel about saving for your children’s education? Why?

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4. Today, what percentage of the family income do you feel should go towards savings? Why?

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5. What do you think is a reasonable interest rate when investing monies?

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6. (a) At what age do you wish to retire? \_\_\_\_\_

(b) What plans do you have for retirement?

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(c) Is saving for retirement important to you? \_\_\_\_\_

7. Are you familiar with your government retirement benefits? \_\_\_\_\_

8. If you could no longer work due to a disability, would you have sufficient reserves to keep you going? For how long? \_\_\_\_\_

**Part 2 – Personal Information**

	Self	Spouse
Since (date):	_____	_____
Employer:	_____	_____
Type of work:	Full-time Part-time Self-employed	Full-time Part-time Self-employed
Health status:	Non-smoker Smoker	Non-smoker Smoker
Any long term illness?	Yes/No	Yes/No

**Dependents**

	Name	Relation	Age
1			
2			
3			
4			

**Advisors**

	Name	Firm	Telephone	E-mail
Lawyer				
Accountant or tax consultant				
Other				

### Part 3 – Financial Management

Income	Expenses	MISCELLANEOUS
GROSS INCOME \$ _____	<b>HOUSING</b>	Donations _____
<b>MINUS :</b>	Mortgage/Rent _____	Recreational activities _____
CPF (_____)	Maintenance and repairs _____	Gifts _____
Income taxes (_____)	Taxes _____	Vacation _____
Other (_____)	Water/sewer _____	Debt repayment _____
NET INCOME \$ _____	Electricity _____	Restaurants _____
Rental income _____	Tel/Internet/Cable _____	Subscriptions _____
Dividends _____	Insurance _____	Other _____
Interest _____	Other _____	<b>SAVINGS AND INSURANCE</b>
Pension _____	<b>LIVING EXPENSES</b>	Short-term goals _____
Other _____	Groceries _____	Retirement savings _____
	Clothing _____	Education savings _____
	Healthcare _____	Other savings _____
	Personal care _____	Life insurance _____
	Bank fees _____	Disability insurance _____
	Daycare _____	Critical illness insurance _____
	Other _____	Other _____
	<b>TRANSPORTATION</b>	
	Lease/Loan/Savings _____	
	Fuel _____	
	Maintenance and repairs _____	
	Road Tax and registration _____	
<b>TOTAL INCOME \$ _____</b>	Insurance _____	<b>TOTAL EXPENSES \$ _____</b>
	Other _____	

## Part 4 – Assets and Debts

Assets (investments, real estate, etc.)

Description	Owner	Purchase Cost	Current Value	ACB*	Beneficiary

\*ACB: Adjusted cost base

Debts

Description	Amount Borrowed	Date Borrowed	Renewal Date	Interest Rate	Loan Payments	Frequency

## Part 5 – Retirement

### Retirement Goals

	Self	Spouse
Retirement date (age/year)		
Life expectancy (age/year)		
Desired annual net income at retirement (in today's dollars)		
Projected annual inflation rate (%)		

### Sources of Retirement Income

#### CPF

	Self	Spouse
Benefit start age		
Estimated monthly benefit (if known)		

#### Rental Properties

	Self	Spouse
Gross Rental		
Mortgage		
Expenses		
Taxes		
Net Rental		

#### Defined Self Contribution Plan (Annuity)

	Self	Spouse
Benefit start age		
Estimated monthly benefit (if known)		

Defined Benefit Pension Plan: (It is preferable that an estimated pension be obtained from Self's pension plan statement or plan administrator.)

	Self	Spouse
Formula method: Pension participation date (enrolment date)		
Number of years of average salary		
Pension formula (percent per year of service)		
Estimated monthly pension in lieu of formula method		
Indexed to inflation? (yes/no)		
Benefits begin (at retirement or a specified age)		
Percent payable to survivor (If applicable)		

Other financial goals and additional comments

(Use this section to enter any additional financial goals and any other information that you feel would be relevant to your Self's financial plan.)

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Part 6 – Insurance and Estate Planning

In case of death, disability or critical illness, what are your main concerns regarding the impact these events would have on your financial situation?

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Life Insurance

Insured	Insurer	Date Issued	Type of Insurance	Benefit	Premium

Critical Illness Insurance

Insured	Insurer	Date Issued	Type of Insurance	Benefit	Premium

Disability Insurance

Insured	Insurer	Date Issued	Type of Insurance	Benefit	Premium



Do you have a will?                      Yes      No                      Last updated  
\_\_\_\_\_

Do you have a power of attorney?                      Yes      No                      Last updated  
\_\_\_\_\_

Do you have a living will?                      Yes      No                      Last updated  
\_\_\_\_\_