



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

Trusted Financial Solutions tailored to your needs

## FINANCIAL PLANNING QUESTIONNAIRE

Any financial plan, advice or recommendations will be based on the information you provide. Incomplete or inaccurate information will negatively impact the results. We realize that we may request more information than other planners, but the extra time you invest will help us develop a more complete picture. All information provided is in the strictest confidence.

When you have completed the questionnaire, please email it to us at [info@heatherholjevac.com](mailto:info@heatherholjevac.com)

	Client #1	Client #2
<b>Name</b>		
<b>Home Address</b>		
<b>Home Address</b>		
<b>City, State, Zip</b>	<input style="width: 25%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 25%;" type="text"/>
<b>Home Phone</b>		
<b>Work Phone</b>		
<b>Cell Phone</b>		
<b>Home Fax</b>		
<b>Work Fax</b>		
<b>Email Address</b>		
<b>Date of Birth/Age</b>	<input style="width: 25%;" type="text"/> <input style="width: 10%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 10%;" type="text"/>
<b>Employer / # years</b>	<input style="width: 25%;" type="text"/> <input style="width: 10%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 10%;" type="text"/>
<b>Title/Job</b>		
<b>Date of Marriage</b>		
<b>Age You Plan to Retire</b>	<input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/>
<b>Primary contact person during business hours:</b>		
<b>Best way to contact you during business hours: (tick one)</b> Home Phone    Work Phone    Cell Phone    Email		
<b>What motivated you to contact Holjevac Financial Group at this time?</b>		

Children (dependents or adult children)					
Name	Relationship	Date of Birth	Dependent	Resides in City, State	
			Y / N		
			Y / N		
			Y / N		
			Y / N		
			Y / N		
			Y / N		

Income Information (From the "Income" section of your most recent tax return or from paystubs)		
	Client #1	Client #2
Wages & Salaries	\$	\$
Interest	\$	\$
Dividends	\$	\$
Business Income	\$	\$
Pensions & Social Security	\$	\$
Alimony & Other	\$	\$
Total	\$	\$

Tax Preparation by: <input type="checkbox"/> Self <input type="checkbox"/> Other (check one, fill out below if "Other")				
Preparer Name				
Address				
City, State, Zip				
Phone			Fax	

Estate Planning Documents (If you do not have any, enter "NA")				
	Client #1		Client #2	
	Year Drafted	Drafted in State of	Year Drafted	Drafted in State of
Will				
Trust				
Power of Attorney				
Living Will				
Other Documents				

<b>Financial Opinions/Preferences and Goals</b>										
<b>Of the following statements, indicate your preferences using a scale of 1 – 5: 1 = Most True; 5 = Least True</b>										
<b>Client #1</b>					<b>Client #2</b>					
1	2	3	4	5	1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I would rather work longer than reduce my standard of living in retirement.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I feel that I/we can reduce our current living expenses to save more for the future if needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am more concerned about protecting my assets than about growth.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I prefer the ease of mutual funds over individual securities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am comfortable with investments that promise slow, long term appreciation and growth.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I prefer predictable, steady return on my investments, even if the return is low
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I feel comfortable with aggressive growth investments.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't like surprises.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am optimistic about my financial future.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My immediate concern is for income rather than growth opportunities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am a risk taker.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I usually pick the tried and true, the slow, safe but sure investments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I like predictability and routine in my daily life.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is it important to leave an inheritance and legacy to your children and/or family.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I want to fund an annual vacation/cruise/trip
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I want to reduce taxes payable

<b>Advisor Relationships (where applicable, rate your working relationships with each of the following advisors)</b>			
<b>1 = Very Dissatisfied 5 = Very Satisfied (check one)</b>			
<b>Advisor</b>	<b>Not Applicable</b>	<b>1 2 3 4 5</b>	<b>Comments</b>
Financial Planner	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Broker #1	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Broker #2	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Accountant	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Tax Preparer	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Attorney	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Insurance Agent – Auto	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Insurance Agent – Home	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Insurance Agent – Life	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Insurance Agent - Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Insurance Coverage						
	Client #1			Client #2		
Type Coverage	Brief Description / Company	Group Policy	Individual	Brief Description / Company	Group Policy	Individual
Health		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Disability #1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Disability #2		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Life #1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Life #2		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Life #3		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Homeowners		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Auto #1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Auto #2		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Ever been turned down for insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes Why?			<input type="checkbox"/> No <input type="checkbox"/> Yes Why?		

Pension Plans					
Description	Client #1	Client #2	Begin At Age	COLA	Monthly Benefit
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$

Have you received a copy of your credit report in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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How were your current investment assets selected?

Note: if you have a statement or printout of your assets and/or liabilities, please email a copy with this form.

<b>Assets – Bank Accounts (title on account will be one name only, jointly owned, in your trust, business, etc.)</b>						
Institution	Check-ing	Sav-ings	CD	Money Market	Title on account	Balance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

<b>Assets – Real Estate and Personal Property</b>				
Description	Year Bought	Cost	Title on property	Estimated Value
Primary Residence				\$
Other Residence or land				\$
Furnishings (liquidation value)				\$
Vehicle #1:				\$
Vehicle #2:				\$
Vehicle #3:				\$
Other:				\$
Other:				\$
Other:				\$

<b>Assets – Other (RRSP, LIRA, Non-Registered , TFSA)</b>			
Institution	Description	Title on account	Estimated Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Liabilities – Credit Cards				
Credit Card Company	Card Name	Interest Rate	Avg. Monthly Payment	Current Balance
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$

Liabilities – Other Debts (residence, autos, business, school, etc.)				
Description – <u>include start date and original amount</u>	Term of Loan (in years)	Interest Rate	Avg. Monthly Payment	Current Balance
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$

**What are your personal, family, and career goals for the near term ( 0-5 years) and longer term (5+ years).**

**Describe how you see your retirement years.**

**Do you anticipate any unusual expenses in the future? If so, list expense and amounts:**

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**Do you anticipate any unusual income in the future such as bonuses, gifts, or inheritance?  
List amount and date (or approximate date) if known:**

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**What do you currently need from your financial planner?**

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**A year from now what expectations do you have from your relationship with your financial planner or advisor?**

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**Have you had a previous relationship with a financial planner/advisor and, if so, what did you like and/or dislike about that relationship?**

**How would you rate or describe your knowledge of money and investing?**

**Are you satisfied with your investment results?**

**Are there any investments you will not buy for personal or social reasons? If so, what are they?**

**Please email or fax a completed copy of this form to us**

<b>Email</b>	Email completed copy to <a href="mailto:info@heatherholjevac.com">info@heatherholjevac.com</a>
<b>Fax</b>	Or Fax it to 289-724-0658

**Please email or fax the items below, as applicable, to assist us in the completion of your Financial Plan.**

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. CRA Notice of Assessment - most recent</li> <li>2. Brokerage, mutual fund, and annuity account statements</li> <li>3. Trust account statements</li> <li>4. RRSP and TFSA account statements</li> <li>5. Loan / mortgage statements and documents</li> </ol> | <ol style="list-style-type: none"> <li>6. Most recent CPP summary</li> <li>7. Employee benefits booklet</li> <li>8. Estate planning documents - will, POA's</li> <li>9. Insurance policy summary pages</li> </ol> |
|---|---|