

SNAP - Estate Planning Fact Finder

Client Detail - Personal Information

Client	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth (mm/dd/year)	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Smoking Status	<input type="text"/>
Annual Income	\$ <input type="text"/>

Spouse	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth (mm/dd/year)	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Smoking Status	<input type="text"/>
Annual Income	\$ <input type="text"/>

Client Detail - Needs at Death

	Cash Need	Amount	At Death of*		
			C or S	C	S
1	Last Expenses	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Legal and Executor Fees	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Outstanding Loans	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Mortgage Redemption	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Emergency Fund	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Education Fund	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Credit Cards	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Income Taxes	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income Needs at Death	
Percentage of current income required while children are dependent	<input type="text"/> %
Percentage of current income required for survivor thereafter	<input type="text"/> %

*At Death of C or S = Client or Spouse, C = Client only, S = Spouse only.
Select applicable option with a check mark.

Contact Information	
Address	<input type="text"/>
City	<input type="text"/> Province <input type="text"/>
Postal Code	<input type="text"/> Email <input type="text"/>
Home Telephone	<input type="text"/>
Work Telephone	<input type="text"/>
Cellular Phone	<input type="text"/>

Children		
	Name	Date of Birth (mm/dd/year)
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

Client Detail - Sources at Death

	Cash Source	Amount	At Death of*		
			C or S	C	S
1	Cash / Term Deposits	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Life Insurance	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Bonds, Stocks, etc.	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Pension and RRSP	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Other Cash Assets	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Detail - Presentation

Assumptions	
Inflation Rate	<input type="text"/> %
Investment Interest Rate	<input type="text"/> %

Email:
Telephone:

Fax: