

FINANCIAL INVENTORY WORKSHEET

Determining Your Net Worth

Date: _____

Step One: Family Information

Client Name _____ Date of Birth _____ Age _____

Spouse's Name _____ Date of Birth _____ Age _____

Mailing Address _____

City _____ Prov _____ Postal Code _____

Home Phone # _____

Work Phone # _____ Fax # _____

Spouse's Work Phone # _____ Spouse's Fax # _____

Email: _____ Spouse's Email: _____

SIN # _____ Spouse's SIN # _____

Employer _____ Job Title _____

Spouse's Employer _____ Spouse's Job Title _____

Are you retired? Yes ___ Date Retired _____ No ___ Planned retirement date _____

Is your spouse retired? Yes ___ Date Retired ___ No ___ Planned retirement date _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Children Date of Birth SIN#

Name: 1) _____

2) _____

3) _____

4) _____

5) _____



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Dependents

Do you have any family members that are financially dependent upon you or could be in the future? (i.e. parents, grandparents, adult children, etc).

Yes _____ No _____

Name: 1) _____ Age _____ Relationship _____

2) _____ Age _____ Relationship _____

3) _____ Age _____ Relationship _____

Step Two: Personal Investments (Do not include Retirement accounts here)

Cash Reserves

List amount in Banks, Chequing Accounts, Savings Accounts, Credit Unions, etc

Name of Bank Institution Example: TD Bank	Type of Account Chequing	Current Balance \$5,000	Interest Rate 0%
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Fixed Income

List fixed income investments, i.e. GICs T-Bills, Bonds, Notes, etc

Type	Dollar Amount	Current %	Maturity Date
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Stocks

Name of Company	Number of Shares	Approx Market Value	Date Purchased
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Do you have stock certificates in a security box? Yes _____ No _____

Mutual Funds/and or Brokerage Accounts

Name of Brokerage Firm	# of Shares	Cost Basis	Approx Market Value	Date Purchased
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

Annuities

Company	Annuitant	Interest Rate	Approx Market Value	Date Purchased
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

Other Assets (i.e. business ownership, etc)	Approximate Market Value
1) _____	\$ _____
2) _____	\$ _____

STEP THREE: RETIREMENT ACCOUNTS:

Are you participating in an Employer Sponsored Retirement Plan such as Group RRSP or Pension?

Name of Company where your money is	Type of Plan	Approx Value	% You Contribute
YOU			
1) _____	_____	_____	_____
2) _____	_____	_____	_____
SPOUSE			
1) _____	_____	_____	_____
2) _____	_____	_____	_____

Do you have money sitting in a company plan you no longer work for?
 Yes _____ No _____ Balance _____ When did you leave the company? _____

Spouse
 Yes _____ No _____ Balance _____ When did you leave the company? _____

Self Directed Retirement Plans

Do you contribute to any other RRSPs? Or contribute to any other retirement plans?

Name of Company where your money is	Type of Plan	Approx Value	\$ You Contribute
YOU			
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
SPOUSE			
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

STEP FOUR: REAL ESTATE

Do you own or rent your home?

Own _____ Monthly mortgage is _____
Rent _____ Monthly rent is _____

Approximate value of primary home \$ _____
- Mortgage Balance \$ _____
= Equity in home _____

Length of loan _____

Interest rate of loan _____ Is loan fixed or variable? _____

Any other real estate owned?

Approximate value of primary home \$ _____
- Mortgage Balance \$ _____
= Equity in home _____

Length of loan _____

Interest rate of loan _____ Is loan fixed or variable? _____

STEP FIVE: ESTATE PLANNING

Do you have a will or living trust in place? Yes _____ No _____

Date it was last reviewed? _____

Lawyer's Name _____

Address _____

Phone _____ Fax _____

Risk Management/ Insurance

Do you have a protection plan in place for your family? Yes _____ No _____

Life Insurance Company	Type of Insurance (Term, Universal Life, Whole)	Death Benefit	Cash Value	Annual Premium
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____

Tax Planning

Do you have your taxes professionally prepared? Yes _____ No _____

Name of accountant _____

Address _____

Phone Number _____ Fax Number _____

What was last year's total income (line 150) _____

What was last year's taxable income (line 260) _____

Estimated tax bracket _____ %

WHERE DOES THE MONEY REALLY GO?

First determine how much you earn?

One of the most important parts of getting your financial life together is having a solid grasp on exactly what your current cash flow is. To do this, use the worksheet below.

Your Income (Monthly)	
Wages, salary, tips, commissions, self employment income	\$ -
Dividend income from stocks, bonds, mutual funds, savings	\$ -
Income from rental property	\$ -
Income from trust accounts (usually death benefits from estate)	\$ -
Alimony, child support, social security, widows benefits	\$ -
Canadian Pension, Old Age Security	\$ -
Other Income	\$ -
TOTAL MONTHLY INCOME	\$ -

Second, determine what you spend monthly

Your Expenses	
Taxes	
Federal taxes	\$ -
Provincial taxes	\$ -
CPP, EI, Fees	\$ -
Property taxes	\$ -
TOTAL TAXES	\$ -

Housing	
Mortgage payments or rent on primary residence	\$ -
Mortgage payments or rent on income property	\$ -
Utilities	\$ -
Homeowners insurance or renters insurance	\$ -
Cleaning services	\$ -
Television cable	\$ -
Home phone	\$ -
Landscaping and pool services	\$ -
Monthly internet service	\$ -
Condo or association dues	\$ -
TOTAL HOUSING	\$ -

Auto	
Car loan or lease	\$ -
Gas	\$ -
Car insurance	\$ -
Car phone	\$ -
Repairs or service	\$ -

Parking	\$	-
TOTAL AUTO	\$	-

Insurance		
Life Insurance	\$	-
Disability Insurance	\$	-
Long Term Care Insurance	\$	-
Critical Illness Insurance	\$	-
Liability insurance	\$	-
TOTAL INSURANCE	\$	-

Medical		
Health care insurance	\$	-
Prescriptions and monthly expenses	\$	-
Doctor or dentist expenses	\$	-
TOTAL MEDICAL	\$	-

Food		
Groceries	\$	-
Food outside home - restaurants	\$	-
TOTAL FOOD	\$	-

Personal Care		
Clothing	\$	-
Cleaning/dry cleaning	\$	-
Cosmetics	\$	-
Health club membership/personal trainer	\$	-
Entertainment	\$	-
Country club dues	\$	-
Association memberships	\$	-
Vacations	\$	-
Hobbies	\$	-
Education	\$	-
Magazines/Newspaper Subscriptions	\$	-
Gifts	\$	-
TOTAL PERSONAL CARE	\$	-

MISCELLANEOUS EXPENSES		
Credit card expenses	\$	-
Loan Payments	\$	-
Alimony or child support	\$	-
Anything you can think of that I missed	\$	-
TOTAL MISCELLANEOUS EXPENSES	\$	-

WHERE DOES THE MONEY REALLY GO?

Your Income Statement As Of

Prepared For:

Total Income

\$ -

Total Monthly Expenses

\$ -

Murphy's Law Factor

\$ -

Take total expenses and increase by 10%

Net Cash Flow Available for savings and investments

\$ -