

PERSONAL INFORMATION

Date	CUSTOMER			SPOUSE			
DD - MM - YYYY							
First name							
Last name							
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female		<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Marital status	<input type="checkbox"/> Married	<input type="checkbox"/> Common-law spouse	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Other:		
Date of birth	DD - MM - YYYY	Age:		DD - MM - YYYY	Age:		
Smoking status	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Health status:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Health status:	
Residential address							
	Municipality			Province		Postal code	
	E-mail			E-mail			
	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Since:				
Telephone No.	Res. ()	Cell.: ()		Res. ()	Cell.: ()		
	Work ()	ext.:		Work ()	ext.:		
Employer							
Occupation / trade							
Any changes planned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Annual income	\$	Source:		\$	Source:		
	\$	Source:		\$	Source:		
Last will and Testament	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Holographic	<input type="checkbox"/> Made in the presence of witnesses	<input type="checkbox"/> Notarized		
Living will	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Hazardous Sports	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Child's Name		Date of birth	RESP	Child's Name		Date of birth	RESP
		DD - MM - YYYY				DD - MM - YYYY	
		DD - MM - YYYY				DD - MM - YYYY	

LIFE, CRITICAL ILLNESS OR LONG-TERM CARE INSURANCE POLICIES

Company		Face amount	\$	
Policy No.		Issue date	DD - MM - YYYY	
Policy type		Expiry date	DD - MM - YYYY	
Additional benefits		Policyowner		
Insured(s)		Premium mode	\$	
		Beneficiaries		
Cash value	\$	Policy loans	\$	
Company		Face amount	\$	
Policy No.		Issue date	DD - MM - YYYY	
Policy type		Expiry date	DD - MM - YYYY	
Additional benefits		Policyowner		
Insured(s)		Premium mode	\$	
		Beneficiaries		
Cash value	\$	Policy loans	\$	
Company		Face amount	\$	
Policy No.		Issue date	DD - MM - YYYY	
Policy type		Expiry date	DD - MM - YYYY	
Additional benefits		Policyowner		
Insured(s)		Premium mode	\$	
		Beneficiaries		
Cash value	\$	Policy loans	\$	

LIFE INSURANCE NEEDS ANALYSIS

	<input type="checkbox"/> CUSTOMER <input type="checkbox"/> FAMILY	SPOUSE
Monthly income (before death)	\$ (1)	\$ (1)
Monthly savings	\$ (2)	\$ (2)
Mortgage payment	\$ (3) If insured	\$ (3) If insured
Monthly income requirements (after death)	\$ (4) 70% of income or 1-[2+3]	\$ (4) 70% of income or 1-[2+3]
Present income of surviving spouse	\$ If family	\$ If family
Pension of surviving spouse (CPP/QPP)	\$ See grid below	\$ See grid below
Orphan's pension (CPP/QPP)	\$ \$244.64 per child	\$ \$244.64 per child
Other income	\$	\$
Total	\$ (5) %	\$ (5) %
Monthly income shortfall (4-5)	\$ X Factor = \$ A	\$ X Factor = \$ A
ASSETS AT DEATH		
CPP/QPP benefits	\$ \$2,500	\$ \$2,500
Residence	\$	\$
Summer cottage and furniture*	\$	\$
Investments*	\$	\$
Life insurance	\$ Other than mortgage	\$ Other than mortgage
Group life insurance	\$	\$
Others*:	\$	\$
Total assets	\$ = \$ B	\$ = \$ B
LIABILITIES AND EXPENSES AT DEATH		
Mortgage	\$ If uninsured	\$ If uninsured
Loan(s)	\$	\$
Income tax	\$	\$
Death-related expenses	\$	\$
Adjustment to new situation	\$	\$
Reserve for education	\$	\$
Other*:	\$	\$
Total liabilities	\$ = \$ C	\$ = \$ C
LIFE INSURANCE REQUIRED	(A - B + C) \$	(A - B + C) \$

*Applicable taxes may be imposed during liquidation/redemption

CAPITAL CALCULATION FACTOR*							OBJECTIVES AND COMMENTS
Duration of capital	Average Rate of return						
	2%	3%	4%	5%	6%	7%	
Capital depreciation	5 years	57.15	55.79	54.48	53.21	51.98	50.80
	10 years	108.86	103.82	99.10	94.67	90.52	86.63
	15 years	155.66	145.17	135.64	126.98	119.10	111.90
	20 years	198.00	180.76	165.57	152.16	140.28	129.73
	25 years	236.32	211.40	190.08	171.77	155.98	142.31
	30 years	271.00	237.78	210.16	187.06	167.63	151.18
35 years	302.38	260.49	226.60	198.97	176.26	157.44	
Preservation of capital	600	400	300	240	200	171.43	
SURVING SPOUSE'S MONTHLY PENSION (2018)							
QPP	Under 45 years			45 to 64 years	65 years or over		
	No Children \$549.57	Child(ren) \$875.80	Disable with or without Children \$910.48	\$910.48	\$680.50		
CPP	Max \$604.32				Max \$668.50		