LIFE INSURANCE NEEDS ANALYSIS

	Client Information	Joint client Information
Name		
Age		
Smoking Status		
Sex		
Employment Status		
Annual income		
Phone number		
Email address		
Childrens		
Money to send your children to college or university		

How much money do you need to cover your debts and expenses?

	Client Information	Joint client
Amount to pay off your mortgage or set up a rent fund:		
Amount to pay off other debts: (credit card, line of credit balances, car, loans, etc.)		
Amount for final expenses:		
Amount to save for post-secondary education		
Amount for child/home care:		
Other cash needs:		
Total debts and expenses:		

How much income will your family need if you die?

	Client Information	Joint client
Annual household income:		
Percentage of annual income your family will need if you die:		
Subtotal:		
Partner's available income:		
Annual CPP/QPP benefits:		
Annual income shortage:		
Choose if you want to deplete or retain the capital:		
How many years will your family need the extra income this fund provides?		
What rate of return do you assume your capital fund will earn?		
Total amount needed to meet income shortage:		

Do you have assets and existing insurance?

	Client Information	Joint client
Savings:		
Registered investments:		
Non-registered investments:		
Tax free savings plans:		
Principal Residence:		
Other assets:		
Existing life insurance:		
CPP/QPP death benefit:		
Total debts and expenses:		

Amount of life insurance that may be right for you

	Client Information	Joint client
Debts and expenses:		
Amount needed to meet income shortage:		
Assets and insurance available:		
Your life insurance need:		

This is a calculator that provides an estimate of the amount of life insurance you may need. Ensure is right estimates are based on the information you provide. Your insurance needs will change overtime so you should periodically review these needs with your advisor.

SIGNATURES

Client Signature ______________________ Date ______________________

Joint Client Signature ______________________ Date ______________________

Signature of Advisor ______________________ Date ______________________