

PERSONAL INFORMATION

Date	DD	MM	YY	CUSTOMER				SPOUSE							
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	YY	Age:	DD	MM	YY	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							
				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				<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	YY						DD	MM	YY	
				DD	MM	YY						DD	MM	YY	

LIFE, CRITICAL ILLNESS OR LONG-TERM CARE INSURANCE POLICIES

Company					Face amount	\$			
Policy No.					Issue date	DD	MM	YY	
Policy type					Expiry date	DD	MM	YY	
Additional benefits					Policyowner				
Insured(s)					Premium mode	\$			
					Beneficiaries				
Cash value	\$				Policy loans	\$			
Company					Face amount	\$			
Policy No.					Issue date	DD	MM	YY	
Policy type					Expiry date	DD	MM	YY	
Additional benefits					Policyowner				
Insured(s)					Premium mode	\$			
					Beneficiaries				
Cash value	\$				Policy loans	\$			
Company					Face amount	\$			
Policy No.					Issue date	DD	MM	YY	
Policy type					Expiry date	DD	MM	YY	
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)	\$ \$195 per child (QPP: \$64)	\$ \$195 per child (QPP: \$64)
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						
	3%	4%	5%	6%	7%	8%	
Capital depreciation	5 years	55.79	54.48	53.21	51.98	50.80	49.65
	10 years	103.82	99.10	94.67	90.52	86.63	82.97
	15 years	145.17	135.64	126.98	119.10	111.90	105.34
	20 years	180.76	165.57	152.16	140.28	129.73	120.35
	25 years	211.40	190.08	171.77	155.98	142.31	130.43
	30 years	237.78	210.16	187.06	167.63	151.18	137.19
35 years	260.49	226.60	198.97	176.26	157.44	141.73	
Preservation of capital	400	300	240	200	171.4	150	
SURVING SPOUSE'S MONTHLY PENSION (2011)**							
QPP	Under 45 years			45 to 64 years	65 years and over		
	No Children \$470.98	Child(ren) \$762.35	Disable with or without Children \$793.34	\$793.34	\$576.00		
CPP	Max \$529.00				\$576.00		

* For more detail, consult page H1 of form 06209E "Discover your Financial Needs"

** After 2011, refer to "All about employee benefits"

