



Life Insurance Needs Calculation

Client 1: _____ male female

Client 2: _____ male female

Children: _____

A + B - C =

Your Life Insurance Needs

LIABILITIES

CLIENT 1

CLIENT 2

Mortgage(s)	\$ _____	\$ _____
Loans (auto, credit cards, personal, line of credit etc.)	\$ _____	\$ _____
Final expenses (probate, executor fees, funeral, etc.)	\$ _____	\$ _____
Education Funding	\$ _____	\$ _____
Emergency Fund	\$ _____	\$ _____

Sub Total:	\$ _____ (A)	\$ _____ (A)
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Your current income	\$ _____	\$ _____
The % of your income your survivor needs (i.e. 70%)	\$ _____ %	\$ _____ %
X years required	\$ _____ (B)	\$ _____ (B)

Total A + B:	\$ _____	\$ _____
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ASSETS

Cash and savings	\$ _____	\$ _____
Stocks, bonds and funds	\$ _____	\$ _____
Real estate (not mortgaged)	\$ _____	\$ _____
Business or farm assets	\$ _____	\$ _____
Total Insurance (personal, group, life, mortgage and other)	\$ _____	\$ _____
Other death benefits (pension plan, CPP, QPP)	\$ _____	\$ _____

Sub Total:	\$ _____ (C)	\$ _____ (C)
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Total A + B - C =	\$ _____	\$ _____
	<i>Total Insurance Amount Required</i>	<i>Total Insurance Amount Required</i>

Critical Illness Insurance Needs Calculation (12 Month Expenses)

Outstanding Mortgage	\$ _____	\$ _____
Credit Card, Line of Credit, Car Payment	\$ _____	\$ _____
RRSP Contribution	\$ _____	\$ _____
RESP Contributions	\$ _____	\$ _____
Income Replacement	\$ _____	\$ _____

Spousal Income Replacement	\$ _____	\$ _____
Childcare	\$ _____	\$ _____
Home care, nursing, housekeeping, etc.	\$ _____	\$ _____
Home modification (if required)	\$ _____	\$ _____
Medications not covered by provincial plan	\$ _____	\$ _____
Alternative medications/treatments	\$ _____	\$ _____
Other	\$ _____	\$ _____

Total: \$ (A) \$ (A)

Current Coverage	\$ _____	\$ _____
Individual	\$ _____	\$ _____
Group	\$ _____	\$ _____
Association	\$ _____	\$ _____

Total \$ (B) \$ (B)

Shortfall A - B = \$ _____ Total Shortfall \$ _____ Total Shortfall

Acknowledgement of Declined or Adjusted Coverage

I acknowledge that I have completed this form with _____ of Insurance Supermarket Inc. While I understand the recommended amount, it is my decision to decline or adjust the recommended insurance protection at this time as follows:

Life Insurance: _____

Critical Illness Insurance: _____

Disability Income Insurance: _____

Long Term Care Insurance: _____

I understand that the values illustrated in this insurance analysis are based on financial information that I have provided and my understanding of my future financial needs in the event of my death, critical illness or disability. The illustrated insurance coverage is subject to medical and financial underwriting. It is strictly for reference and I may decide to take out a Life/Critical Illness/Disability Insurance policy(ies) with a coverage amount different from the one illustrated in this analysis. My insurance coverage has to be reviewed on a regular basis to ensure that my financial goals and objectives continue to be met.

Name: _____

Signature: _____

Date: _____

Broker: _____

Refused to complete: **X** _____

Signature of Lead