

Client Information

First name: _____

Last name: _____

Age: _____ Sex: M F Smoker: Yes No

Marital status: _____ Number of dependant children: _____

Occupation: _____

Family Financial Needs

The annual amount needed to maintain your household's lifestyle multiplied by the number of years that this amount would need to be compensated in the event of your death.

Annual amount: \$ _____ +

Number of years: _____ X

Mortgage and Other Loans

The total amount of your debt.

Total amount of your debt: \$ _____ +

Funeral Expenses

The amount your household would need to cover expenses in the event of your death (legal fees, funeral expenses and taxes).

Total amount needed to cover expenses in the event of your death: \$ _____ +

Existing Life Insurance

The total amount of life insurance currently held.

Total amount of life insurance: \$ _____ -

Other Savings or Assets

Total savings or other sources of income that can be used in the event of your death.

Total savings: \$ _____ -

Total

Sub-total of income: \$ _____

Sub-total of expenses: \$ _____

Total financial need: \$ _____

Signed at _____

Advisor: _____ Date : _____

Client : _____ Date : _____