

Canadian Term Insurance

FACT FINDER

Initial Assessment and Evaluation

For:

Name: _____

Date: _____

Contact Information:

Name: Jeffrey B. Comiskey

Email: jeffcomiskey@canadianterm.com

Canadian Term Insurance

#128 – 4500 Blakie Road, London, ON N6L 1G5

Tel: (519) 473-4549 Fax: (519) 473-4549

Toll Free: 1-866-943-4549

Email: jeffcomiskey@canadianterm.com

Website: www.canadianterm.com

12/12/2008

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Risk Management:

May be under-insured:

- Life insurance (Client) YES NO
- Life insurance (Spouse) YES NO
- Income replacement insurance (Client) YES NO
- Income replacement insurance (Spouse) YES NO
- Long-term care YES NO
- Critical illness YES NO
- Office/business overhead YES NO
-
- Other insurance issues YES NO

Family and Personal information:

Full Legal Name: _____

Marital Status: _____

Date of Birth: _____

Date of Marriage: _____

Place of Birth: _____

Citizenship: _____

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Spouse's Legal Name: _____

Date of Birth: _____

City/Province/Postal Code: _____

Spouse's Place of Birth: _____

Citizenship: _____

Home Address: _____

Telephone: _____

Email: _____

Employer: _____

Office Address: _____

Position, Duties: _____

Length of Service: _____

Children:

Name	Date of Birth	Resides At	Place of Birth	Occupation	Marital Status

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Other Dependents:

Name	Date of Birth	Resides At	Place of Birth	Occupation	Marital Status

Life Insurance Analysis:

Policies You Personally Own:

Company	Policy #	Plan	Face Amount	Total Amount	CSV	Loans	Annual Premium	Beneficiary

Estate Needs Analysis:

Question: Should you die:

What monthly income would be required to enable your family to maintain themselves as a family in this community, or in the community to which you expect them to move?

During the dependency period of your children:

\$ _____ monthly for _____ years

For your spouse after the dependency of your children:

\$ _____ monthly for _____ years

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The percentage of **(educational costs including living expenses)** that we want to fund for our children/grandchildren is _____%

Would you like to set aside capital for university/ college education (children, grandchildren?)

For _____ Amount \$ _____ Education Period: _____ Years

For _____ Amount \$ _____ Education Period: _____ Years

Would you like to set aside income or capital for mortgage repayment?

Emergencies (accidents, illness, dental care, etc.):

Capital equipment replacement (automobiles, major appliances):

Special occasions (weddings, anniversaries, Christmas, vacation):

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Should you become disabled?

What monthly income would you require?

--

Are you covered by Employment Insurance?

--

Review of Existing Disability and Critical Illness Insurance:

Company	Policy #	Premium	Type of Benefit	Amount	Waiting period	Benefit Period	Other Features

Retirement Review and Goals:

What is your retirement income objective \$ _____ at age _____.

Employer Provided Retirement Plans:

Plan	Vested?	Retirement Age	Months Pension Guaranteed	Formula	Last pension Projection	Beneficiary

Registered Retirement Savings Plans (RRSPs)

Company	Plan #	Contribution	Annuitant	Contributor	Current Value

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Estate and Legal Matters:

Do you think your spouse should manage your estate and run all financial affairs after your death?

Have you made plans and are your financial affairs in order?

Do you have a will? Date of Will? Where Made?

Summary of Family Obligations:

	Average Amounts Outstanding		Average Monthly Payment	
	Yours	Your Spouse's	Yours	Your Spouse's
Bills				
Accrued and unpaid taxes				
Instalment loans				
Broker's loans				
Mortgages				
Leases				
Other				

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Summary of Family Incomes:

Source	Notes	Yours	Spouse's
Salary		\$	\$
Bonus			
Commissions			
Pensions			
Other			
Totals	Not applicable	\$	\$

Investments:

Do you have a regular savings, investment program?

Asset Allocation:

Cash Canadian	%	U.S. equities	%
GICs	%	International equities	%
Fixed income Canadian	%	Securitized real estate	%
Fixed income global	%	Alternative (e.g., hedge funds)	%
Canadian equities	%	Other	%

Your Investment Profile should include:

High Risk _____%

Moderate Risk _____%

Low Risk _____%

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Inheritances:

	From Whom	Amount Expected	Outright	In Trust	Age of Benefactor	Age of Income Benefactor
Do you expect to inherit Property?						
Does your spouse expect to inherit property?						

Net Worth Summary:

Description	Your Interest	Your Spouse's Interest	Description	Your Interest	Your Spouse's Interest
	\$	\$		\$	\$
Total Assets:	\$	\$	Total Liabilities:	\$	\$
			Net Worth:	\$	\$
Total Death Benefits:	\$	\$	Net Death Benefits:	\$	\$
			Estate Value:	\$	\$

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Canadian Term Insurance and _____ Action Plan

Our next appointment is on _____ at _____ a.m./p.m.

Location: _____

Our objective for that appointment is:

At that meeting we will provide the following information to Canadian term Insurance:

Canadian Term Insurance will undertake/complete prior to the next meeting:

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