

FACT FINDING AND NEEDS ANALYSIS



CANADIAN LEADING INSURANCE COMPANY INC.

Canadian Leading Insurance Company Inc.

Prepared For

Client Name:

Phone Number:

Prepared By

Advisor Name:

This illustration is neither a contract nor an offer to provide insurance. In the event that a policy is applied for and issued, the terms of the contract shall prevail.

CLIENT'S MAJOR CONCERN:

- | | |
|---|--|
| <input type="radio"/> LIFE INSURANCE | <input type="radio"/> CRITICAL ILLNESS INSURANCE |
| <input type="radio"/> DISABILITY INSURANCE | <input type="radio"/> EXTENDED HEALTH AND DENTAL |
| <input type="radio"/> INSURANCE AS INVESTMENT VEHICLE | <input type="radio"/> TRAVEL / VISITOR INSURANCE |
| <input type="radio"/> RRSP | <input type="radio"/> CHILDREN EDUCATION SAVINGS PLANS |
| <input type="radio"/> MORTGAGE INSURANCE | |

For New Policy Illustrations Only:

Charges shown are calculated based on a standard underwriting class. Actual underwriting class is subject to Administrative Office approval. Every effort has been made to ensure accuracy, but we are not liable for errors and/or omissions. The Policy contract(s) will govern E&O.



Life Insurance Needs Analysis

Life Insurance Needs Analysis

Prepared for:

Company :

Immediate Cash Needs

Mortgage balance to pay off	\$	
Debts and loans to pay off	+	\$
Emergency Funds	+	\$
Final Expenses (funeral, taxes, legal, etc.)	+	\$
Funds required for Children's Education	+	\$
Replacing Lost Income:		
Present Monthly Income after Tax	\$	
Current Age :		
Number of years to retirement		
(Eg. 65 – Current age):	Years	
Final income		
(Monthly Income x 12 x # of years to retirement) +	\$	_____.
Total Immediate Cash Needs	\$	_____.

Liquid Assets:

Cash, T-bills \$ Stocks, Bonds, Mutal Funds	-	\$
Other Assets	-	\$
Total Current Life Insurance		
(Personal, group, mortgage, etc.)	-	\$ _____.
Total Liquid Assets	-	\$ _____.
Total Life Insurance Needed: (Needs-Assets)	\$	_____.

I acknowledge that the client has given the consent to process the personal data in accordance with the terms of the compliance department. Based on the region selection above, the data will be controlled by the advisor and will not share with anyone else.

CHOICES

- Client was presented with this needs analysis and client decided to purchase an insurance for the amount of \$.....
- The client did not want to go through the needs analysis process and knew the amount of coverage they wanted

Conflict of Interest

It is my duty to disclose any conflict of interest with respect to my overall recommendations, to you, as my client. As an Independent Broker, I am bound by the laws governing life insurance agents in the province of _____ and the Code of Ethics of my professional association, Independent Financial Brokers of Canada. This means that any insurance/financial products I recommend, will be what I deem best suited to meet your needs without regard to compensation practices of any one company.

Acknowledgement

Your signature on this form acknowledges that you have received this information and do not waive any legal rights you may have. Should you require further information, or if you have a complaint, I will assist you personally, or direct you to the appropriate resource.

“I have been informed of, and understand the products & services offered by _____ and understand the implications of this disclosure including any conflict, or potential conflict of interest associated”.

Document

Agent Name:

Phone:

Email:

Dated this:



Disclosure to Individual and Corporations Clients

In all provinces and territories in Canada

Advisor information for clients concerning

Name:

Representing Company: CANADIAN L.I.C. INC.

About me

I am licensed for Life, Health, Accidental Death & Dismemberment, Travel insurance and SEG Funds, RRSP in the province of _____.

I have my designation as an Insurance Consultant

I have access to the following companies' products as:

Life Insurance/Critical Illness/ Disability Insurance/ Loan Protection /Investment products Seg Funds, RRSP, RESP

Ivari	RBC Insurance	The Canada Life
Manulife Financial	Desjardins Fin. Security.	IA Excellence
Industrial-Alliance	SSQ Assurance	The Empire Life
Equitable Life	Foresters Life	CUMIS Life CUMIS
UL Mutual	BMO Insurance	CPP
Canada Protection Plan	Assumption Life	EDGE (Underwritten by Co-operators)
TUGO	Welcome Canada plan Underwritten by Allianz Global Assistance.	Allianz Global Assitance,GMS,21 st Century

In addition, I offer:

Certain banking products from <Manulife ONE Bank>

I do not refer mortgage needs to a mortgage specialist

Nature of relationship with Company (ies)

No insurer holds an ownership interest in my business, nor do I hold a significant interest in any insurance company.



Compensation

I will be paid by the company that offers the product you choose. I am compensated by a sales commission for most products at the time of sale, and may receive a renewal (or service) commission. For certain products, I may receive a referral fee.

I may also be eligible for additional compensation, such as bonuses and non-monetary benefits such as travel incentives, and may be entitled to participate in a share purchase plan. This compensation depends on various factors such as the volume or retention of business I place with a particular company during a given time period.

<For certain products such as Group and Group Retirement Services products>

In respect of certain products, the commission may be different than the standard commission scale provided by the company providing the product. I will advise you if this occurs. Any future increases in the commission scale will require your written approval.

Conflict of interest

I take the potential of a conflict of interest seriously. I will notify you if there is a conflict of interest of which I become aware in regards to my services. My services will take into consideration your financial needs.

I take the potential of a conflict of interest seriously. The following situation may be perceived to be a potential conflict of interest with respect to my services. Please take this matter into consideration before acting. My services will take into consideration your financial needs.

This statement has been prepared by _____ alone is responsible for its accuracy.



Acknowledgment

I, Client Mr./Mrs..... Have been informed of, and understand the implications of, this disclosure including any conflict of interest or potential conflict of interest associated with _____ in relation to any recommendations made.

Offered	Applied
<input type="checkbox"/> Life Insurance <input type="checkbox"/> Critical Illness Insurance <input type="checkbox"/> Disability Insurance <ul style="list-style-type: none"> <input type="checkbox"/> Injury Coverage <input type="checkbox"/> Injury & Illness Coverage <input type="checkbox"/> Travel Medical Health Insurance <input type="checkbox"/> Health & Dental Insurance	<input type="checkbox"/> Life Insurance <input type="checkbox"/> Critical Health Insurance <input type="checkbox"/> Disability Insurance <ul style="list-style-type: none"> <input type="checkbox"/> Injury Coverage <input type="checkbox"/> Injury & Illness Coverage <input type="checkbox"/> Travel Medical Health Insurance <input type="checkbox"/> Health & Dental Insurance Additional Comments Sign

_____ has also explained in detail to me about all the above noted products he deals with and its importance in my life and I am applying onlyinsurance without other products which could protect our financial future and we are aware about the outcome of not applying other products.

I agree to continue discussions with you and understand that I may ask for further information regarding this disclosure.

Client signature _____ Date _____ 20

Client signature _____ Date _____ 20

Advisor Signature _____ Date _____ 20