



# Life Insurance Needs Analysis

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY / MONTH / YEAR  
Marital Status: \_\_\_\_\_ Smoker:  Non-Smoker:   
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*To determine your life insurance needs, please complete the following questions.*

Cost of your funeral arrangements: \$

Total amount owing on your mortgage: \$

Total amount owing on your outstanding debts: \$

*Estimate the total of your child's/children's future education.*

How many children do you have?:  Age(s) of children:

Tuition fees: \$  Books: \$  Residence fees: \$

How much income would your family need every month if you passed away? \$

How many years would your family need to rely on this monthly insurance income?

*What is the total value of your investments?*

Savings: \$  Retirement funds: \$  RRSPs: \$   
Stocks: \$  Bonds: \$  Other: \$

*What is the total value of your existing life insurance policies?*

Self: \$  Spouse: \$  Group Plan through Work: \$

**Please print, complete and fax to:**  
Ingrid Gassner: [ingridg@soundinsurance.ca](mailto:ingridg@soundinsurance.ca)  
**Fax: 416.756.1635**