



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
Fax: 416.756.1635