

1. Advisor information

| | | |
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| Advisor name: | | |
| Office: | | |
| Province: | Email: | Phone number: |
| <input type="checkbox"/> Illustration provided <input type="checkbox"/> Excel spreadsheet provided | | |

2. Client details

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|---|------|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|
| Type of insurance: <input type="checkbox"/> Individual <input type="checkbox"/> JLTD | | | | | | | | | | | | | | | | | | |
| Policy owner: <input type="checkbox"/> Individual <input type="checkbox"/> Corporate (Please provide corporation name below) | | | | | | | | | | | | | | | | | | |
| Corporation name: | | | | | | | | | | | | | | | | | | |
| Insured 1 | | | | | | | | | | | | | | | | | | |
| Name: | Age: | Date of birth: <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker | Y | Y | Y | Y | M | M | D | D | | | | | | | | |
| Y | Y | Y | Y | M | M | D | D | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Insured 2 (if JLTD is selected) | | | | | | | | | | | | | | | | | | |
| Name: | Age: | Date of birth: <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker | Y | Y | Y | Y | M | M | D | D | | | | | | | | |
| Y | Y | Y | Y | M | M | D | D | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

3. Other details

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| Investor profile: <input type="checkbox"/> Balanced (default) <input type="checkbox"/> Prudent <input type="checkbox"/> Moderate <input type="checkbox"/> Growth <input type="checkbox"/> Aggressive |
| Dividend scale comparison: <input type="checkbox"/> Current -1% <input type="checkbox"/> Current -2% |
| Comparison with current investments (optional): |

INVESTED IN YOU.