

## 1. Client information

Client's name: \_\_\_\_\_  
 Province: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Smoking status: \_\_\_\_\_  
 Presumed age of critical illness: \_\_\_\_\_ Retirement age: \_\_\_\_\_

### Optional information

If no information is provided, the province's maximum marginal tax rate will be used.

Tax rate: \_\_\_\_\_ or Taxable income \_\_\_\_\_

## 2. Advisor information

Advisor's name: \_\_\_\_\_ Date: \_\_\_\_\_

## 3. Individual

### SAVINGS

Investor profile: \_\_\_\_\_

All contributions are indexed. If you want a specific rate, please let us know: \_\_\_\_\_

	RRSP	Non-registered	TFSA
Current balance:			
ACB (if known):	—		—
Contribution room:	—	—	
Annual contribution:			
From which age:			
Up to which age:			

### EXPENSES TO COVER DURING A CRITICAL ILLNESS

Monthly  Annual All expenses are indexed. If you want a specific rate, please let us know: \_\_\_\_\_

Mortgage/Rent:	
Loan/Line of credit:	
Credit card:	
Car:	
Home care:	
Rehabilitation:	

Non-covered drugs:	
Dependent children:	
Continue savings contributions?:	
Other expenses:	
Other expenses:	
Other expenses:	
Total:	

## 4. Corporation

### EXPENSES TO COVER DURING A CRITICAL ILLNESS

Monthly  Annual All expenses are indexed. If you want a specific rate, please let us know: \_\_\_\_\_

Replacement of the insured's salary:		Other expenses:	
Expenses related to the replacement person:		Other expenses:	
Fixed business expenses:		Other expenses:	
Potential decrease in sales:		Other expenses:	
Margin call/call loan:		Other expenses:	
Decline in business value:		Other expenses:	