

Needs Analysis

- (1) What is your active annual income? _____
- (2) What is your passive annual income? _____
- (3) How many years of income is expected? _____
- (4) What is your personal Net Worth? _____
- (5) What is your total corporate tax liability? _____
- (6) Total Existing Life Insurance Coverage? _____

Life Insurance Need $\Rightarrow ((1+2) \times 3) - 4 + 5 - 6$ _____

Compliance

- Have you ever been charged or convicted of any criminal offenses? Yes | No
- Have you ever been involved in personal or corporate bankruptcy? Yes | No
- Have you, or a relative, ever been involved in any political activity? Yes | No

Details: _____

Will any existing corporation be integrated into your current planning? Yes | No

Corporation: _____ Are you a signing officer? Yes | No

Do you authorize any third party (comptroller, assistant, accountant ...) to act as an intermediary for any information or document requests or any other inquiries we may have? Yes | No

Contact Name: _____ Title: _____

Email: _____ Phone: _____

Acknowledgement

You confirm that all information that you provided to us is true, correct and accurate. Please be sure to inform us without undue delay if there are any changes to the information provided.

Client Name: _____ Date: _____

Client Signature: _____

