ORCA WEALTH

LIFE INSURANCE NEEDS ANALYSIS

Personal and family discovery

CLIENT AND HOUSEHOLD INFORMATION

Primary Client

Partner / Spouse

Email

Phone

Client Date of Birth

Partner Date of Birth

Province

FAMILY AND PLANNING PRIORITIES

Dependants: names, ages and special considerations

Primary goals

- ☐ Replace family income
- ☐ Pay debts and mortgage
- ☐ Fund education
- ☐ Leave a family legacy
- ☐ Final expenses
- ☐ Other priorities

HOUSEHOLD CASH FLOW

Primary client annual gross income	$
Partner annual gross income	$
Annual household spending	$
Emergency savings target	$

Planning notes

CALCULATE THE NEED

Capital needs and available resources

IMMEDIATE CAPITAL NEEDS

Mortgage balance	$	
Loans and other debts	$	
Final expenses and taxes	$	
Emergency fund	$	
Education funding	$	
Other capital needs	$	
TOTAL IMMEDIATE CAPITAL NEEDS	$	

INCOME REPLACEMENT

Annual survivor income required	$	
Less: continuing annual income	$	
Years income is required		
Assumed annual return (%)		
NET ANNUAL INCOME SHORTFALL	$	
INCOME REPLACEMENT CAPITAL	$	

AVAILABLE RESOURCES

Existing personal life insurance	$	
Group life insurance	$	
Savings and non-registered investments	$	
Registered investments available	$	
Other assets or survivor benefits	$	
TOTAL AVAILABLE RESOURCES	$	

ANALYSIS AND RECOMMENDATION

Advisor review and client acknowledgement

NEEDS ANALYSIS SUMMARY

Total immediate capital needs	$
Income replacement capital	$
TOTAL CAPITAL REQUIRED	$
Less: total available resources	$
ESTIMATED ADDITIONAL INSURANCE NEED	$

This estimate is a planning starting point and should be reviewed as circumstances change.

ADVISOR RECOMMENDATION

Recommended total new coverage $

☐ Term insurance ☐ Permanent insurance ☐ Blended solution

Recommended term / duration and product rationale

Additional assumptions, exclusions and follow-up items

ACKNOWLEDGEMENT AND SIGNATURES

We have reviewed the information and assumptions used in this analysis. The estimate is not a contract of insurance.

Client signature **Date** **Advisor signature** **Date**

EMAIL COMPLETED ANALYSIS

BOOK A REVIEW