



RBC
Insurance

CAPITAL NEEDS ANALYSIS



PREPARED FOR _____

PREPARED BY _____

DATE _____

YOUR PRIVACY MATTERS TO US

At RBC Insurance, we're committed to protecting your privacy. We respect your privacy and want you to understand how we safeguard your personal information.

How we collect your information

We collect and keep information about you, which is needed to provide the products and services you request. We collect information from you, either directly or through our representatives. We may also need to collect information about you from sources such as hospitals, doctors and other health care providers, the Medical Information Bureau, the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and your current and former employer.

How we use your information

We use your information to provide the products and services you request, which includes using it to evaluate insurance risk and manage claims. We may also share your information with others who work for RBC Insurance or other members of RBC Financial Group, or with third parties, when it is necessary for the services we provide to you. Third parties may include other insurance companies, the Medical Information Bureau, financial institutions, third party administrators, and any references you provide.

We may use your information internally, to prepare statistical reports that help us understand the needs of our customers and that help us understand and manage our business.

If you have given us your social insurance number, we will use it for taxation purposes and to help identify you with Citizenship and Immigration Canada, when necessary.

Please note that this paragraph is not applicable if this application is submitted by an independent representative or a representative that is attached to a firm other than RBC Insurance.

Other ways we may use your information

When you request products and services directly from RBC Insurance, there are other ways we may use your information. For example, we may use or share some of your information to help you find out about other products and services from RBC Insurance and other members of RBC Financial Group. However, we will never use or share your health information for these purposes. To better manage your relationship with other members of RBC Financial Group, and where the law allows us, we may consolidate the information we have about you with information held by the other member companies.

If, at any time, you decide that you do not want us to use your information as described here, under "Other ways we may use your information", please let us know by calling us at 1-800-663-0417.

Your right to access your information

You have a right to access the personal information that we have about you in your file. If we have information that is not correct, you can have it corrected.

To access your information or to ask us to correct information, you can contact us at:

RBC Insurance
P.O. Box 515, Station A,
Mississauga, Ontario
L5A 4M3
Telephone: (800) 663-0417
Facsimile: (905) 813-4816

If you would like more information about client privacy

RBC Financial Group publishes a brochure on client privacy. If you would like a copy of the brochure, you can contact us and we would be pleased to send one to you.

◆ Personal information

GENERAL INFORMATION			
<p style="text-align: center; margin: 0;">CLIENT INFORMATION</p> <p>Name: _____</p> <p style="margin-left: 40px;"><input type="radio"/> Male or <input type="radio"/> Female</p> <p style="margin-left: 40px;"><input type="radio"/> Smoker or <input type="radio"/> Non-Smoker</p> <p>Age/DOB: _____</p> <p>Employer: _____</p> <p>Occupation: _____</p> <p>CONTACT INFORMATION</p> <p>Home Address: _____</p> <p>Home Phone: _____</p> <p>Fax No.: _____</p> <p>Rep. Name: _____</p>	<p style="text-align: center; margin: 0;">Co-CLIENT INFORMATION</p> <p>Name: _____</p> <p style="margin-left: 40px;"><input type="radio"/> Male or <input type="radio"/> Female</p> <p style="margin-left: 40px;"><input type="radio"/> Smoker or <input type="radio"/> Non-Smoker</p> <p>Age/DOB: _____</p> <p>Employer: _____</p> <p>Occupation: _____</p> <p>Work Address: _____</p> <p>Work Phone: _____</p> <p>E-mail: _____</p> <p>Plan Date: _____ Review Date: _____</p>		
DEPENDENT CHILDREN INFORMATION			
Name	Age/DOB:	Years In College/University:	Name of School/Annual Cost:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIFE ASSUMPTIONS	CLIENT	Co-CLIENT
Life Expectancy		
Retirement Age		
Number of Years Income Needed After Retirement		
% of Net Income Required PRIOR to Retirement		
% of Net Income Required AFTER Retirement		

ASSUMPTIONS USED IN CALCULATIONS		
Rate of Return: _____ %	Marginal Tax Rate: _____ %	Inflation Rate: _____ %

◆ Existing Insurance Policies (Life/Disability)

LIFE INSURANCE INFORMATION					
	Please place additional policy information on a separate sheet of paper				
	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Insured					
Owner					
Insurance Type					
Death Benefit					
Beneficiary					
Policy Number					
Anniversary Date					
Modal Premium					
Payment Mode					
Policy Year					
Cash Value					
Loan Balance					
Insurance Carrier					
Group Policy (Y/N)					

DISABILITY INSURANCE INFORMATION					
	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Insured					
Owner					
Insurance Type (e.g. Critical Illness, LTC)					
Monthly Benefits					
Benefit Period (years)					
Waiting Period (days)					
Anniversary Date					
Modal Premium					
Payment Mode					
Policy Number					
Insurance Carrier					
Group Policy (Y/N)					

◆ Life Insurance Needs

IMMEDIATE CASH NEEDS AT DEATH	CLIENT	Co-CLIENT
Mortgage (Payoff costs)		
Loans and Other Debts (Credit cards, consumer/auto/school loans, business debt, etc.)		
Final Expenses (Funeral, medical, administration costs, etc)		
Other Cash Needs (Emergency funds, property taxes, child care, charities)		
TOTAL Cash Needs	(A1)	(A2)

ASSETS	CLIENT		Co-CLIENT	
	Market Value of assets AVAILABLE at death	Market Value of assets NOT AVAILABLE at death	Market Value of assets AVAILABLE at death	Market Value of assets NOT AVAILABLE at death
Asset Name				
Cash (savings, T-Bills, etc)				
RRSP's				
Stocks, bonds, mutual funds				
Principal residence				
Real Estate				
Life insurance				
CPP/QPP death benefit				
Other				
TOTAL Assets	(B1)		(B2)	

LIFE INSURANCE FOR IMMEDIATE CASH NEEDS AT DEATH	CLIENT	Co-CLIENT
Required Insurance at Death (Immediate Needs MINUS Available Assets)	(A1-B1)	(A2-B2)

ONGOING ANNUAL INCOME NEEDS	CLIENT	Co-CLIENT
Annual Net Income Needed		
Less CPP/QPP Income Benefits		
Less Income From Other Sources (Rental, child support, etc.)		
TOTAL Annual Income Needs		

Note: To calculate the amount of insurance required to **support ongoing annual income needs**, use the electronic **Capital Needs Analysis** in your computer.

◆ Disability Benefit Eligibility

LEVEL OF EARNINGS	CLIENT	Co-CLIENT
Current Gross <u>Annual</u> Income		

MONTHLY DISABILITY INCOME FROM OTHER SOURCES	CLIENT			Co-CLIENT		
	Amount	Waiting Period	Benefit Period	Amount	Waiting Period	Benefit Period
Income from Group/Employer Insurance Plan						
Income from Individual Insurance Plans						
Other						
Total (C)						

INTEGRATED DISABILITY INSURANCE	CLIENT	Co-CLIENT
Maximum <u>Monthly Issue Limit</u> Benefit from RBC Insurance (D)		
Eligible Monthly Benefit Maximum Issue Limit (D) MINUS Additional Disability Income (C)		

The Insurance representative has completed and reviewed this Capital Needs Analysis with me and explained its purpose. The information entered in this Capital Needs Analysis is to the best of my knowledge accurate.

Client's signature _____ Date _____

Representative's signature _____ Date _____

