

Advanced Marketing Case/Concept Illustration Request Form

Complete this form, "save as" to a local folder and forward as an attachment to:

- wholesaler if you are an advisor to optimize triage or
- member of Tax, Retirement & Estate Planning Team if you are a member of the Retail Sales Team

Advisor name	Email address
Phone number	IFA/MGA/NA name

Client Information			
Name of client 1	<input type="radio"/> male <input type="radio"/> female	Age	<input type="radio"/> smoker <input type="radio"/> non-smoker
Rating	Province	Tax rate	
Name of client 2	<input type="radio"/> male <input type="radio"/> female	Age	<input type="radio"/> smoker <input type="radio"/> non-smoker
Rating	Province	Tax rate	

Coverage Information			
Coverage type _____ Plan type: <input type="radio"/> single <input type="radio"/> joint first to die <input type="radio"/> joint last to die			
Company _____ Product _____ <input type="radio"/> joint <input type="radio"/> single			
Client 1			
COI _____	Amount _____	Duration _____	Riders _____
COI _____	Amount _____	Duration _____	Riders _____
COI _____	Amount _____	Duration _____	Riders _____
Client 2			
COI _____	Amount _____	Duration _____	Riders _____
COI _____	Amount _____	Duration _____	Riders _____
COI _____	Amount _____	Duration _____	Riders _____
Purpose: (please provide a brief description of the purpose of the coverage)			
Coverage approach: <input type="radio"/> face amount <input type="radio"/> total coverage <input type="radio"/> base coverage <input type="radio"/> premium			
Regular Deposit	Duration	Additional Deposit	Duration



Dividend Option (Par)

Dividend Option _____ Side Account deposit _____ Side account rate _____%
PUA Purchase _____ Purchase deposit _____ Limited Pay _____ Years _____

Critical Illness Insurance

Client 1 Client 2

COI _____ ROP at Death ROP at Maturity

Benefits _____ Riders _____

Strategy or Concept(s)

Alternate investment rate of return _____%

Additional Notes

Justification

Income _____ Net Worth _____

Other in-force coverage _____ Business Value _____

Note: We may require additional information when running illustrations and concepts. Please run a sample illustration and concept for an idea of extra information needed. Alternatively, send us a pdf what you have done and use this form to provide direction on how we may help you.