

NEEDS ANALYSIS:

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Marital Status: Single Married Divorced Widowed

Occupation: _____ Email: _____

Date of Birth: / / Country of Residence: _____

Smoker? YES NO If you are an ex-smoker, how long ago? _____

DEPENDENTS

Age	Relationship	Years of dependency	Comments



Risk

Growth

Protection

Auto/Home Insurance, Life Insurance, Health Insurance, Disability Insurance.

Savings

This pyramid represents the financial and/or economic needs that almost every human being goes through during their life.

The first step is risk management, to protect all the assets acquired with their income.

These are the needs that arise when someone passes away, falls ill, or becomes incapacitated. This is called: IMMEDIATE PROTECTION.

PRIORITIES

Do you want:

- Financial protection for your family?
- Support your children's education?
- Mortgage/loan guarantee?
- Protect your business?

FAMILY PROTECTION

What do you think about life insurance? _____

If you were to pass away today, how much monthly income would your dependents need? _____

What measures have you taken to ensure these incomes? _____

Life insurance amount calculation: _____

EDUCATION FOR YOUR CHILDREN

Which university do you want your children to attend? _____

Are you aware of the current costs of universities? YES NO

University start date: / /

Have you started saving already? What is the plan like? YES NO _____

Information for additional costs: _____

YOUR BUSINESS

Will your spouse be able to manage the assets of your business? YES NO

Do you feel confident that your partner can handle and look after the interests of your heirs? YES NO

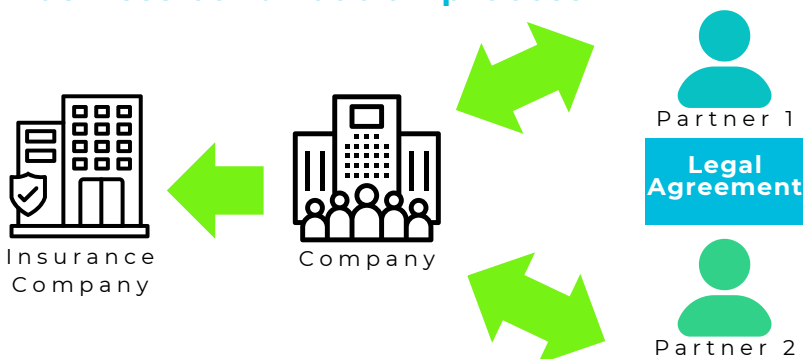
Property Interests Assessment:

Company: _____

Date: / /

Owner's Name	Shareholding	Value	Date of Birth	Gender	Classification

Business continuation process



Each should take out a policy naming two partners as their beneficiaries

The **death benefit** would be used by the surviving partners or the company to buy out the shares of the deceased partner

SUMMARY

Sum Insured

USD _____

Term

10

15

20

30

Terminal Illness Benefit

USD _____

Disability Benefit

USD _____

Accidental Death
Benefit

USD _____

Annual Premium

USD _____

Value to be returned

USD _____