

SNAP

Security Needs Analysis Plan



How much insurance do you need to protect your family?

When you die, there are a bunch of costs that happen to your family right away. Then there are some ongoing costs – your family will have to get by without your income.

Hopefully, you also have some cash that you can access immediately, and some ongoing income you can use to support them.

The SNAP Fact Finder is a tool you can use to get a thumbnail sketch of what your insurance needs might be, now and in the future.

To complete it, just fill in the fields as best you can, and send this form in to us at Capital Estate Planning.

From there we can give you a report that shows what your insurance needs could be now, and what your ongoing needs might look like – and suggest how your ATA Voluntary Benefits Program can help you to solve those needs.

If you have any questions,
please feel free to get in touch with our team!

Capital Estate Planning

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SNAP - Estate Planning Fact Finder

Client Detail - Personal Information

Client

First Name

Last Name

Date of Birth (mm/dd/year)

Gender Male Female

Smoking Status

Annual Income \$

Spouse

First Name

Last Name

Date of Birth (mm/dd/year)

Gender Male Female

Smoking Status

Annual Income \$

Client Detail - Needs at Death

Cash Needs at Death

	Cash Need	Amount	At Death of*		
			C or S	C	S
1	Last Expenses	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Legal and Executor Fees	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Outstanding Loans	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Mortgage Redemption	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Emergency Fund	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Education Fund	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Credit Cards	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Income Taxes	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income Needs at Death

Percentage of current income required while children are dependent %

Percentage of current income required for survivor thereafter %

*At Death of C or S = Client or Spouse, C = Client only, S = Spouse only. Select applicable option with a check mark.

Contact Information

Address

City Province

Postal Code Email

Home Telephone

Work Telephone

Cellular Phone

Children

	Name	Date of Birth (mm/dd/year)
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

Client Detail - Sources at Death

Sources of Cash at Death

	Cash Source	Amount	At Death of*		
			C or S	C	S
1	Cash / Term Deposits	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Life Insurance	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Bonds, Stocks, etc.	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Pension and RRSP	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Other Cash Assets	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Detail - Presentation

Assumptions

Inflation Rate %

Investment Interest Rate %

