Critical Illness Impact Calculator

General client information:

Name: _____

Date of birth:		Age at planned retirement:	
Gender:		Calculated Critical Illness insurance need:	
Smoking status:			
Province of residence:		Age at time of hypothetical diagnosis:	
Marginal tax rate:			

Investments destined to fund retirement:

	Market Value	Annual Contribution	ACB	Projected rate of return
RRSP			n/a	
Equities*				
TFSA			n/a	
Fixed income and liquid savings			n/a	

*Considering income as deferred capital gains only

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