

Insurance Plan Summary

Reason why

Policy Holder:

Policy Number:

Congratulations on taking action to protect your family and your financial well-being. Your new insurance contract comes with valuable benefits and guarantees. Most importantly, it gives you and those around you an extra layer of financial protection.

Reason for insurance

The reason why you purchased insurance:

The amount discovered that you needed:

The amount you choose to purchase now:

Insurable shortfall (if any):

Policy details *(continued on Page 2)*

Type of policy/term/renewal date/expiry date, if applicable:

Name(s) of beneficiary(ies):

Any additional benefits included (cost waived if disabled, child future insurability, etc.):

Visit ivari.ca and try My Insurance View –
our life insurance calculator – to find out how much
protection you need at every stage of life.

Policy details *(continued)*

Insurance costs paid or any additional cost(s) required (health or related ratings):

Your basic insurance costs are guaranteed for:

Future needs

Additional protection needs we discovered (Critical Illness protection, coverage shortfall, etc.):

Reason for our next meeting:

My commitment to you:

As we discussed in our initial engagement agreement, I make a commitment to communicate with my clients on a regular basis. We will review this protection plan at these regular intervals. Please contact me should any change to your family or financial situation occur.

Advisor name	_____	Phone #	_____
Signature	PRINT AND SIGN	Date	_____
Client signature	PRINT AND SIGN	Date	_____

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