

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.

During our insurance needs conversation, we discovered that you have specific insurable needs. As a result, you made the decision to apply for this contract to help you protect those needs. The following is a summary that confirms our discussions and conclusions that were the basis for the insurance offered by *ivari*.

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 <u>My Insurance View</u> – our life insurance calculator – to find out how much protection you need at every stage of life.



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Policy details (continued)		
Insurance costs paid or any	additional cost(s) required (health or related rat	ngs):
Your basic insurance costs a	are guaranteed for:	
Future needs		
Additional protection needs	s we discovered (Critical Illness protection, cover	age shortfall, etc.):
Reason for our next meetin	g:	
My commitment to you:		
As we discussed in our initia		It to communicate with my clients on a regular basis. We 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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