STANDARD LIFE

Inheritance Bond Concept Questionnaire

Client

First Name: ______________________

Last Name: ______________________

☐ Male ☐ Female

Class: ______________________

Date of Birth: |__|__|__|__|__|__| Age: ____

M M D D Y Y

Province: ______________________

Personal Tax Rate: ______________________

Spouse

First Name: ______________________

Last Name: ______________________

☐ Male ☐ Female

Class: ______________________

Date of Birth: |__|__|__|__|__|__| Age: ____

M M D D Y Y

AVP

Inheritance Bond Concept Questionnaire

Investment Assumptions

Rate of Return:________

Portfolio Type: ☐ Conservative ☐ Moderate ☐ Moderate Growth ☐ Growth

☐ Custom

Interest:_______ Dividend:_______ Capital Gain:_______ Unrealized Cap. Gain:_______

Perspecta

Initial Sum Insured:________________

Deposit Model: ☐ Maximum Level Premium Deposit Amount:________________

Deposit Period:__________ Interest Rate:___________

Death Benefit Option: ☐ Level ☐ Increasing ☐ Hybrid

Cost of Insurance Type: ☐ Level ☐ YRT-85/20 ☐ YRT-100

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