

Life Insurance Need Calculator

Client _____

Current Age _____

Immediate Cash Needs

1. Final Expenses (funeral, medical): \$ _____
2. Expected Administrative Costs: \$ _____
3. College Fund: \$ _____
4. Emergency Fund: \$ _____
5. Child Care Costs: \$ _____
6. Pay Off Mortgage Balance? \$ _____
7. Charities: \$ _____
8. Total Immediate Needs (add lines 1-7) \$ _____

Ongoing Income Needs

9. Current Annual Household Income: \$ _____
10. Income Objective(% of above) X _____
11. Projected Annual Income Need = _____
12. Social Security Benefits:

Monthly	\$ _____
Annually	\$ _____
13. Survivor's Earned Income: \$ _____
14. Survivor's Pension Benefits: \$ _____
15. Other Income (if any); \$ _____
16. Total Income Sources (add lines 12 to 15): = _____
17. Annual Income Shortage (line 11 minus line 16): \$ _____
18. Amount of Capital Required to provide this income:
(Projected interest rate _____) = \$ _____

Total Life Insurance Need

Total Life Insurance Need (line 8 plus line 18) \$

To check on your Social Security benefits call 1-800-772-1213 and ask for a "Request for Earnings and Benefit Estimate Statement". Or apply on line at www.ssa.gov.

We recommend that you consult with your own tax and legal advisors for counsel about the concepts presented in these materials. Neither the insurer nor your agent may give you legal or tax advice.