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M-Th 10am–10pm, Fri 10am-4pm, Vancouver, Surrey offices & mobile services serving the lower mainland



Name:		Phone Number:	
Who are we putting the insurance on? <input type="checkbox"/> Self <input type="checkbox"/> Other person (please specify relationship) _____			
Date of birth for the insured?		Gender at birth?	Male / Female
Purpose for the insurance (please select all that apply): <input type="checkbox"/> Mortgage insurance <input type="checkbox"/> Financial risk for the family <input type="checkbox"/> Estate planning to bypass estate taxation <input type="checkbox"/> Other (please specify) _____			
How much coverage are you looking for?:			
Fixed term cost or varies over time? <input type="checkbox"/> Term (cheap initially constantly increases) <input type="checkbox"/> Permanent (cost doesn't change) <input type="checkbox"/> Permanent (varies with market) <input type="checkbox"/> Permanent (fully paid up in 10-20 years) <input type="checkbox"/> Permanent (fully paid in 10 years, 10 yrs of refunds and insured for life)			
Smoker status (please select all that apply)? <input type="checkbox"/> Smoker yes / no if yes, what _____ how much _____ <input type="checkbox"/> Narcotics use yes / no if yes, what _____ how much _____ <input type="checkbox"/> Nicotine products yes / no if yes, what _____ how much _____			
Regular health issues (please select all that apply)? <input type="checkbox"/> Diabetes <input type="checkbox"/> Weight issues <input type="checkbox"/> Cholesterol <input type="checkbox"/> High blood pressure <input type="checkbox"/> Cancer <input type="checkbox"/> Severe allergies <input type="checkbox"/> Depression <input type="checkbox"/> Anything being treated or investigated right now? _____			
Do you travel (please select all that apply)? <input type="checkbox"/> A lot for recreation (where _____ how long _____) <input type="checkbox"/> For business (where _____ how long _____)			
Risky activities (please select all that apply)? <input type="checkbox"/> Scuba diving <input type="checkbox"/> Mountain climbing <input type="checkbox"/> Sky diving <input type="checkbox"/> Racing		<input type="checkbox"/> Flying private aircraft <input type="checkbox"/> Other _____ Details	
What monthly budget works for you?			