

# Form.

## Request for a Projection Service for Potential Benefits of Life Insurance Purchased by a Holding Company.

To ensure that we receive all the necessary information for the design of your report, please complete this questionnaire carefully.

Please send it to us by email at the following address: [info@maxomsoft.ca](mailto:info@maxomsoft.ca)

Don't forget to schedule a 15-minute meeting with us.

[SCHEDULE A MEETING](#)

Shareholder Age	
Current Balance in the Investment Account	
Annual Return of the Investment Account	
Current Book Value	
Current CDA (Capital Dividend Account)	
Current RDTOH	
Investment Income	%
Interest/ Foreign Dividends	
Canadian Dividends	
Annually Distributed Capital Gain	
Capital Gain	
	100%

Planned Contributions	Amount	Starting Age	Ending Age

Planned Withdrawals	Amount	Starting Age	Ending Age

Life Insurance Premiums	Amount	Starting Age	Ending Age
Type of Insurance and Rate.			
Amount	Age	ACB	
Type of Insurance and Rate.			
Amount	Age	ACB	

**First and Last Name of the Advisor.**

Save the completed document on your computer.