

# EPIC Questionnaire



FOR ADVISORS ONLY

## INFORMATION ABOUT THE BUSINESS

Client name: \_\_\_\_\_

Corporate name (principal corporation): \_\_\_\_\_

Province or territory: \_\_\_\_\_

Date information collected: \_\_\_\_\_ YYYY - MM - DD \_\_\_\_\_

### Financials, totals, all associated corporations

Note that some related but not associated corporations may qualify as associated for the purpose of calculating the Small Business Deduction (SBD). If necessary, refer to the client's professional tax advisor for this information.

#### ACTIVE BUSINESS INCOME (totals, all associated corporations)

Total taxable active business income (ABI): \$ \_\_\_\_\_

Projected business income growth: \_\_\_\_\_ %

Percentage of after-tax business income to be transferred to passive investments: \_\_\_\_\_ %

#### PASSIVE INVESTMENT INCOME (totals, all associated corporations)

Total portfolio investments: \$ \_\_\_\_\_

Short-term investments: \$ \_\_\_\_\_ \* or \_\_\_\_\_ % Annual ROI: \_\_\_\_\_ %

Fixed income investments: \$ \_\_\_\_\_ \* or \_\_\_\_\_ % Annual ROI: \_\_\_\_\_ %

Fixed income investment MERs: \_\_\_\_\_ %

Equity investments: \$ \_\_\_\_\_ \* or \_\_\_\_\_ % Annual ROI: \_\_\_\_\_ %

Equity investment MERs: \_\_\_\_\_ %

Estimated % of equity returns from dividends:  25%  33%  50%

Equity investment annual turnover (estimate): \_\_\_\_\_ %

\*If the above allocations are provided in dollars, then Short-term investments *plus* Fixed income investments *plus* Equity investments must equal the total portfolio value. If the allocations are provided in %, then the total must equal 100%.

**OTHER PASSIVE CORPORATE INCOME**

Previous year's rental profits, royalties: \$ \_\_\_\_\_

Projected annual increase: \_\_\_\_\_ %

Total AAIL\* for previous year: \$ \_\_\_\_\_ If this value is not available, we will use an estimate.

\*AAIL = adjusted aggregate investment income

**CORPORATE SMALL BUSINESS TAX RATES**

Does your corporation qualify for the Manufacturing & Processing SBD rate?  Yes  No  
 (Ontario, Saskatchewan and Yukon only)

For your ABI that qualifies for the federal SBD, which Quebec provincial rate applies?  11.5%  5%  4%  
 (Quebec only)

**Personal taxation (required for shared ownership insurance if insured's compensation is increased)**

Personal Marginal Tax Rates	Insured 1	Insured 2	Insured 3
Ordinary income	_____ %	_____ %	_____ %
Non-eligible dividends	_____ %	_____ %	_____ %

If these values are not available, we will use the highest marginal tax rates for the province.

**EPIC SOLUTIONS – INSURANCE**

**DESJARDINS CORPORATE-OWNED INSURANCE – Desjardins Life or Critical illness**

Provide insurance illustrations and concept reports (if available)\*

**POLICY 1**

Description: \_\_\_\_\_

Corporation's total annualized premium: \$ \_\_\_\_\_

Planned premium payment period: \_\_\_\_\_ years (for renewable term, use length of initial term)

**POLICY 2**

Description: \_\_\_\_\_

Corporation's total annualized premium: \$ \_\_\_\_\_

Planned premium payment period: \_\_\_\_\_ years (for renewable term, use length of initial term)

**POLICY 3**

Description: \_\_\_\_\_

Corporation's total annualized premium: \$ \_\_\_\_\_

Planned premium payment period: \_\_\_\_\_ years (for renewable term, use length of initial term)

\*Add up to 6 new Desjardins Life or CI policies based on your client's needs. Only include an in-force policy where you have recommended a new deposit or deposits to an in-force policy, showing the additional annualized premium and the duration in years for these additional deposits.

**DESJARDINS CORPORATE-OWNED or SHARED OWNERSHIP INSURANCE – Desjardins Life or Critical illness including, Executive Health Plan (EHP)**

Provide illustrations and concept reports (if available)\*

**POLICY 4**

Description: \_\_\_\_\_

Corporation’s total annualized premium: \$ \_\_\_\_\_

Planned premium payment period: \_\_\_\_\_ years (for renewable term, use length of initial term)

Insured’s annualized premium: \$ \_\_\_\_\_

Insured’s compensation increase:  None  Bonus  Dividend

**POLICY 5**

Description: \_\_\_\_\_

Corporation’s total annualized premium: \$ \_\_\_\_\_

Planned premium payment period: \_\_\_\_\_ years (for renewable term, use length of initial term)

Insured’s annualized premium: \$ \_\_\_\_\_

Insured’s compensation increase:  None  Bonus  Dividend

**POLICY 6**

Description: \_\_\_\_\_

Corporation’s total annualized premium: \$ \_\_\_\_\_

Planned premium payment period: \_\_\_\_\_ years (for renewable term, use length of initial term)

Insured’s annualized premium: \$ \_\_\_\_\_

Insured’s compensation increase:  None  Bonus  Dividend

\*Add up to 6 new Desjardins Life or CI policies based on your client’s needs. Only include an in-force policy where you have recommended a new deposit or deposits to an in-force policy, showing the additional annualized premium and the duration in years for these additional deposits.

## EPIC SOLUTIONS – PENSION

### DESJARDINS INDIVIDUAL PENSION PLAN (IPP)

Provide the IPP illustration

Values from IPP illustration index 1:

Total past service buyback value: \$ \_\_\_\_\_

RRSP transfer requested: \$ \_\_\_\_\_

Estimated normal actuarial cost (current year): \$ \_\_\_\_\_

Planned contribution period to age: \_\_\_\_\_ or years: \_\_\_\_\_

## EPIC SOLUTIONS – INVESTMENT

### DESJARDINS GUARANTEE ADVANTAGE (GA)

If GA is part of your EPIC Solutions, provide the taxation year-end of the corporation that will own the GA contract:

\_\_\_\_\_ MM – DD

From the current Guarantee Advantage Features Table:

	GA deposit 1	GA deposit 2
Basket of securities	_____	_____
Initial date	_____ YYYY – MM – DD	_____ YYYY – MM – DD
Term	_____ years	_____ years
Deposit amount	\$ _____	\$ _____
Roll over on maturity?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>