

Mangold Insurance, Inc. Life Insurance Needs Calculator

How much will your family need if death or disability occurs today?

Use a separate sheet to calculate the needs of each wage earner.

Individual Expenses

- | | |
|---|----------|
| 1. Final Expenses (funeral, medical, estate taxes): | \$ _____ |
| 2. Mortgage/Rent: | \$ _____ |
| 3. Car payments: | \$ _____ |
| 4. Utilities: (gas, electric, phone, internet, cable) | \$ _____ |
| 5. Child Care Costs/Education: | \$ _____ |
| 6. Credit Cards/Other Debt: | \$ _____ |
| 7. Income Replacement: | \$ _____ |

MONTHLY TOTAL:

\$ _____
Income protection needed

Business Expenses

- | | |
|---|----------|
| 1. Depreciation: | \$ _____ |
| 2. Estate Taxes: | \$ _____ |
| 3. Employees Salaries/Taxes: | \$ _____ |
| 4. Property Taxes: | \$ _____ |
| 5. Utilities: (out buildings gas, electric) | \$ _____ |
| 6. Interest on Notes: | \$ _____ |

MONTHLY TOTAL:

\$ _____
Business protection needed

Resources available to meet these needs

- | | |
|---|----------|
| Current Life Insurance: | \$ _____ |
| Current Disability Insurance: | \$ _____ |
| Savings and investments: | \$ _____ |
| Retirement savings: (IRAs, 401(k), SEP plans) | \$ _____ |

TOTAL RESOURCES AVAILABLE: \$ _____

Difference (subtract total resources available from total monthly expenses) \$ _____

Estimated additional life insurance needed \$ _____

Estimated additional disability insurance needed \$ _____

Contact Information:

Name: _____ **Phone:** _____ **email:** _____

Fax or email completed form to: Tinap@mangoldinsurance.com **fax: 262-763-0971**

We recommend that you consult with and rely on 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.