

AFFINITY ADVANTAGE

Presentation to RMA Specialists

January 2010



AGENDA

- Review process for creating Affinity Advantage Application
- Review Application
- When and How to present the Application
- Discuss Features and Benefits
- Addressing Client Needs
- What is the Affinity Advantage – The Process
- Questions



Creating The Application

➤ This process is detailed in the document called Creating the Affinity Advantage Application.

- ❖ Step 1 go to the Services Menu.
- ❖ Step 2 Click on the Affinity Advantage
- ❖ Step 3 Print the Application



Step 1 Go to the Services Menu

filogix expert® User: Tester One, Agent
Last Signed On: January 07, 2010 07:03 PM EST
Last failed sign on attempt:

Home Reports Tools Options Help Sign Off

Quick Search
Task List
Create New Application
Recent Applications

BCD1-1
AIMM

Deal	1st Mtg	2nd Mtg	3rd Mtg
GDS 20.714 %	20.714 %	0.000 %	0.000 %
TDS 20.714 %	20.714 %	0.000 %	0.000 %
LTV 83.330 %	83.330 %		
NetWorth \$ 0.00			

Validate
Save
Close

Application Information

Application Edit

open folders | close folders

Open Applications (1)
BCD1-1 AIMM

- Summary
- Tasks
- Application Information
- Credit Bureau
- Participants
- Lender Submit
- Lender Response
- Fees
- Forms
- History
- Internal Notes
- Services**
- Commissions

Applicant Information

Applicant: [Dropdown]

Edit Duplicate Delete

Name: Testing AIMM Primary:

Phone: 487-598-5858 Credit Score: [Input]

Email: [Input]

Income: 100,000.00

Assets: 0.00

Liabilities: 0.00

Net Worth: 0.00

Name: [Input] Primary:

Phone: [Input] Credit Score: [Input]

Email: [Input]

+ Add Applicant/Applicant Pair

Subject Property Information



REAL MORTGAGE ASSOCIATES

License #10464

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Step 2 Click on Request Application

filogix expert®

User: Tester One, Agent
Last Signed On: January 08, 2010 12:22 PM EST
Last failed sign on attempt:

Home Reports Tools Options Help Sign Off

Quick Search
Task List
Create New Application
Recent Applications

BCD1-1
AIMM

	Deal	1st Mtg	2nd Mtg	3rd Mtg
GDS	20.714 %	20.714 %	0.000 %	0.000 %
TDS	20.714 %	20.714 %	0.000 %	0.000 %
LTV	83.330 %	83.330 %		
NetWorth	\$ 0.00			

Validate
Save
Close

Application Information

Services

Calculators

Income Required: Amortization Scenario/Schedule:

Calculate Calculate

Maximum Mortgage Allowed:

Calculate

Top of Page

Insurance

Affinity Advantage :



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Step 3 Print the Application



Insurance Application / Waiver Affinity Advantage Platinum

FE0000778

Page 1 of 1

Group Policy Number: TMH600126
Underwritten by ACE INA Life Insurance (The "Insurer")

Applying for new coverage Change to existing coverage



Applicant Information			Advantage Platinum	Advantage Platinum Plus	To waive all coverages, initial here	
Applicant	Name	Date of Birth (mm/dd/yyyy)	Premium per month*	Initial to accept	Additional Premium per month*	Initial to accept
# 1	TESTING AIMM	12/27/1973	\$47.53		\$24.93	
# 2						

* Premium per month includes PST
Smoker Rates - 2.2 times the Advantage Platinum premiums
Joint Premium
Monthly Policy Fee \$5.75

♦ You are eligible to apply for the Advantage Platinum Mortgage Protection Plan if you are under age 65.
♦ You are not eligible for the Advantage Platinum Plus Mortgage Protection Plan if you are self-employed.

Please initial your selection here.

Mortgage Information				
Mortgage Application #	Print Date	Initial Mortgage Balance	Mortgage Payment	Mortgage Funding Date (mm/dd/yyyy)
BCD1-1	01-08-2010 2:33 PM	\$254,375.00	\$1,479.46	01/01/2010

Requested Effective Date: I/we would like our insurance to start: As soon as my/our Application is approved Not until the Mortgage Funding Date shown above

Pre-Authorized Debit (PAD) Agreement and Banking / Account Information (Complete this section or attach a "voided" cheque to this Application)

I authorize the Insurer, ACE INA Life Insurance ("ACE Life"), and the financial institution designated to debit the account referenced on the sample "VOID" cheque attached to my Application, for all regular recurring premium payments due (including tax, if applicable) with respect to the coverage applied for under Group Policy Number TMH600126. I understand that if joint coverage is selected the entire insurance premium will be charged to the account referenced. I agree that for the purposes of this PAD Agreement all pre-authorized debits from my account will be treated as Personal.

The debit amount will be as shown on the confirmation of coverage letter that I will receive from ACE Life. The debit will occur on the first business day of each month. I understand that if a PAD is returned due to insufficient funds in my account (NSF or "Funds Not Cleared"), ACE Life will represent the PAD once on the next billing date. The represented debit will be for exactly the same amount as the returned debit. If the represented debit is returned another time, I will receive a notification letter from ACE Life.

I waive the right to pre-notification at least 10 days before my first PAD, as well, I waive the right to 10 days' notice of an increase or decrease in the amount of the automatic withdrawal. I may revoke my authorization at any time by giving written notice to ACE Life at the address below at least 10 business days before the next scheduled debit. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.aceina.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Attach VOID cheque Or Financial Institution: _____ Branch: _____ Account No.: _____

Health Questions (Do not complete if you are waiving coverage)	Applicant #1		Applicant #2	
	No	Yes	No	Yes
1. Have you ever had or been treated for: heart disorder, chest pain, stroke, narrowing or blockage of an artery, aneurysm, cancer, tumours, lung or liver disorder including hepatitis or carrier state, diabetes, disorder of the pancreas, chronic fatigue, fibromyalgia or other form of chronic pain, any immune system abnormality, a positive HIV test, AIDS, or advised to stop or reduce drug use or alcohol consumption?	Initial	Initial	Initial	Initial
2. During the past three (3) years have you: a) had or been treated for mental or nervous disorder (depression, anxiety, stress, etc.), neurological disorder including seizures, high blood pressure, kidney or urinary disorder, gastro-intestinal bleeding, back or knee pain, arthritis, other muscular-skeletal disorder or any other illness, disease, operation, injury, or congenital defect not listed? OR b) been absent from work for medical reasons for a month or longer?	Initial	Initial	Initial	Initial
3. Are you currently under investigation or using medication or other treatment, or have you been advised to have further investigation, treatment, surgery, or referral to another doctor?	Initial	Initial	Initial	Initial
4. During the past three (3) years, have you had an application for life or disability insurance declined?	Initial	Initial	Initial	Initial
5. During the past 12 months have you smoked any substance or used any form of tobacco or nicotine product (including the nicotine patch)? Please note that if you answer "Yes", you will be classified as a smoker and Smoker Rates will apply (Advantage Platinum premiums x 2.2).	Initial	Initial	Initial	Initial

If "Yes" applies to No. 1 to 4 of the above Health Questions, please provide details below.			
Applicant	Name of Disorder	Date and Duration	Treatment and Result
#1			
#2			

Declaration: I declare that I have read and understood the Health Questions above, and that the statements contained in the Application are true and complete. I understand that if I provide incomplete or inaccurate information about my health, my insurance coverage may be fully revoked which means I will not be able to make a claim for any cause or condition. I authorize any person to provide the Insurer and its administrator of the policy and/or its insurer with my medical information to process this Application and any subsequent claim. I acknowledge the need for this information and my authorization takes effect on the date this Application is signed. I may withdraw my authorization at any time, however, doing so may result in insurance coverage not being offered and/or claims not being paid. I understand that I may cancel this insurance at any time by notifying the Insurer in writing.

By initiating above, I hereby apply for, or waive, the insurance under the Policy. I have received the Affinity Advantage Protection Plan brochure that contains the Notice on Privacy and Confidentiality (the "Notice"), and describes the Plan that I am applying for. I authorize the Policyholder and/or the Lender to provide to the Insurer this Application and to release and exchange with the Insurer or its representatives information relating to the Mortgage for the purposes described in the Notice. If I do not wish my personal information to be used for the optional purpose of offering additional products or services, I can contact the Insurer at the phone number or address shown in the Affinity Advantage Protection Plan brochure.

I understand that this Application may be transmitted to the Insurer as an original or fax copy ("Submitted Application"), with a copy being valid as the original, and the Submitted Application will form part of any contract of insurance issued. I can decline coverage, in writing, within 30 days of the mailing date of any coverage issued to me and I will receive a full refund of any premium I have paid. I agree to be bound by the terms and conditions of the Policy, including the Exclusions and Limitations, as outlined in my Certificate of Insurance. I understand that the Policyholder receives remuneration for performing administrative duties in respect of the Policy.

Date Insurance Begins: If the answer is "No" to No. 1 to 4 of the Health Questions above, and if the Initial Mortgage Balance does not exceed \$300,000, as long as the first Premium is paid when due, the Date Insurance Begins is on the later of the Requested Effective Date or the date on which the Insurance Application is properly completed and signed. In all other cases, the Insurer or its administrator may request a medical examination or tests such as a general blood profile which will be carried out at no expense to the Applicant(s) or other additional information (the "Medical Evidence"). After reviewing the Application and Medical Evidence, the Insurer may either approve or decline coverage and the Insurer will notify the Applicant(s) accordingly, as long as the first Premium is paid when due, the Date Insurance Begins will be the date of such approval or, if later, the Requested Effective Date.

By signing here, I apply for coverage and agree to the terms for the collection of premiums described in the PAD Agreement above, or I confirm that I waive the insurance.

Applicant #1 Signature _____ Date (mm/dd/yyyy) _____ Applicant #2 Signature _____ Date (mm/dd/yyyy) _____
Insurer Address: ACE INA Life Insurance, PO Box 1097, Station B, Willowdale, Ontario M2K 3A2 Toll Free: 1 888 316-2466 AMM-PP-V2(2009/11)



REAL MORTGAGE ASSOCIATES

License #10464



Present Application

- Present the Application as part of the Commitment.
- Dear Client you have accepted the commitment please note that I have prepared a protection for your mortgage.
- Discuss the options as we will below.



Get the Acceptance/ Waiver

- Please ensure that every client has been presented with the opportunity to protect their mortgage and that they accept or waive the coverage offered.
- Better to provide a protection and get compensated for life of the protection.
- Fax Application to 1-888-271-2466
- Provide Client with a Brochure.



The Application

- We will now discuss the Application in 4 parts as shown below.
- First Part - The Options and Effective Date.
- Second Part - The Pre-Authorized Debit.
- Third Part - The Health and Smoker Questions.
- Fourth Part - The Declaration and Signing of Acceptance or Waiver of Affinity Advantage Protection.



First Part -The Options



Insurance Application / Waiver Affinity Advantage Platinum

FE00000778

Page 1 of 1

Group Policy Number: TMH500126

Underwritten by ACE INA Life Insurance (The "Insurer")



Applying for new coverage Change to existing coverage

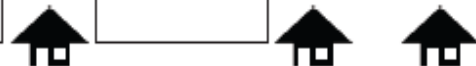
Applicant Information			Advantage Platinum		Advantage Platinum Plus		To waive all coverages, initial here
Applicant	Name	Date of Birth (mm/dd/yyyy)	Premium per month*	Initial to accept	Only Available with Advantage Platinum		
					Additional Premium per month*	Initial to accept.	
# 1	TESTING AIMM	12/27/1973	\$47.53	<input type="checkbox"/>	\$24.93	<input type="checkbox"/>	<input type="checkbox"/>
# 2							

Coverage Option

* Premium per month includes PST
Smoker Rates - 2.2 times the Advantage Platinum premiums

Joint Premium

Monthly Policy Fee \$5.75



Please initial your selection here.

- ♦ You are eligible to apply for the Advantage Platinum Mortgage Protection Plan if you are under age 65.
- ♦ You are not eligible for the Advantage Platinum Plus Mortgage Protection Plan if you are self-employed.

Mortgage Information				
Mortgage Application #	Print Date	Initial Mortgage Balance	Mortgage Payment	Mortgage Funding Date (mm/dd/yyyy)
BCD1-1	01-08-2010 2:33 PM	\$254,375.00	\$1,479.46	01/01/2010

Effective Date

Requested Effective Date: I/we would like our insurance to start: As soon as my/our Application is approved Not until the Mortgage Funding Date shown above

Second Part - Pre-Authorized Debit

Pre-Authorized Debit (PAD) Agreement and Banking / Account Information (Complete this section or attach a "voided" cheque to this Application)

I authorize the Insurer, ACE INA Life Insurance ("ACE Life"), and the financial institution designated to debit the account referenced on the sample "VOID" cheque attached to my Application, for all regular recurring premium payments due (including tax, if applicable) with respect to the coverage applied for under Group Policy Number TMH600126. I understand that if joint coverage is selected the entire insurance premium will be charged to the account referenced. I agree that for the purposes of this PAD Agreement all pre-authorized debits from my account will be treated as Personal.

The debit amount will be as shown on the confirmation of coverage letter that I will receive from ACE Life. The debit will occur on the first business day of each month. I understand that if a PAD is returned due to insufficient funds in my account (NSF) or "Funds Not Cleared", ACE Life will represent the PAD once on the next billing date. The represented debit will be for exactly the same amount as the returned debit. If the represented debit is returned another time, I will receive a notification letter from ACE Life.

I waive the right to pre-notification at least 10 days before my first PAD, as well, I waive the right to 10 days' notice of an increase or decrease in the amount of the automatic withdrawal. I may revoke my authorization at any time by giving written notice to ACE Life at the address below at least 10 business days before the next scheduled debit. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Attach VOID cheque Or Financial Institution: _____ Branch: _____ Account No.: _____

Pre-
Authorized
Debit



Third Part - Health Questions

Health Questions (Do not complete if you are waiving coverage)				Applicant #1		Applicant #2	
				No	Yes	No	Yes
1.	Have you ever had or been treated for: heart disorder, chest pain, stroke, narrowing or blockage of an artery, aneurysm, cancer, tumours, lung or liver disorder including hepatitis or carrier state, diabetes, disorder of the pancreas, chronic fatigue, fibromyalgia or other form of chronic pain, any immune system abnormality, a positive HIV test, AIDS, or advised to stop or reduce drug use or alcohol consumption?			Initial	Initial	Initial	Initial
2.	During the past three (3) years have you: a) had or been treated for mental or nervous disorder (depression, anxiety, stress, etc.), neurological disorder including seizures, high blood pressure, kidney or urinary disorder, gastro-intestinal bleeding, back or knee pain, arthritis, other muscular-skeletal disorder or any other illness, disease, operation, injury, or congenital defect not listed? OR b) been absent from work for medical reasons for a month or longer?			Initial	Initial	Initial	Initial
3.	Are you currently under investigation or using medication or other treatment, or have you been advised to have further investigation, treatment, surgery, or referral to another doctor?			Initial	Initial	Initial	Initial
4.	During the past three (3) years, have you had an application for life or disability insurance declined?			Initial	Initial	Initial	Initial
5.	During the past 12 months have you smoked any substance or used any form of tobacco or nicotine product (including the nicotine patch)? Please note that if you answer "Yes", you will be classified as a smoker and Smoker Rates will apply (Advantage Platinum premiums x 2.2).			Initial	Initial	Initial	Initial
If "Yes" applies to No. 1 to 4 of the above Health Questions, please provide details below.							
Applicant	Name of Disorder	Date and Duration	Treatment and Result	Name of Doctor/Hospital			
#1							
#2							



Fourth Part Declaration & Signing

Declaration: I declare that I have read and understood the Health Questions above, and that the statements contained in the Application are true and complete. I understand that if I provide incomplete or inaccurate information about my health, my insurance coverage may be fully revoked which means I will not be able to make a claim for any cause or condition. I authorize any person to provide the Insurer and/or its administrator of the policy and/or its reinsurer with my medical information to process this Application and any subsequent claim. I acknowledge the need for this information and my authorization takes effect on the date this Application is signed. I may withdraw my authorization at any time; however, doing so may result in insurance coverage not being offered and/or claims not being paid. I understand that I may cancel this insurance at any time by notifying the Insurer in writing.

By initialing above, I hereby apply for, or waive, the insurance under the Policy. I have received the Affinity Advantage Protection Plan brochure that contains the Notice on Privacy and Confidentiality (the "Notice"), and describes the Plan that I am applying for. I authorize the Policyholder and/or the Lender to provide to the Insurer this Application and to release and exchange with the Insurer or its representatives information relating to the Mortgage for the purposes described in the Notice. If I do not wish my personal information to be used for the optional purpose of offering additional products or services, I can contact the Insurer at the phone number or address shown in the Affinity Advantage Protection Plan brochure.

I understand that this Application may be transmitted to the Insurer as an original or fax copy ("Submitted Application"), with a copy being as valid as the original, and the Submitted Application will form part of any contract of insurance issued. I can decline coverage, in writing, within 30 days of the mailing date of any coverage issued to me and I will receive a full refund of any premium I have paid. I agree to be bound by the terms and conditions of the Policy, including the Exclusions and Limitations, as outlined in my Certificate of Insurance. I understand that the Policyholder receives remuneration for performing administrative duties in respect of the Policy.

Date Insurance Begins: If the answer is "No" to No. 1 to 4 of the Health Questions above, and if the Initial Mortgage Balance does not exceed \$300,000, as long as the first Premium is paid when due, the Date Insurance Begins is on the later of the Requested Effective Date or the date on which the Insurance Application is properly completed and signed. In all other cases, the Insurer or its administrator may request a medical examination or tests such as a general blood profile which will be carried out at no expense to the Applicant(s) or other additional information (the "Medical Evidence"). After reviewing the Application and Medical Evidence, the Insurer may either approve or decline coverage and the Insurer will notify the Applicant(s) accordingly, as long as the first Premium is paid when due, the Date Insurance Begins will be the date of such approval or, if later, the Requested Effective Date.

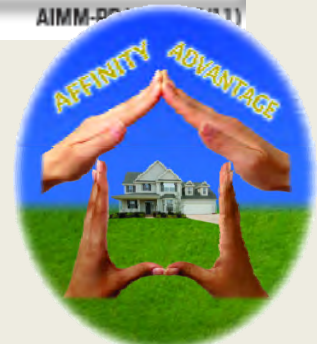
By signing here, I apply for coverage and agree to the terms for the collection of premiums described in the PAD Agreement above, or I confirm that I waive the insurance.

_____	_____	_____	_____
Applicant #1 Signature	Date (mm/dd/yyyy)	Applicant #2 Signature	Date (mm/dd/yyyy)

Insurer Address: ACE INA Life Insurance, PO Box 1097, Station B, Willowdale, Ontario M2K 3A2

Toll Free: 1 888 316-2466

AIMM-PC (11)



FEATURES

➤ Advantage Platinum

- ❖ Life

- ❖ Terminal Illness

➤ Advantage Platinum Plus

- ❖ Disability

- ❖ Loss of Employment



FEATURES contd.

➤ Life Coverage

- ❖ If the mortgage amount is \$500,000 or less then the clients will have coverage for their mortgage. This feature ensures that the mortgage is fully protected. If there are 2 clients covered for a mortgage and one of them passes away, the mortgage would be paid off as per the terms of the certificate and original application of insurance.



FEATURES *contd.*

➤ **Life Coverage contd.**

- ❖ If the mortgage amount is greater than \$500,000, then they will be covered for the maximum of \$500,000. In the event of death the amount paid out will be \$500,000 amortized from the effective date of insurance.

➤ **Terminal Illness covers 12 monthly mortgage payments.**

In the event that a client is diagnosed with any medical condition which will result in death in the next 12 months then the plan will pay the monthly mortgage payments to a maximum of \$4,000 per month.



FEATURES *contd.*

➤ **Disability Coverage**

If client is not able to work due to an accident or illness then the plan will pay the monthly mortgage payment to a maximum of \$4,000 per month for a single coverage and \$2,000 per month per client for a joint coverage.

➤ **Loss Of Employment Coverage**

In the event of loss of employment the plan will pay 50% of the monthly mortgage payments to a maximum of \$2000 per month for a period of 6 months during a 24 month period for a single coverage.



PLAN BENEFITS

➤ Effective Date Of Insurance.

- ❖ Clients have a choice of having insurance effective today signing date or the funding date, if the mortgage is \$300,000 or less and clients have answered “**NO**” to the health questions.
- ❖ If the mortgage is greater then \$300,000 or the clients have answered “**YES**” to the health questions then the insurance can be effective once the underwriters approve the application.

➤ Portability.

- ❖ The coverage can be ported from lender to lender and from property to property and as such when a client refinances a mortgage the protection moves with them.

➤ Joint Coverage.

- ❖ Clients get a 25% discount for joint coverage.



PLAN BENEFITS *contd.*

- Level Premiums.
 - ❖ Clients can budget their mortgage insurance premiums as they do not go up as they age.
- 30 day review period.
 - ❖ The customer receives a 30 day review period from the advance date. If the customer cancels during the 30-day period, any premiums paid would be refunded and the insurance will be deemed to have never been in force.
- Cancellation Privileges.
 - ❖ Clients can cancel the insurance anytime with a written notice.
- Up to 5% of mortgage for penalties.
 - ❖ A maximum of 5% of the mortgage amount can be paid for early discharge penalties in the event of death. This is an additional benefit



THE PROCESS

➤ Introduce Early – Asset disclosure.

The optimal time to introduce the insurance concept to the customer is at the time when you ask them to disclose their assets to you. As an introduction, ask the customer if they have any insurance policies with a cash value (e.g. Whole Life, Universal Life etc.). This starts the insurance conversation and accomplishes 2 key additional things:

- ❖ **Assists in qualifying for the mortgage** - It could reveal assets that the customer didn't know they had. Many people are not aware that insurance policies with a cash value are assets that can be used on the balance sheet towards qualification for loans.
- ❖ **Address clients need: "I already have enough insurance"** – If the customer discloses their insurance holdings at the beginning of the process, you will know exactly how much insurance they have.



THE PROCESS contd.

➤ Print Application for Insurance

➤ Quote Insurance as a part of the total payment.

The insurance premium will transfer to the mortgage application summary to enable this best practice. Always say “Your total payment including principal, interest, insurance and taxes is \$xxxx”. **If you use this simple step on every mortgage, you will meet or beat your insurance targets.**

➤ Present Application to Clients at the “*Magic Moment.*”

Present application for insurance at time of presenting the mortgage commitment. Clients are taking on a new debt and will address their need most effectively.

➤ Collect a Void Cheque.

We need a copy of a void cheque to set up billing. You could collect a pre-authorized debit Form or the information from the bottom of the clients cheque.



THE PROCESS contd.

- Provide a brochure.

The brochure contains all the details of the coverage the clients are buying.

- Provide a copy of the application.

Provide a copy of the application to the clients as they have signed it for the records.

- Fill out a fax coversheet and fax application and void cheque to 1-888-271-AIMM(2466).

Fax the insurance application in immediately as coverage can begin immediately if the client's mortgage is under 300K and they answer no to the health question, and have a mortgage commitment. Note that both pages of the application need to be faxed. The second page contains all the clients contact information without which we cannot confirm coverage or start billing.



THE PROCESS contd.

- Get Confirmation from Affinity Advantage Administrators.

The insurance administrators will check your faxed application for completeness and legibility. They will then fax you back a confirmation of receipt noting anything that is illegible, incomplete or missing.

- Act on all changes, omissions or exceptions.

Notes on the confirmation fax are your first indicator that everything was received in order for processing to take place. If there are notes on the confirmation fax that something is missing or cannot be read, act on them immediately and provide the complete correct information to the administrators.



ADDRESSING CLIENT NEEDS

➤ Have enough coverage at work.

What happens if you are no longer employed or become self-employed? The Insurance generally cancels. What will happen if at that time you are uninsurable due to health or the premiums are too high due to age.

➤ Am too young.

Your premiums are based on your age today. 5 years from now your premium could be much higher or your health could change.

➤ No beneficiary.

Is the Mortgage Guaranteed by another person? If yes do you want to burden them with the Mortgage Payments?

Today you do not have a beneficiary what about the future. Premiums are lower today so why not keep the benefit.



ADDRESSING CLIENT NEEDS contd.

➤ Perfect Health.

There are no guarantees on our health. We could go through an injury due to an accident. What happens then to our Insurability and our ability to qualify for Insurance?

➤ Cannot spare any money.

Cost today per month is \$40. This over 5 years is \$2400.00 for a benefit, which is \$100,000.00. The cost will be \$4,800.00 over 10 years for a benefit of \$100,000.00. This cost is less then the cost of a cup of coffee a day! Is this a sound investment? Can you make the compromise and look after your and your families needs. If you or your spouse is not around will your mortgage payments stop or reduce due to one less person on the Mortgage?

