

Private & Confidential

# Personal Financial Questionnaire

(If cover is for business reasons, please complete a Business Financial Questionnaire)

Policy number

Name

**Please complete this form where the total level of cover applied for exceeds:**

- **£300,000\* for Critical illness cover**
- **£500,000\* for Life cover.**

\* If total cover exceeds £750,000 for Critical Illness and £2,000,000 for Life cover then this form should be countersigned by either the life insured's accountant, solicitor or bank manager. We also reserve the right to request completion of this form when cover is less than the above limits.

The answers to these questions will be used to assess the application. All questions must be answered in full, otherwise there will be a delay in assessing your application. The benefit payable under this contract may be affected if relevant information is withheld. Please note that this information is for underwriting purposes only and will not be used to assess the suitability for you of any products.

## Section 1

a) Please give details of your dependants (Name, age, relationship)

Name	<input type="text"/>	Name	<input type="text"/>
Age	<input type="text"/>	Age	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Age	<input type="text"/>	Age	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>

*Please continue on a separate sheet if necessary*

b) Please state your annual income for each of the last two years. If self-employed, please give personal earnings as assessed for income tax after deductions of allowable business expenses

i) From own employment/trade

Current year  Last year  Year before last

ii) From investment/dividends

Current year  Last year  Year before last

iii) Do you receive any annual income from other sources? Yes  No  (If yes please provide full details)

c) Please provide details of your assets and liabilities

Assets

Residential property  £

Investments  £

Cash

Motor vehicles

Other

(Please specify)

Liabilities

Mortgage

Personal loans

Other

(Please specify)

For question d and e please provide details of all personal insurance contracts held in any country, including any cover that is currently proposed or contemplated, irrespective of the reason for the cover or whether the contracts are in-force or pending.

d) Please provide details of existing insurance contracts in force (including death in service benefits and accidental death cover):

i) Critical illness cover

Existing cover (£)

Name of company

Policy type and term

Is the cover to continue Yes  No

ii) Life assurance

Existing cover (£)

Name of company

Policy type and term

Is the cover to continue Yes  No

iii) Income protection

Existing cover (£)

Name of company

Policy type and term

Is the cover to continue Yes  No

iv) Other (please specify)

Existing cover (£)

Name of company

Policy type and term

Is the cover to continue Yes  No

*Please continue on a separate sheet if necessary*

e) Please give details of any other personal insurance applications currently being applied for, including level of cover, company names, type of cover, term and which are likely to proceed in the event of terms being offered:

Proposed cover (£)	<input type="text"/>
Name of company	<input type="text"/>
Policy type and term	<input type="text"/>
Will this go into force?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proposed cover (£)	<input type="text"/>
Name of company	<input type="text"/>
Policy type and term	<input type="text"/>
Will this go into force?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please continue on a separate sheet if necessary.

f) Have you ever been declared bankrupt?

Yes  No

If yes, please give details and dates, including date discharged

## Section 2

Is this cover for a residential loan? Yes  (Please complete this section) No  (Please go to Section 3)

Personal loan/mortgage loan cover (Please complete fully if cover is for this purpose)

Please provide a copy of the full and final loan offer from the principal lender. If unavailable, please give the following information:

a) Reason for loan	<input type="text"/>
b) Name of lender	<input type="text"/>
c) Name(s) of borrower(s)	<input type="text"/>
d) Amount of loan	£ <input type="text"/>
e) Term of loan	<input type="text"/> years
f) Interest rate	<input type="text"/> %
g) Repayment method (e.g. interest only, capital and interest)	<input type="text"/>

## Section 3

Is this cover for Inheritance Tax (IHT)? Yes  (Please complete this section) No  (Please go to Section 4)

**Inheritance tax provision. (Please complete fully if cover is for this purpose).**

a) Please state the estimated net worth of the estate (this should reflect the details given under Section 1c):

b) What is the estimated inheritance tax liability?

c) How was the liability calculated (please provide detailed breakdown of the calculation)?

d) Who calculated the liability? (provide qualifications and job title as appropriate)

e) Upon whom will the liability fall?

f) Please state any reliefs which will be available for mitigation of inheritance tax, e.g. agricultural land.

#### Section 4

Is this cover for personal (family) protection?

Yes  (Please complete this section)

No  (Please go to Section 5)

a) How was the benefit level calculated? (e.g. 5x annual income)

#### Section 5

Have you any additional relevant information?

Yes  (Please complete this section)

No  (Please go to Declaration)

#### Declaration

I agree that the answers I have given are, to the best of my knowledge and belief, true and that I have not withheld any material information, i.e. information which may influence the assessment of acceptance of this application. I am aware that if I am in any doubt as to whether information is material, I should disclose it. I agree that this form will constitute part of my application and that failure to disclose any material fact known to me may invalidate the contract.

Signed (Applicant)

Address

Telephone number

Date

I declare that the information given in this form is, to the best of my knowledge and belief, true and complete.

Signed (Accountant/Solicitor/  
Bank Manager)

Name

Qualifications

Company stamp

Address

Date

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