

## Financial Questionnaire

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Please Print Please Print

Date of Birth: \_\_\_\_\_ Policy/Application Number: \_\_\_\_\_

### What is the purpose of this insurance?

- Personal / Family Protection  
 Personal Loan Protection  
 Business Loan Protection  
 Key Person Protection  
 Partnership or Shareholder Protection including Buy/Sell  
 Other (please provide details): \_\_\_\_\_

### Instructions for completion

- Answer sections A, B, F, G  
 Answer sections A, B, C, F, G  
 Answer sections A, C, F, G  
 Answer sections A, D, F, G  
 Answer sections A, E, F, G  
 Answer sections A, F, G and other relevant questions

## A General Information (to be completed in all cases)

1. Please provide details of all existing insurance cover on your life:

Company	Type of Cover (e.g. Life)	Sum Insured	Purpose for Cover	Year Commenced	Is this to be replaced?
					<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no

2. Are you currently applying, or do you intend to apply, for additional insurance cover with any other company?  Yes  No

If yes, please provide details:

Company	Type of Cover (e.g. Life)	Sum Insured	Purpose for Cover

3. Please provide details of the income that you received from all sources for the last 2 years:

	Last year _____	Prior Year _____
Salary		
Bonus		
Commission		
Interest		
Dividends		
Rental (net)		
Your share of profit from primary business activities		



Other: _____		
Other: _____		
<b>Total:</b>		

**B Personal Information (to be completed for Personal / Family and Personal Loan Protection)**

4. Please provide details of assets and liabilities:

<b>Assets</b>	
Primary Residence	
Personal Effects	
Motor Vehicle/s	
Retirement Savings	
Cash	
Shares	
Investment Property	
Business (approximate market value of your share)	
Other: _____	
Other: _____	
Other: _____	
<b>Total Assets:</b>	
<b>Liabilities</b>	
Mortgage on Primary Residence	
Personal Loans	
Motor Vehicle Loans	
Mortgage on Investment Property	
Business Loans (your share)	
Other: _____	
Other: _____	
<b>Total Liabilities:</b>	
<b>Net Assets:</b>	

5. Are you married?  Yes  No

6. Do you have any dependants?  Yes  No

If yes, please provide details including the relationship and age of each dependant:

7. How was the sum insured calculated?

**C Loan Details (to be completed for Personal and Business Loan Protection)**

8. Please provide details of the loans that you wish to protect:

Purpose of Loan	Name/s of Borrower/s	Name of Lender	Loan Amount	Term of Loan	Interest Rate	Have the funds been fully drawn down?	Is this policy required for approval of the loan?
						<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
						<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
						<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

**D Key Person Details (to be completed for Key Person Protection)**

9. What is your role?

10. Please describe your duties: % time spent

	100%

11. What specialized skills, qualifications and/or experience make you a key person?

12. Approximately how much revenue is directly attributable to you?

13. Are any other persons in the Business also considered key persons?  Yes  No

If yes, please provide details and state whether insurance is also being sought on these other persons:

14. Do you have an ownership interest or shareholding in the Business?  Yes  No  
If yes, please provide relevant details including the value of this interest or shareholding:

15. Is a succession plan in place?  Yes  No  
If yes, please provide details:

16. How was the sum insured calculated?

**E Partnership and Shareholder Protection (to be completed for Partnership or Shareholder Protection including Buy/Sell)**

17. Name of Business:

18. Nature of Business:

19. When did the Business commence?

20. Please provide income and expense details for the last 3 years:

	Year _____	Year _____	Year _____
Gross Income			
Total Expenses			
Net Profit			

21. Please provide details of Business assets and liabilities:

Assets	Market Value	Current Book Value
<b>Total Assets:</b>		

Liabilities	Current Book Value



<b>Total Liabilities:</b>	

22. What is the current value of the Business?

23. How and when was this value calculated?

24. What is the value of your interest in the Business?

25. Please state the names and shareholdings of all other partners or shareholders?

26. Is a partnership, shareholder or buy/sell agreement in place?  Yes  No

If yes, please provide details:

27. Is insurance cover being proposed or already in-force on other Business owners?  Yes  No

If yes, please provide details:

### **F Other Information (to be completed in all cases)**

28. Have you, or any business that you have been associated with ever been declared bankrupt?  Yes  No

If yes, please provide dates and relevant details including particulars of related legal proceedings etc.:

29. Please provide any additional information that you feel is important:



**G Declaration (to be completed in all cases)**

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Name

Signature

Date