

PERSONAL COVERS QUESTIONNAIRE - LIFE ASSURANCE CONTRACTS ONLY

1. This form should be completed where the total sum assured including existing cover on the life currently being proposed to this office and any other companies exceeds £1,000,000.
2. Financial underwriting is necessary to ensure that the required level of cover is appropriate to the proposer's circumstances. Financial evidence should be obtained and submitted with the proposal to avoid delay in issuing acceptance.

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL.

3. Your answers to the questions on this form will be used to assess the proposal and you must, therefore, answer them fully to the best of your knowledge and belief, since part or all of the sum assured might be forfeited if relevant information has been withheld. If you are unsure whether a particular fact is relevant, you should disclose it.
4. **Signatures.** Please ensure that the declaration on the last page is completed.

NB. If the cover is in excess of £2 million, the additional declaration must be signed by an independent third party such as a qualified accountant, solicitor or bank manager.

Sum Assured Guidelines and Additional Requirements

Personal Protection/Investment

The sum assured should not normally exceed:-

Age	Earning's Multiple
20 - 29	15 - 20
30 - 39	10 - 15
40 - 49	10
50 - 59	5 - 10
60 and over	Up to 5

Private Residential Loan Cover

For sums assured in excess of £2,000,000 we will also require a copy of the full and final loan offer from the principal lender.

SECTION A - To be completed in all cases

1. Proposal number/date of proposal (if known) Date

Full name(s) of life/lives to be assured

First life
Second life
(Joint-life policies only)

2. a) Occupation First Life
Second Life

b) Are you employed, self-employed, a shareholding director or in a partnership?

3. Are any concurrent proposals being made to other offices? Yes/No

(Please also confirm if it is your intention to proceed with any of these concurrent proposals).

If 'Yes' please give details (indicating which life if joint-life)

Company	Sum Assured	Reason for Cover	Type/Term of Policy

4. Please give details of existing policies in force for life, dread disease and PHI including death in service arrangements (indicating which life if joint-life)
(Please also confirm if it is your intention to replace any of these contracts with this application).

Company	Sum Assured	Date Effected	Reason for Cover	Type/Term of Policy

5. Please state:

a) Earned income in the last tax year

First life £
Second life £

For self-employed persons state personal earnings as assessed for Income Tax after deduction of allowable business expenses.

b) Investment income in the last tax year

First life £
Second life £

Please advise the source of this income

6. Please estimate the value of your assets and liabilities

Assets		Liabilities	
Property	£	Mortgages	£
Investments	£	Loans	£
Unquoted equities	£	Others (please specify)	£
Others (please specify)	£		
Total	£	Total	£

7. Number and age of dependants

8. What is the reason for effecting this policy? (Please tick.)

Family Protection

Inheritance Tax provision

Personal Protection

Private Residential Loan Cover

Personal Investment

Other (please specify)

SECTION B - INHERITANCE TAX PROVISION

1. What is the estimated Inheritance Tax liability? £
2. How was this liability calculated and by whom?
3. State any reliefs that will be available for the mitigation of Inheritance Tax.
4. If the liability is in respect of a lifetime gift, state the amount of the gift and the date it was made.

