

Proposal No.

1. Name of Life to be Insured

Name of Proposer

Relationship to the Life Insured

Is the policy to be assigned on issue? Yes No

If so, to whom, and for what purpose?

2. What is the life insured's Taxable Income? \$

3. What is the current life and disability insurance on your life - including Critical Care, Total and Permanent Disablement? (Please specify owners of policies, reasons for cover, e.g. Superannuation, mortgage protection, family protection)

Company	Sum Insured	Owned by	Purpose

4. Are you currently proposing to any other company? Yes No

If so, to which company and for how much?

How much cover are you applying for in this application? \$

5. What is the purpose of the proposed cover? Personal Business

**If the proposed cover is 'Personal' complete Section A; if it is 'Business' complete Section B.
SECTION A - PERSONAL INSURANCE**

1. What is the reason for this cover? (please tick)
 Family Protection Personal protection
 Private Residential Loan Cover Personal Investment
 Other (Please Specify)

2. How has the amount proposed been calculated? (Please provide full details or attach copy of Estate Analysis)

Assets (Specify)	Liabilities (Specify)
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
TOTAL \$	TOTAL \$

3. What has been your Total Annual Income over the last 2 years?

	200__	200__
Gross Salary	\$	\$
Other Income (Dividends, Rents, Interest, etc)	\$	\$
	\$	\$

4. Number and age of Dependents

Number	Age	Relationship to the Life Insured
1		
2		
3		
4		
5		
6		

DECLARATION

I/We declare that the answers given herein are to the best of my/our knowledge complete and accurate and I/We understand that this Confidential Financial Questionnaire will form part of the basis of the contract for the proposed insurance on the life to be insured.

Signature of Proposer(s) _____ Date / /

_____ Date / /

Signature of Life to be insured _____ Date / /

CONFIRMATION BY ACCOUNTANT OR SOLICITOR

I hereby confirm that the information given in this questionnaire is complete and accurate to the best of my knowledge.

Signed _____ Date / /

Position _____

Name of Company/Firm
(Accountant/Solicitor) _____

Address _____

SECTION B - BUSINESS INSURANCE

1. What is the name of the Company/Partnership?
2. What is the nature of the Company's business?
3. How long has it been in operation? Years Months
4. Number of Employees?
5. Please give financial details for the past 3 years **(Please attach audited accounts)** Where the information is unavailable due to the recent formation of the Company, please forward a copy of the current business plan including projections.

	200__	200__	200__
Trade Turnover	\$	\$	\$
Net Profit Before Tax	\$	\$	\$

6. What is the reason for the proposed cover? (Please Tick)
 Partnership/Share Purchase Key Person Loan/Personal Guarantee

Please complete the appropriate questions below:

PARTNERSHIP/SHARE PURCHASE

1. Is there an agreement and/or a Buy and Sell Agreement? Yes No
If Yes, please enclose a copy of this Agreement.
- 2a) What is the current value of the business? \$
- 2b) How has this been calculated?
3. Has the valuation been performed by a professional adviser? Yes No
If yes, please state name and qualifications:
4. How many partners/shareholders are in the business?
5. How are the shares apportioned?
6. Are policies being effected on the lives of all shareholders/partners? Yes No
If no, please give reason:

KEY PERSON

1. On what basis has the amount proposed been calculated?
 - a) Multiple of Profit Yes No Please state multiple: _____
 - b) Multiple of Salary Yes No Please state multiple: _____
 - c) Any other basis Yes No Please give details: _____
2. What proportion of the gross profit can be fairly attributable to the Key Person?
3. What is the gross annual income of the Key Person? \$
4. What is the position of the Key Person in the business?
5. Why is the Key Person considered valuable?

6. If a shareholder of the Company, what percentage of shares are held? %
7. Does the proposed cover have the approval of the Company's Board of Directors? Yes No
If no, what authorisation is there?
8. Is there a Service Agreement; if so, please enclose a copy. Yes No
9. Has the Company effected, or does it intend to effect, policies on other Key Personnel? Yes No
If Yes, please give details:

LOAN OR MORTGAGE PROTECTION

1. Who is the lender?
2. Who is/are the borrower(s)?
3. What is the amount of the loan? \$
4. What is its purpose?
5. What is the term of the loan? Years 6. What is the interest rate of the loan? %
7. What is the method of repayment (e.g. Interest Only, Principal and Interest)
8. What security is required (e.g. Personal Guarantees, Life or Disability Cover)
9. Will immediate assignment be arranged? Yes No

DECLARATION

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Signature of Proposer(s) _____ Date / /

_____ Date / /

Signature of Life to be insured _____ Date / /

CONFIRMATION BY ACCOUNTANT OR SOLICITOR

I hereby confirm that the information given in this questionnaire is complete and accurate to the best of my knowledge.

Signed _____ Date / /

Position _____

Name of Company/Firm
 (Accountant/Solicitor) _____

Address _____

