FINANCIAL QUESTIONNAIRE
PERSONAL PROTECTION – INHERITANCE TAX (IHT) LIABILITY

Please complete this questionnaire if you're applying for more than £1,500,000 of life cover.

If you're applying for more than £3,500,000 of life cover, we'll need a letter signed by either your Solicitor or Accountant confirming the IHT liability and how it was calculated, or this form signed by an independent third party.

We'll use the information we ask for to assess your financial circumstances.

It's important that the information you give us in both your application and this questionnaire is accurate and complete, as we rely on it to set the terms of your policy, if it isn't:

- We may reduce the amount we pay on any claim you make or not make any payout at all.
- We may amend the terms of your cover.
- We may cancel your policy completely.
- Where we cancel your policy, we may not refund the premiums you've paid.

If you become aware that information you've given us is inaccurate, you must let us know as soon as you can.

We collect and process your personal data in accordance with the UK GDPR and the Data Protection Act 2018. The legal basis for processing this information is for your life cover application. For more details, please view our privacy policy at https://guardian1821.co.uk/privacy-policy/.

Cover you already have with us

Do you have any existing life cover or critical illness cover with us? ☐ Yes ☐ No

If 'Yes', please give details below.

If you have more than 2 policies with us, please provide the same details requested below in the any other information section at the end of this questionnaire.

Cover reference:

Is the cover to remain in place? ☐ Yes ☐ No

Cover reference:

Is the cover to remain in place? ☐ Yes ☐ No

Cover you already have with any other company

Do you have life cover or critical illness cover with any other company? ☐ Yes ☐ No

If 'Yes', please give details below.

If you have more than 4 policies with any other provider, please provide the same details requested below in the any other information section at the end of this questionnaire.

Policy 1

Company:

Start date:

Type of cover:

Term (years):

Amount of cover:

Reason for cover:

Is the cover to remain in place? ☐ Yes ☐ No

Policy 2

Company:	
Start date:	
Type of cover:	
Term (years):	
Amount of cover:	
Reason for cover:	
Is the cover to remain in place?	☐ Yes ☐ No

Policy 3

Company:	
Start date:	
Type of cover:	
Term (years):	
Amount of cover:	
Reason for cover:	
Is the cover to remain in place?	☐ Yes ☐ No

Policy 4

Company:	
Start date:	
Type of cover:	
Term (years):	
Amount of cover:	
Reason for cover:	
Is the cover to remain in place?	☐ Yes ☐ No

Other cover you're applying for

Are you applying for life cover or critical illness cover with us or any other company? ☐ Yes ☐ No

If 'Yes', please give details below.

If you're applying for more than 2 other policies, please provide the same details requested below in the any other information section at the end of this questionnaire.

Provider 1

Company:	
Start date:	
Type of cover:	
Term (years):	
Amount of cover:	
Reason for cover:	
Is this for comparison only?	☐ Yes ☐ No

Provider 2

Company:	
Start date:	
Type of cover:	
Term (years):	
Amount of cover:	
Reason for cover:	
Is this for comparison only?	Yes No

Income details

Please tell us about your earned income for the last 3 years.

Year:	20	20	20
Basic salary:			
Commissions/bonus:			
Dividends:			
Other:			

Please tell us about any unearned income over the last 3 years, including the source (for example, rental income).

Year:	20	20	20
Source:			
Amount:			

Dependants

Please give details of your dependants.

	Dependant 1	Dependant 2	Dependant 3	Dependant 4
Name				
Age				
Relationship				
Financially dependent?				

Assets

Please give full details of your assets. If these include a large number of properties, shareholdings or investments, please provide relevant information on a separate sheet. We're also happy to accept a separate breakdown from your Financial Adviser if that's easier.

Property

Property 1

Type:	
Address (including postcode):	
Acreage (farms/large estates only):	
Current value:	

Property 2

Type:	
Address (including postcode):	
Acreage (farms/large estates only):	
Current value:	

Company shareholdings

Company 1

Company name:	
Shares (%):	
Date last valued and by whom:	

Company 2

Company name:	
Shares (%):	
Date last valued and by whom:	
Current value:	

Investments

Investment 1

Type:	
Date last valued:	
Currency:	
Current value:	

Investment 2

Type:	
Date last valued:	
Currency:	
Current value:	

Cash

If your investments include a large amount of cash from a recently disposed investment, please give details of that investment here.

Chattels	Date last valued	Current value
Art, antiquities and furniture:		
Jewellery:		
Cars:		
Other:		

Interest in a lifetime trust

Trust 1

Name of trust:	
Amount of interest in trust:	
Asset composition in trust:	

Trust 2

Name of trust:	
Amount of interest in trust:	
Asset composition in trust:	

Liabilities

Please give full details of your liabilities.

Mortgage 1

Purpose:	
Lender:	
Borrower:	
Repayment method:	
Amount:	
Interest rate:	

Mortgage 2

Purpose:	
Lender:	
Borrower:	
Repayment method:	
Amount:	
Interest rate:	

Mortgage 3

Purpose:	
Lender:	
Borrower:	
Repayment method:	
Amount:	
Interest rate:	

Loan 1

Purpose:	
Lender:	
Borrower:	
Repayment method:	
Amount:	
Interest rate:	

Loan 2

Purpose:	
Lender:	
Borrower:	
Repayment method:	
Amount:	
Interest rate:	

Loan 3

Purpose:	
Lender:	
Borrower:	
Repayment method:	
Amount:	
Interest rate:	

Any other information

Please give us any other information you think would be useful.

Misconduct

Have you been investigated, arrested, charged, convicted or do you have a prosecution pending for any of the following?

Bribery, corruption, counterfeiting, embezzlement, fraud, money laundering or tax evasion (please ignore any conviction that's spent under the Rehabilitation of Offenders Act): ☐ Yes ☐ No

If yes, please state which, when it happened and what the outcome was:	

Declaration

I confirm that the answers I've given are true and accurate to the best of my knowledge and belief.

I understand that if they're not:

- You may reduce the amount you pay on any claim or not make any payout at all.
- You may amend the terms of my cover.
- You may cancel my policy completely.
- Where you cancel my policy, you may not refund the premiums I've paid.

I have not knowingly withheld any information that would influence your assessment of this application. I understand that this questionnaire forms part of my application. If I become aware that information I've given you is inaccurate, I'll let you know as soon as I can.

Name of applicant:	
Signature:	
Date:	

Independent signature

If you're applying for more than £3,500,000 of life cover and can't provide a letter signed by either your Solicitor or Accountant confirming the IHT liability and how it was calculated, we'll need a Solicitor, Accountant or Bank Manager to sign this questionnaire.

Signature of independent third party: (Solicitor, Accountant or Bank Manager)	
Name, qualifications, company name or stamp:	
Date:	

GFS CO 0021 1125