

FINANCIAL QUESTIONNAIRE PERSONAL OR FAMILY PROTECTION

Please complete this questionnaire if you're applying for more than £1,500,000 of Life Protection or Life Essentials or more than £500,000 of Critical Illness Protection or Combined Life and Critical Illness Protection.

If you're applying for more than £3,500,000 of Life Protection or Life Essentials or more than £1,500,000 of Critical Illness Protection or Combined Life and Critical Illness Protection, we'll need a copy of your latest P60 – or equivalent if you're self-employed. If you're unable to provide this we'll need an independent signature.

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.

Cover you already have with us

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.

Please give details of any existing cover with any other protection provider(s). 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 to any other companies for cover? If so, 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

Personal information

What is your job and how long have you been in your current job?

If less than 2 years, please give details of your previous job:

Please state your current income and any bonus payments and/or dividends in each box respectively. Don't include unearned income:

What were those figures 12 months ago?

What is the value of your assets?

What is the value of any liabilities you have?

What is the value of any liabilities you have?

Are any of your debts already covered by insurance? If yes, please give details:

How many dependants do you have?

How old are they?

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 are unable to provide a copy of your latest P60 – or equivalent if you're self-employed, we need this questionnaire signed by a Solicitor, Accountant or Bank Manager.

Signature of independent third party: (Solicitor, Accountant or Bank Manager)

Name, qualifications, company name or stamp:

Date:
