

Supplementary Personal Statement Financial Questionnaire

Person to be insured	
Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> (please tick one)	
Surname:	First name:
Date of birth: / /	
Type(s) of cover:	
Sum(s) Insured: \$	Date of Application(s): / /
Application/Policy Number(s) if known:	

Purpose of cover	Sections to complete	Business Increase Option?
<input type="checkbox"/> Personal/Family Protection	A, B and G	
<input type="checkbox"/> Loan/Business	A, C, D and G	<input type="checkbox"/>
<input type="checkbox"/> Key person/Business	A, C, E and G	<input type="checkbox"/>
<input type="checkbox"/> Share Purchase/Partnership, Buy/Sell and Business	A, C, F and G	<input type="checkbox"/>
<input type="checkbox"/> Other Reason	Please complete Section A and please provide all relevant documents to explain the reason for effecting this cover.	<input type="checkbox"/>

SECTION A – INCOME DETAILS

1. Please state the life insured's total remuneration package from all sources for the last 3 financial years			
	3 years ago 30/06/20	2 years ago 30/06/20	last year 30/06/20
Salary	\$	\$	\$
Salary Sacrifice (if not included above)	\$	\$	\$
Bonus	\$	\$	\$
Directors Fees	\$	\$	\$
Profit Share	\$	\$	\$
Total remuneration value	\$	\$	\$

2. Please state details for the following			
Assets		Liabilities	
Dwelling/Property	\$	Mortgages	\$
Motor/Vehicles	\$	Personal Loans	\$
Investments (incl. rental)	\$	Investment Loans	\$
Shares	\$	Other Liabilities	\$
Other	\$		
Total Assets	\$	Total Liabilities	\$

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3. Have you ever been, or are you currently in the process of being declared bankrupt or insolvent?	
<input type="checkbox"/> Yes (please give details)	<input type="checkbox"/> No
Date declared bankrupt	/ /
Date discharged	/ /
Circumstances of bankruptcy	

SECTION B – PERSONAL/FAMILY PROTECTION COVER

1. a. How many dependants does the life insured have?	
b. What are their ages?	
2. How has cover been calculated?	
3. What is the reason for the cover? Go to Section G (declaration)	

SECTION C – BUSINESS, LOAN, KEY PERSON, SHARE PURCHASE, PARTNERSHIP AND BUY/SELL

1. What is the Company or Partnership name?	
2. What is the nature of the business including industry?	
3. Number of employees and total payroll?	
(excluding you and your spouse)	
Full time	\$
Part time	\$
Total Payroll	\$
4. Excluding the applicant, how many of the employees are income producing?	
5. What percentage of the business income do THEY produce?	
	%
6. How long has the business been operating for?	
7. Years of service by the life insured?	
8. What percentage of the business does the life insured own?	
	%
9. Is the life insured a share holder in the company?	
<input type="checkbox"/> Yes (please give details)	<input type="checkbox"/> No
If 'yes', please advise percentage of shares and current value	

10. What is the current value of the business and how was this calculated? Please provide a copy of any current business valuation if available.

11. Please advise financial results for the last 3 financial years

	3 years ago 30/06/20	2 years ago 30/06/20	last year 30/06/20
Trade Turnover	\$	\$	\$
Gross Profit	\$	\$	\$
Net Profit (before tax)	\$	\$	\$
Gross Assets	\$	\$	\$
Gross Liabilities	\$	\$	\$
Total	\$	\$	\$

12. Please go to:

Loan Cover, Go to Section D

Key person, Go to Section E

Share Purchase, Partnership, Buy/Sell, go to Section F

SECTION D – LOAN COVER

1. Please provide loan details

Lender	
Amount	
Duration	
Interest rate	

2. How is the loan being repaid?

Capital Interest

(please provide a copy of signed loan agreement when sum insured is in excess of \$2,000,000)

3. Is the lender effecting this policy?

Yes No

If yes, to whom

4. If the life insured died or was disabled, would the loan:

a. be fully called in

b. be partially called in () %, or

c. not be called in.

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SECTION E – KEY PERSON COVER

1. What proportion of the firm's net profit is attributed to the life insured?	%
2. How has your attribution to net profit been calculated?	
3. What qualifications, knowledge, industry contacts, or expertise does the life insured have and why is the company dependent on them?	
4. How many other key persons are there in the business and what are their roles?	
5. Is insurance being effected on these key persons?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'yes', please advise percentage of shares and current value	
6. Has the board of directors authorised this insurance?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, what authorisation has been given?	
6. What would be the revenue impact in the event of the insured's death and how has this been calculated?	
7. Is there a service agreement in place for the life insured?	
<input type="checkbox"/> Yes, please provide a copy <input type="checkbox"/> No	

SECTION F – SHARE PURCHASE, PARTNERSHIP OR BUY/SELL COVER

1. Are policies being effected on other partners?

Yes, please provide a copy No

2. Is there a share purchase or buy/sell agreement?

Yes, please provide a copy No

3. What was the life insured's share of profits for the last 3 financial years

3 years ago 30/06/20	%
2 years ago 30/06/20	%
last year 30/06/20	%

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SECTION G – DECLARATION

I declare that the answers given are true and correct to the best of my knowledge and I agree that they shall form part of my application for insurance.

Your duty of disclosure, as outlined in the PDS, continues to apply. Please tick which of the following applies:

- I declare that there has not been any change in my occupation, health or pastimes since completing my application for insurance.
- I declare there has been a change in my personal circumstances as outlined below.

Name of life insured:	
Date:	/ /
Signature:	
Accountant:	signed when sum insured exceeds \$2,000,000
Name:	
Address:	
Phone:	