



Application Reference Number

In instances where large sums of money are assured, it is necessary for offices to obtain financial information. This data will be treated, as with all underwriting papers, with complete confidentiality.

This completed questionnaire, together with the Proposal Form, will constitute the basis of the contract between the policyholder and the insurer. Therefore, it is important that all relevant sections are answered accurately and to the best of your knowledge, and that where necessary, any other supplementary evidence is obtained.

Most large cases fall into the following categories:

Personal Covers
Family Protection
Mortgage or Loan
Estate Duty

Business Covers

Key Person - Loss of profits Business Loan Share Purchase and Partnership

Notes

- 1. Only the relevant section of the questionnaire relating to either Personal or Business Cover should be completed.
- 2. This form should be countersigned by an independent third party (eg an accountant, solicitor or bank manager).

Alternatively, other supporting evidence may be used in place of a third party signature such as:

First Life Assured

Personal Covers - Proof of earnings for the last three years; Mortgage or Loan Agreements; an accountant's/solicitor's letter confirming Estate Duty liability.

Business Covers - Audited reports covering the last three years; Loan agreements; an accountant's valuation of the company or partnership.

Any additional requirements with regards to supporting evidence will be indicated within the relevant section of the questionnaire.

Details to be completed in all cases - Personal or Business Covers

First Name(s)					
Last Name					
Date of Birth					
Occupation					
Please state your income for e	each of the last two years:				
		First Life Assured		Second Life Assured	
	First Life	Assured	Second Life	Assured	
	First Life Year	Assured Year	Year	Year	
From employment stated above					
From employment stated above From investments and dividends					

Second Life Assured

2. lease detail insurance cover of	as follows:			
	First Life Assured	In Force	Proposed	Reason for cover
Life Assurance				
Permanent Health Insurance				
Other (please specify)				
Please detail your assets				
,	Description			Description
Property				
Investments				
Other (please specify)				
(1)			Total	
4. Please detail your liabilities				
	Description			Description
Mortgage				
Loans				
Other (please specify)				
			Total	
To be completed for Family Protect	tion Cover			
	ents (number, age and relationsh	in)		
o. Trouse give details of deporte	onis (nomicos, ago ana rotations)	·P)		
Have you ever been declared	d bankrupt? Yes	No		
		No		
If 'Yes', please give details and da	fes			
7. Please explain upon what bas	sis the Sum Assured has been calc	culatea?		
Guideline Note: For applicants who should not normally exceed:	o require life cover family protecti	on, the Sum Assured (tog	ether with any existing personal	cover)
Age next birthday	Life cover as a multiple of sa	lary		
0 – 30	20 x salary			
31 – 40 41 – 50	30 x salary 30 x salary			
51 – 60 61 – 65	20 x salary 10 x salary			
> 65	5 x salary			

To be completed for Mortgage or Loan Protection Please state the following: Name of Lender Reason for the loan Amount of the loan Interest rate Loan duration To be completed for Estate Duty Protection What is the total Estate Duty Liability? 10. Please explain how the Estate Duty liability has been calculated 11. By whom has the Estate Duty liability been calculated? 12. Please give details of gifts currently being made or made in the last three years **Business Assurance Covers** Copies of audited accounts will also be required for proposals where the Sum Asured exceeds: \$1,000,000 for Life Assurance Cover. Where accounts are indicating losses, or where the last three years' reports and accounts are not available, a business plan with projections for future profits will be necessary. To be completed for all business covers Please state the name of the business (eg company or partnership name) Please explain upon what basis the Sum Assured has been calculated Please state the business' turnover, gross and pre-tax net profits over the last 3 years First Life Assured In Force Proposed Turnover **Gross Profit** Pre-tax net profit To be completed for key person (loss of profits) cover 10. Why is the key person considered to be so valuable to the business?

5.b	How many people are employed	J \$					
6.a	How long has the business been in operation?						
6.b	How long has the life to be insured been employed by this business?						
7.	What is the total salary roll of the	firm?					
8.	What percentage of the business's profits can be attributed to the key person?						
9.	Please state details of any other applications in force or proposed on the lives of other employees						
	Name of key person	Policy type	Sum assured	Insurer in force/proposed			
to th	ne key person. Such profit figures r	person loss of profits cover should be bo nust be calculated using multiples of 5 tin ulation using the key person's salary.	sed upon the average pre-tax ne nes attributable Net Profit for life	et profit figures for a business, attributable cover. Alternatively, the same multiples			
To b	e completed for business loan co	ver					
Not	e: The inclusion of a copy of the lo	oan offer letter would be helpful.					
10.	Please state the following:						
	Name of Lender						
	Reason for the loan						
	Amount of the loan	Interest rate	Lo	oan duration			
	Repayment method						
	Is the policy a condition of the lo	an?					
		up to the amount of the loan for which a		ry be allowed for life and critical illness			
To b	e completed for shareholder or p	artnership protection cover					
11.	Please state the value of the bus	iness					
12.	By whom has the valuation beer	made?					
13.	What percentage of the shares of	of the business does the Life Assured own	ŝ				

5.a What type of business is the company engaged in?

15.	Are policies to be written on all shareholders? If not, why not?
16.	Is there a double option or buy and sell agreement between the partners (partnerships only)?
Gui	dance Note: Wherever possible, an accountant's valuation of the business should be obtained.
Dec	claration by Life Insured
This	declaration is to be completed in all cases, for both Personal and Business Covers.
I de Cor	clare that the above information is true, complete and precise, and I agree that, together with the Proposal of Insurance, it shall form the basis of that act of Insurance.
l un	derstand that failure to give true and complete answers to all questions may entitle the Company to reject a claim made under the policy.
First	Life Assured
Sigr	ned Date
Sec	ond Life Assured
Sigr	ned Date
Inde	ependent Third Party (accountant, bank manager or solicitor)
Sigr	ned Date
Quo	alification, name and address
	If you require any further details, please ask your financial adviser. Alternatively you can contact your pegret Uniting office, details of which are available on our website, or get in touch using our email address:

administration@unihealthandlife.com

14. How many shareholders are there in the business?