



PERSONAL FINANCIAL QUESTIONNAIRE

Name:

Proposal No.:

This questionnaire must be signed by an independent third party where life cover proposed exceeds €3 million (e.g. a qualified accountant or solicitor).

A. Personal Details

1. What is the reason for purchasing this insurance policy?
(e.g. family protection, personal protection, loan cover, inheritance tax provision or personal investment)

2. Please advise details of concurrent proposals being made to other offices.

Company	Sum Assured (€)	Reason for Cover	Type / Term of Policy

3. Please give details of all your existing policies for life, serious illness and income protection insurance.

Company	Sum Assured (€)	Date Effected	Reason for Cover	Type / Term of Policy

4. Please advise the following

- a) Earned income in the last year
- b) Investment income in the last year
- c) Please advise the source of the investment income

€

€

5. Please advise the value of your assets and liabilities

Assets	Value (€)	Liabilities	Value (€)
Property		Mortgages	
Investment		Loans	
Unquoted Equities		Others (specify)	
Others (specify)			
Total		Total	

B. Inheritance Tax Provision

1. What is the estimated Inheritance Tax liability?
2. What is the basis for your calculation?
3. Please give details of any relief that will be available for the mitigation of the Inheritance Tax.
4. If the liability is in respect of a lifetime gift, state the amount of the gift and the date it was made.

C. Private Residential Loan Cover

Where a copy of the loan offer from the principal lender is provided, the following questions can be ignored. Otherwise, please advise the following information:

1. The reason for the loan
2. Name and address of the lender
3. Name and address of the borrower
4. Amount of the loan
5. Term of the loan
6. Interest rate
7. Repayment method (e.g. interest only, capital and interest)

I declare that:

- The answers above are true and complete to the best of my knowledge
- I have not withheld any information that may influence the assessment or acceptance of this application.

I agree that:

- This questionnaire will form part of the application to Royal London
- If the answers to any of the questions changes before Royal London assumes risk on the plan, I'll tell Royal London in writing
- If I do not give Royal London all facts that are likely to influence the assessment and acceptance of this application, any plan issued as the result of this application may be cancelled or the terms changed and any claims may be refused.

Signed:

Date:

/ /

Third Party Signature

Signed:

Date:

/ /