Financial Questionnaire for Personal or Inheritance Tax Cover

Life Assured:

Section A

1. What is the reason for effecting this policy?

Family Protection, Personal Protection, Loan Cover, Inheritance Tax Cover, Other

(Please specify below)

2. Are any concurrent proposals being made to other offices?

If (Yes) please give details (If joint life, please indicate which life)

Company	Sum Assured	Reason for Cover	Type/Term of Policy

3. Please give details of existing policies for life, Serious / Critical illness cover, and Permanent Health Insurance, including death in service arrangements (If joint life, please indicate which life):

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

(Note 1 If the client has extensive existing cover, we may require further financial information

Note 2 When listing all cover in the market you must include any death in service benefits including any spouses pension lump sum benefit).

4. What was your income during the last tax year?

(a) From your Occupation   First Life €_____   Second Life €_____

(b) From Investments   First Life €_____   Second Life €_____

 Please advise source of this income

(c) From other sources   First Life €_____   Second Life €_____

Please advise source of this income

5. What is your net worth?

ASSETS		LIABILITIES	
Property	€_____	Mortgages	€_____
Investments	€_____	Loans	€_____
Unquoted Equities	€_____	Others (please specify)	€_____
Others	€_____		
Total	€_____	Total	€_____

6. Please specify the number and age of dependants

(i)

(ii)

(iii)

(iv)

(v)

Section B   Private Residential Loan Cover

(Note if the life sum insured is > €1.5m of the Serious Illness sum insured is > €750k, a copy of the loan agreement is required)

1. Please specify the amount of the loan, term and interest rate: _____

2. Please specify the reason for the loan and repayment method: _____

3. Please specify the name of the lender and name of borrowers:

Lender: _____   Name(s) on Loan Offer: _____

_____   _____

_____   _____

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Section C   Inheritance Tax Cover (Inheritance tax provision)

1. What is the estimated inheritance tax liability?

2. How was liability calculated, and by whom?

3. Please state any reliefs which will be available for migration of inheritance tax.

_____

_____

_____

_____

4. If the liability is in respect of a lifetime gift, please state the amount of the gift and the date it was made:

_____

I declare that I have answered the above questions honestly and with reasonable care (including any statements written down for me). I understand that failure to comply with these requirements and / or any negligent or fraudulent misrepresentation could invalidate the policy or affect the insurance cover. It could also result in a claim being declined or the amount payable in respect of a claim being reduced.

I agree to notify Zurich Life if there are any changes in my answers to the questions in the application form or this questionnaire between the date of completion of these forms and the date that the policy is issued

I agree that this declaration shall be incorporated with and form part of the original application form.

Signature of Life Insured   _____   Date: _____

Signature of Policy Owner   _____   Date: _____

For sum insured in excess of €3, 000, 000 Life Cover or €1, 000, 000 Serious Illness Cover please complete the following:

I declare that the information supplied in this form is, to the best of my knowledge, true and complete.

Signature of another Director

Or Senior Company Official   _____ Date: _____

Occupation and Qualifications   _____

Address or Company Stamp   _____