



# INHERITANCE TAX FINANCIAL QUESTIONNAIRE

Please complete this form in **BLOCK CAPITALS**. All questions must be answered accurately with full disclosure of all relevant information.

**All information will be treated as strictly confidential.**



## Guidelines for completion

Level of life cover	Requirements
Up to €3,000,000	Fully completed inheritance tax financial questionnaire, countersigned by Financial Adviser
€3,000,001 to €5,000,000	Fully completed inheritance tax financial questionnaire countersigned by Accountant / Solicitor
Over €5,000,001	Refer to Irish Life underwriters for requirements

**Where indexation option is required please contact Irish Life Underwriting prior to completion.**

## Personal Details

Full name(s):

Application No.

1. Specify how much life cover is already in force on each life (including death in service and inheritance tax cover benefits) and for what reason?

**Life 1** Total   
Reason(s)

**Life 2** Total   
Reason(s)

2. What is the estimated net worth of the estate?

3. Please give composition of the estate

**Assets**

	Value
Property	<input type="text" value="€"/>
Investments	<input type="text" value="€"/>
Shares	<input type="text" value="€"/>
Other (specify)	<input type="text" value="€"/>
Total	<input type="text" value="€"/>
Details	

**Liabilities**

	Value
Mortgages	<input type="text" value="€"/>
Loans	<input type="text" value="€"/>
Other (specify)	<input type="text" value="€"/>
Total	<input type="text" value="€"/>
Details	

4. What is the estimated inheritance tax liability?

5. Upon whom will the liability fall?

6. Please give the name of the Financial Adviser / Accountant / Solicitor who has advised you with regard to this tax planning arrangement?

7. Are there any other details which you feel would help us in assessing the risk?

## Declaration 1

I/We understand and agree that the information I/We have provided in this questionnaire is material to the decision of Irish Life Assurance plc (Irish Life) to enter into the contract, on the terms and for the calculation of premium and that Irish Life has relied on this information in so doing.

I/We have read over the answers to all the questions on this form and declare that all answers (including any answers written down for me/us) are true and complete. I/We declare that I/We have answered all of the questions in this form honestly and with reasonable care.

I/We understand that if I/We do not answer these questions honestly and with reasonable care, Irish Life will be entitled (depending on the breach) to declare the plan void, refuse my claim, treat my insurance as if it was entered on different terms, or reduce my claim. If this happens, I/We understand and acknowledge there may be no cover under the plan, Irish Life may not refund my premiums and Irish Life may not pay a claim.

I/We understand that this questionnaire will form part of my application for cover and that a copy of the completed questionnaire is available to me/us on request. I/We understand that I/We must advise Irish Life in writing of any change to our application answers between the date of our application and the date I/We are accepted for cover by Irish Life.

Signature of Life 1:  Date

Signature of Life 2:  Date

Signature of Proposer  Date

(where applicable)

**Please be aware for all signatures typed herein, you are electronically certifying this document, just as if you were physically signing on paper.**

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## Declaration 2 – by Financial Adviser / Accountant / Solicitor

### Up to €3,000,000 life cover

I declare the answers above are to the best of my knowledge true and accurate.

Signature of Financial Adviser

Agency

Date

**Please be aware for all signatures typed herein, you are electronically certifying this document, just as if you were physically signing on paper.**

### Over €3,000,001 life cover

I declare the answers above are to the best of my knowledge true and accurate.

Signature of Accountant / Solicitor

Company

Date

**Please be aware for all signatures typed herein, you are electronically certifying this document, just as if you were physically signing on paper.**

Practice Stamp

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This information would normally satisfy our requirements but in certain circumstances further information may be requested.

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

In the interest of customer service we will record and monitor calls. Information correct as at August 2021.

Irish Life assurance plc, registered in Ireland number 152576, Vat number 9F55923G.

Mail: Irish Life, Irish Life Centre, Lower Abbey Street, Dublin 1, Ireland. Web: [www.irishlife.ie](http://www.irishlife.ie) • Email: [withdrawals@irishlife.ie](mailto:withdrawals@irishlife.ie)

Irish Life Assurance plc, Irish Life Centre, Lower Abbey Street, Dublin 1. T: 01 704 1010 • F: 01 704 1900

 **Irish Life**