

Keyperson Cover and Business Loan Cover

including Keyperson Loan Cover, Keyperson Loss of Profit, Keyperson Investor Protection

Financial Questionnaire

Name of customer applying for cover

Date of birth

Application number

Financial Adviser

Please complete the 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 COVER		REQUIREMENTS
Life Cover	Specified Illness Cover	
Up to €1,500,000	Up to €750,000	Keyperson cover financial questionnaire fully completed by life covered and financial adviser.
€1,500,001 to €3,000,000	€750,001 to €1,000,000	Keyperson Cover financial questionnaire fully completed by life covered financial adviser and company secretary/company director. A copy of company accounts/loan offer may be required. Company brochure/website details can also provide useful background Information).
€3,000,001 to €5,000,000	€1,000,001 to €1,500,000	Refer application to Irish Life's LARGE CASE TEAM for requirements.

The "LARGE CASE TEAM" underwrite all new applications greater than €2 million life cover and €750,000 specified illness cover and are always available to discuss requirements. If you have any queries, please phone 01 704 1888.

Note:

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

Personal Details

1 What is the reason for effecting keyperson cover?

Loan cover Loss of profit Investor protection Other

Please give details.

2 Please give details of existing life assurance, specified illness cover and income protection policies that are in force on your life, including any cover provided by your employer. Please include details of any concurrent applications also.

If you do not have any existing cover, please tick

Company	Sum Assured	Year Commenced	Type/Term of policy
	€		

Reason for Cover

Will this cover be cancelled on issue of this new plan? Yes No

Company	Sum Assured	Year Commenced	Type/Term of policy
	€		

Reason for Cover

Will this cover be cancelled on issue of this new plan? Yes No

Company	Sum Assured	Year Commenced	Type/Term of policy
	€		

Reason for Cover

Will this cover be cancelled on issue of this new plan? Yes No

Company	Sum Assured	Year Commenced	Type/Term of policy
	€		

Reason for Cover

Will this cover be cancelled on issue of this new plan? Yes No

3 What is the company's name and what is the nature of the business? (Please quote the company's website address if applicable).

4 How long has this business been operating? Please state the number of employees

5 Please give details of your income (as assessed for income tax) for the last 3 years.

Year	Salary	€	Bonus	€
Year	Salary	€	Bonus	€
Year	Salary	€	Bonus	€

- 6 Does the keyperson have an ownership interest or shareholding in the company. Yes No
If yes, please give details.
- 7 Has the company effected or does it intend to effect policies on the lives of other keypersons? Yes No
If yes, please give details.
- 8 What is the role of the keyperson?
- 9 Please explain the reasons why the keyperson is considered to be so valuable. Eg What specialised skills, qualifications or experience make them a keyperson?
- 10 What proportion of the gross or net profit is attributable to the keyperson?
- 11 On what basis has the sum assured been calculated?
- | | | | | | |
|----------------------|-----|----|---------------------|-----|----|
| Multiple of profits? | Yes | No | Multiple of salary? | Yes | No |
| Loan cover? | Yes | No | Other reason? | Yes | No |
- Please provide full details and state multiples used if applicable.

- 12 If the cover is linked to a loan, please provide the following details:
- | | | | |
|--|-------------------|--------------------|----|
| Name of Lender: | Name of Borrower: | | |
| Amount of Loan: € | Term of Loan: | Interest only: Yes | No |
| Reason for loan: | Date of drawdown: | | |
| Will immediate assignment be arranged? | Yes | No | |
| Is the issuing of this policy a condition of the loan? | Yes | No | |
| If existing loan(s), why is cover being sought now? | | | |
- 13 Has a board minute been passed, or any other written authorisation to sanction the policy? Yes No
Please give details

Note:
A copy of the loan agreement will be required for cover in excess of €1.5 million life cover and €750,000 SIC

Note:
If trading figures are not available, please provide a copy of the business plan and projections.

- 14 Please give details of the company's turnover, gross profit and net profit after tax for the past 3 years.
- | Year | Turnover | Gross Profit | Net Profit |
|------|----------|--------------|------------|
| | € | € | € |
| | € | € | € |
| | € | € | € |
- Have these figures been taken directly from the accounts? Yes No
If there have been losses in any of the last 3 years, please explain the reasons for the losses.
- Do the most recent set of management accounts show an excess of assets over liabilities? Yes No
If no, please give an explanation.

Note:
Sight of company accounts will be needed in these circumstances.

Declaration

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

Please sign
and date

Signature of Financial Adviser:

Date

BLOCK CAPITALS:

Signature of Life Covered:

Date

BLOCK CAPITALS:

Signature of Company
Secretary/Company
Director (where applicable)

Date

BLOCK CAPITALS:

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

Note:
Signature of life
covered and financial
adviser for life cover up
to €1.5m and SIC up to
€750,000. Signature of
Company Secretary /
Company Director for life
cover over €1.5m and SIC
over €750,001.