

Personal Cover/Private Residential Loan Cover 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 €1,250,000	Up to €500,000	Most cases will be acceptable on application form only.
€1,250,001 to €3,000,000	€500,001 to €1,000,000	Personal cover financial questionnaire fully completed by financial adviser.
€3,000,001 to €5,000,000	€1,000,001 to €1,500,000	Personal cover financial questionnaire fully completed by life covered and financial adviser. Proof of income eg. P60. Copy of loan offer if loan related.
Above €5,000,000	Above €1,500,000	Personal cover financial questionnaire fully completed by life covered and financial adviser and countersigned by an accountant/solicitor. Proof of income,
		e.g. P60. Copy of loan offer if loan related.

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 this cover?

2 How was the sum assured calculated?

3 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

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

		Year	Year
From own occupation	Basic	€	€
	Bonus	€	€
From investment		€	€
From other sources (please specify)		€	€

- 5 Do you have any dependants? Yes No
- If yes, please provide details including the age and relationship of each dependant.
- | | |
|-----|--------------|
| Age | Relationship |
| Age | Relationship |
| Age | Relationship |

- 6 Is this cover for your principal primary residence or for a private investment loan? Yes No
- Amount of loan Term of loan Years Date of loan
- Name of lender Is policy to be assigned? Yes No
- Reason for loan

If existing loan, why is cover being sought now?

For life cover in excess of €3,000,000 or specified illness cover in excess of €1,000,000 a copy of the loan agreement will be required.

- | | | |
|--|-----|----|
| Interest only loan | Yes | No |
| Is the issuing of this policy a condition of the loan? | Yes | No |
- 7 Are there any other details which you feel would help us in assessing the risk?

Please answer questions 8 and 9 if the total cover with Irish Life (including existing cover) is in excess of €3,000,000 life cover or €1,000,000 specified illness cover.

- 8 Please estimate the value of your assets and liabilities as of today's date in the table below:

Assets	<input type="text" value="€"/>	Liabilities	<input type="text" value="€"/>
Primary residence	<input type="text" value="€"/>	Mortgages on primary residence	<input type="text" value="€"/>
Investment property	<input type="text" value="€"/>	Mortgages on investment property	<input type="text" value="€"/>
Business (market value)	<input type="text" value="€"/>	Personal loans	<input type="text" value="€"/>
Retirement savings	<input type="text" value="€"/>	Business loans (your share)	<input type="text" value="€"/>
Shares	<input type="text" value="€"/>	Others (please specify)	<input type="text" value="€"/>
Other (please specify)	<input type="text" value="€"/>		
Total	<input type="text" value="€"/>	Total	<input type="text" value="€"/>

- 9 What is the estimated net worth of your estate?

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

Note:
Financial adviser to sign questionnaire for cover up to €3million life and €1million specified illness cover. Also require signature of life covered for cover greater than €3 million life and €1 million specified illness cover.

Signature of financial adviser, life covered and accountant/ solicitor is required for cover in excess of €5million life cover and €1.5million specified illness cover.

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.

