



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

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

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 declare that the answers given above, to the best of my/our knowledge are true and I/we have not withheld any material information that may influence the assessment or acceptance of this proposal. I/We agree that this form will constitute part of my/our proposal for life assurance and that the failure to disclose any material fact known to me/us may invalidate the contract.

 Please sign and date

Signature of Life 1:	<input type="text" value="X"/>	Date	<input type="text" value="dd"/> <input type="text" value="mm"/> / <input type="text" value="yyyy"/>
Signature of Life 2:	<input type="text" value="X"/>	Date	<input type="text" value="dd"/> <input type="text" value="mm"/> / <input type="text" value="yyyy"/>
Signature of Proposer (where applicable)	<input type="text" value="X"/>	Date	<input type="text" value="dd"/> <input type="text" value="mm"/> / <input type="text" value="yyyy"/>

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.

 Please sign and date

Signature of Financial Adviser	<input type="text" value="X"/>
Agency	<input type="text"/>
Date	<input type="text" value="dd"/> <input type="text" value="mm"/> / <input type="text" value="yyyy"/>

Over €3,000,001 life cover

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

 Please sign and date

Signature of Accountant / Solicitor	<input type="text" value="X"/>
Company	<input type="text"/>
Date	<input type="text" value="dd"/> <input type="text" value="mm"/> / <input type="text" value="yyyy"/>
Practice Stamp	<input type="text"/>

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