



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

Will this cover be cancelled on issue of this new plan?

Company	Sum Assured	Year Commenced	Type/Term of policy	Reason for Cover	Yes <input type="radio"/>	No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/>	No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/>	No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/>	No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/>	No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/>	No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/>	No <input type="radio"/>

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

	Year <input type="text"/>	Year <input type="text"/>	Year <input type="text"/>	
From own occupation	Basic	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
	Bonus	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
From investment	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	
From other sources (please specify)	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6 Is this cover for your principal primary residence or for a private investment loan? Yes No

Amount of loan € Term of loan yrs 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?

Interest only loan Yes No

Is the issuing of this policy a condition of the loan? Yes No

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.

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

Primary residence	€ <input type="text"/>
Investment property	€ <input type="text"/>
Business (market value)	€ <input type="text"/>
Retirement savings	€ <input type="text"/>
Shares	€ <input type="text"/>
Other (please specify)	€ <input type="text"/>
Total	€ <input type="text"/>

Liabilities

Mortgages on primary residence	€ <input type="text"/>
Mortgages on investment property	€ <input type="text"/>
Personal loans	€ <input type="text"/>
Business loans (your share)	€ <input type="text"/>
Others (please specify)	€ <input type="text"/>
Total	€ <input type="text"/>

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

Declaration

Please review the answers given in this questionnaire and then read, sign and date this declaration.

I/We declare that the answers given above to the best of my/our knowledge are true and that I/we have not withheld any material information that may influence the assessment or acceptance of this application.

I/We agree that this form will constitute part of the application for life assurance and specified illness cover and that failure to disclose any material fact known to me/us may invalidate the contract.

I/We agree to inform the company in writing of any change in my/our circumstances between the date of this application and the issue of the policy contract.



Signature of Financial Adviser:

Date:

BLOCK CAPITALS:

Signature of Life Covered:

Date:

BLOCK CAPITALS:

Signature of Accountant / Solicitor:

Date:

BLOCK CAPITALS:

Note: Financial adviser to sign questionnaire for cover up to €3 million life and €1 million 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 €5 million life cover and €1.5 million specified illness cover.



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