

FINANCIAL QUESTIONNAIRE

1. YOUR DETAILS

Full Name of Life Assured
(Mr/Mrs/Miss/Ms/Other)

Date of birth (DD MM YYYY)

Policy Number

2. PERSONAL COVER

Please confirm the reason for this application.

☐

Family or Personal

☐

Mortgage/Loan

☐

IHT

Please provide full details of all existing cover in the table below. Please do not include cover that is being cancelled.

	Family or Personal	Mortgage	IHT
Life Cover			
Critical Illness Cover			

Please complete the relevant section only.

Family/Personal Cover	Salary/other earned income	£
Mortgage/Loan Cover	Total Amount of Loan/Loans	£
IHT Cover	IHT Liability	£

3. BUSINESS COVER

a) Please confirm the reason for this application.

☐

Commercial Loan

☐

Key person

☐

Share Protection

☐

Relevant Life Cover

b) Please provide full details of all existing cover in the table below. Please do not include cover that is being cancelled.

	Commercial Loan	Keyperson	Share Protection	Relevant Life Cover
Life Cover				
Critical Illness Cover				

c) Please state the amount of your total annual remuneration.

Continued over page

Please now only complete the relevant section below.

Loan Cover

Total amount of all loans being covered.

£

Term of each loan being covered.

Please give details if any other cover is being taken out by applicants to cover this loan.

Share Protection

Please provide details of the last 3 years worth of accounts and details of your shareholding.

Tax Year	Net Profit	Net Assets	% Shareholding

Please confirm how the business has been valued.

Key person

Please confirm which method was used to calculate the sum assured.

☐

Multiple of Salary

☐

Loss of Profits

☐

Other – Please state below

Please provide the average net profit for the last 2-3 years.

£

Please confirm why the life assured is key to the business.

Please confirm the percentage of profit attributable to this applicant.

How many other key people are there in the business?

Please provide any other supporting information that you feel is relevant to this application.

4. DECLARATION

- I declare that the above information is true and complete to the best of my knowledge and belief.
- I understand that this shall form part of my application with my Scottish Widows plan as stated in Section 1 of this questionnaire.

Signature

Date (DD MM YYYY)

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