



Financial Questionnaire

Full name of applicant:

Please advise reason for cover:

Please state the number and age of your dependants:

Insurance Cover:

Please advise if any simultaneous applications are being made to other life insurance companies.
If so, please provide details:

Insurance Company	Sum Assured	Type of Cover	Purpose of Cover

Please provide full details of existing cover:

Insurance Company	Sum Assured	Type of Cover	Purpose of Cover



Financial Questionnaire

Income Details

Please provide your earned income for the last 3 financial years (to 31 March)

Income details for the last 3 years:

2 0	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
2 0	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
2 0	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>

Please provide details of any passive / unearned income for the last 3 financial years:
e.g. rental income, dividends from shares, interest.

2 0	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
2 0	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
2 0	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
Source of income:	<input type="text"/>			

Assets and Liabilities

Assets:

Property:

Deposits:

Investments:

Shares:

Other:

Liabilities:

Mortgage:

Loans:

Credit Card:

Other:

Declaration

I declare that to the best of my knowledge, the above statements are true and complete and that such disclosures will form part of the basis of this contract.

Signature of applicant:

Date:
D D M M Y Y

