

# Financial questionnaire

## Personal covers (to be completed by the life to be insured)

Please complete this form in **CAPITAL** letters. All questions must be answered accurately with full disclosure of all relevant information. If there is insufficient space for any answer please continue on a separate piece of paper and attach to this questionnaire.

Please refer to the local underwriting guidelines for instructions on how to complete this form.

All information will be treated as strictly confidential.

Please ensure that the declaration on the last page is completed. Please ensure that a third party countersigns the declaration whenever a third party financial questionnaire is requested.

### 1 Personal details

Policy number (if known)

#### First life to be insured

Title  Mr  Mrs  Miss  Ms  Dr  Other (please give details)

Family name

Forename(s)

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Occupation

Is the life to be insured employed, self employed, a shareholding director or in a partnership?

Yes

No

If 'Yes', please give details below.

## Personal details (continued)

### Second life (joint life policies only)

Title  Mr  Mrs  Miss  Ms  Dr  Other (please give details)

Family name

Forename(s)

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Occupation

Is the life to be insured employed, self employed, a shareholding director or in a partnership?

Yes

No

If 'Yes', please give details below.

Are any concurrent proposals being made by the life/lives to be insured to other offices?

Yes

No

If 'Yes', please give details (including which life if joint life)

Company	Sum assured (state currency)	Reason for cover	Type/Term of policy

Does the life/lives to be insured hold existing policies?

Yes

No

If 'Yes', please give details of existing policies for the life/lives to be insured in force for life and dread disease (indicating which life is joint life)

Company	Sum assured (state currency)	Reason for cover	Type/Term of policy

Personal details (continued)

**Please state currency**

Life/Lives to be insured's earned income in the last three years

	Year (please state)	Year (please state)	Year (please state)
First life			
State currency			
Second life			
State currency			

Life/Lives to be insured's income from other sources in the last three years

	Year (please state)	Year (please state)	Year (please state)
First life			
State currency			
Second life			
State currency			

Please advise the source of this income

---

Please estimate the value of the assets and liabilities owned by the life/lives to be insured

<b>Assets</b>	<b>(state value and currency)</b>	<b>Liabilities</b>	<b>(state value and currency)</b>
Property		Mortgages	
Investments		Loans	
Unquoted equities		Others (please specify)	
Others (please specify)			
<b>Total</b>		<b>Total</b>	

Please state the number, age and relationship of the life/lives to be insured's dependants

What is the reason for taking out this policy?

Please state how the proposed level of benefit has been calculated

Has the life to be insured ever been declared bankrupt?

Yes

No

If 'Yes', please give dates, details and present status

---

## 2 Mortgage cover (Please complete this section if the policy is to be used to cover a mortgage)

If the borrower is a company then please complete the separate business cover financial questionnaire.

(i) Has the lender specified that the loan is conditional on taking this insurance cover?  Yes  No

If 'No', please provide a copy of the mortgage offer letter. In any event, where the application of insurance exceeds USD1.25 million or currency equivalent, a copy of the mortgage letter will be required.

(ii) Details of property

---

(iii) Name of lender

---

(iv) Name(s) of borrower(s)

---

(v) Amount of loan

---

(vi) Term of loan

---

(vii) Interest rate

---

(viii) Repayment method (e.g. interest only, capital and interest)

---

## 3 Declaration by the life/lives to be insured

I/We declare that the answers given, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief, and, together with my/our application for life assurance, will form the basis of the contract.

I understand that the information supplied in this form:

- (i) will be used by Zurich International Life Limited for underwriting purposes and may be used for the prevention and detection of fraud and financial crime;
- (ii) may be shared with other Zurich Insurance Group companies and third parties who provide relevant services to Zurich International Life Limited.

Signature of first life to be insured

Date

Signature of second life to be insured

Date

The following must be completed if an independent third party has provided the information on this form. Please check the illustration to verify whether a third party countersignature is required. The third party must be an accountant, bank manager or solicitor who is independent and has no interest in the policy.

I declare that the information supplied in this form is, to the best of my knowledge, true and complete.

Signature of third party

Date

Name of independent third party

---

Occupation

---

Relationship to life assured (if any)

---

Qualifications

---

Details of employer

---

Company stamp

---

Telephone number

---

Email address

---

Zurich International Life Limited is registered in Bahrain under Commercial Registration No. 17444 and is licensed as an Overseas Insurance Firm – Life Insurance by the Central Bank of Bahrain.

Zurich International Life Limited is authorised by the Qatar Financial Centre Regulatory Authority.

Zurich International Life Limited is registered (Registration No. 63) under UAE Federal Law Number 6 of 2007, and its activities in the UAE are governed by such law.

Calls may be recorded or monitored in order to offer additional security, resolve complaints and for training and quality purposes.

Zurich International Life is a business name of Zurich International Life Limited which provides life assurance, investment and protection products and is authorised by the Isle of Man Financial Services Authority.

Registered in the Isle of Man number 20126C.

Registered office: Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ, British Isles.  
Telephone +44 1624 662266 Telefax +44 662038

Hong Kong office: 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong.  
Telephone +852 3405 7150 Telefax +852 3405 7268

[www.zurichinternational.com](http://www.zurichinternational.com)