



# Financial Questionnaire

Original documentation supporting the information given in this questionnaire may be required on request.

Application number

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**1 Name of Life to be Insured**

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**2 What is the purpose of this insurance?**

- Personal Insurance / Income Protection only  Go to Section A
- Personal and Business Insurance  Go to Section A
- Business Insurance only  Go to Section B

## Section A Personal Insurance and Income Protection

Complete this section if the Life to be Insured is applying for Income Protection, Life Cover, Critical Illness or Total & Permanent Disability for personal protection purposes

**3 How has the sum insured been calculated?**

Please attach a copy of the needs analysis or presentation material used, if available


**4 How many dependants does the Life to be Insured have?**

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Ages	Relationship

**5 What assets and debts does the Life to be Insured have an ownership interest in or control over?**

Assets		Debts	
Property – residence	\$	Mortgage – residence	\$
Property – investment/other	\$	Mortgage – other	\$
Personal – eg collectables	\$	Personal loan	\$
Motor vehicle	\$	Motor vehicle loan	\$
Investments – eg shares	\$	Investment loan(s)	\$
Other assets (please specify):	\$	Other debts (please specify):	\$
<b>Total Assets</b>	<b>\$</b>	<b>Total Debts</b>	<b>\$</b>

**6 What is the Life to be Insured’s employment status?**

- Employee of a business in which Life to be Insured is not an owner  Go to Question 7  
 Sole Trader  Go to Question 8  
 Partner in business  Go to Question 8  
 Employed by Life to be Insured’s own company  Go to Question 8  
 Homemaker  Go to Question 9  
 Unemployed  Go to Question 9

**7 What was the Life to be Insured’s personal income for each of the last 3 years?**

**Employees**

Occupational earnings	Year ended 30/06/ ____	Year ended 30/06/ ____	Year ended 30/06/ ____
Salary/Wage	\$	\$	\$
Superannuation contribution	\$	\$	\$
Allowances (car, travel etc)	\$	\$	\$
Commissions/Bonuses/Overtime	\$	\$	\$
Other (please specify):	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Total earnings</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Investment income	\$	\$	\$
Other income	\$	\$	\$

Go to Question 9

**8 What was the Life to be Insured's personal income for each of the last 3 years?**

**Self-employed**

Occupational Earnings	Year ended 30/06/ ____	Year ended 30/06/ ____	Year ended 30/06/ ____
Occupational Earnings (Earnings after deduction of business expenses but before tax)	\$	\$	\$
Investment income	\$	\$	\$
Other income (specify source)	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

**9 Is this application for loan insurance for personal purposes?**

Yes  Go to Question 10

No  If this application is also for business insurance go to Section B, otherwise go to Section F – Declarations

**Loan Insurance**

If there is more than one loan, please provide details on page 10.

**10 What is the purpose of the loan?**

Eg home mortgage, mortgage on investment property


**11 Who is the lender?**


**12 What is the loan amount?**

\$
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**13 What amount of the loan is the Life to be Insured responsible for?**

\$
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**14 Has the loan been approved?**

Yes

No

15 What is the draw down date? (DD/MM/YYYY)

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16 What amount is currently drawn down?

\$

17 What is the interest rate?

.  %

18 What is the loan duration?

19 What is the repayment method?

Interest only

Principal only

Principal and interest

20 Is the insurance a condition of the loan?

Yes

No

21 Is this application also for business insurance?

Yes  Go to Section B

No  Go to Section F – Declarations

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## Section B Business Insurance

Complete this section if you are applying for insurance for Business Protection purposes

22 What is the name of the primary business?

23 What is the nature of the business?

24 What is the business structure?

Sole Trader

Partnership

Company

Other:  Please specify:

25 How long has the business been in operation?

26 How many persons are employed?

27 If full financial accounts are not being submitted please provide the financial results for each of the last 3 years.

	Year ended 30/06/ ____	Year ended 30/06/ ____	Year ended 30/06/ ____
Business turnover	\$	\$	\$
Gross profit	\$	\$	\$
Net profit (before tax)	\$	\$	\$
Gross assets	\$	\$	\$
Gross liabilities	\$	\$	\$

- If a loss is reported in the last 2 years, financial accounts for the last 2 years should be submitted
- The last 2 years financial accounts are required to support applications for cover in excess of \$3,000,000
- If this is a new business, copies of interim accounts, financial projections and business plan should be submitted

28 Are there any associated or service entities?

Yes

Entity name	Structure (eg company, family trust)	Life to be Insured's percentage interest
		%
		%
		%
		%
		%

No

29 Please provide a diagram of the full business structure showing all associated entities

30 What business protection need(s) is this application for?

- Revenue Protection (Key Person)  Complete Section C
- Ownership Protection (Buy/Sell; Share Purchase)  Complete Section D
- Asset (Debt) Protection; Loan Guarantee  Complete Section E

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## Section C Revenue Protection (Key Person) Insurance

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31 What is the position of the Key Person in the business?

32 What special skills, expertise or knowledge does the Key Person have that is critical to the business?

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33 Is the Key Person a shareholder or partner in the business?

Yes  Percentage share in the business  % Current value of the key person's share  \$ [Go to Question 38](#)

No

34 How long has the person been employed by the business?

35 Is there any contract or service agreement in place in respect of the Key Person?

Yes  Please give details

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No

36 How has the value of the Key Person been calculated?

Cost of replacing the Key Person?

Yes  Please list the cost components and amounts:

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No

Cancellation of debt guaranteed?

Yes  Please list the cost components and amounts:

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No

Multiple method?

Yes  Please show the multiples and calculations used (eg 3 X net profit X key person factor 0.5):

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No

37 What proportion of the following can be fairly attributed to the Key Person?

Gross revenue	Gross profit	Net profit
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

38 What was the cost of the Key Person's total remuneration package for the current year and the last 2 years?

Current year	Year ended 30/06/ ____	Year ended 30/06/ ____
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

39 What is the current salary bill of the business?

\$

40 If the Key Person was to die or become disabled from working in the business, would the business continue with a suitably qualified replacement or would the business have to be sold or closed?

Continue with replacement   
Sold/Closed

41 Are there any other Key Persons in the business?

Yes  Go to next question  
No  Go to Section F – Declarations

42 How many Key Persons are there in the business (apart from the Life to be Insured)?

43 Are policies being effected on the lives of the other Key Persons?

Yes   
No  Please provide reasons:

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## Section D Ownership Protection (Buy/Sell / Share Purchase / Partnership Insurance)

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44 How many shareholders or partners are there in the business (including the Life to be Insured)?

45 What is the Life to be Insured's share of the business or partnership?

%

46 What is the current value of the business?

\$

47 Has a valuation been performed by a professional valuer?

Yes  Date of valuation (DD/MM/YYYY)  Name and qualifications of the valuer

Please attach a copy of the valuation or letter of confirmation, if available

No

48 How was the value determined? (specify basis/formula used)

49 What was the Life to be Insured's share of profit in each of the last 3 years?

Year Ended 30/06/ \_\_\_\_  %      Year Ended 30/06/ \_\_\_\_  %      Year Ended 30/06/ \_\_\_\_  %

50 Are policies being effected on the lives of all shareholders/partners?

Yes

No  Please provide reasons:

51 How much has the Life to be Insured invested in the business?

\$

52 Is there a Share Purchase or Buy/Sell agreement?

Yes  Please provide brief details or attach a copy:

No  Go to Section F – Declarations

53 Does the Share Purchase or Buy/Sell agreement enforce sale of the shareholder's partner in the event of a claim under Critical Illness or Total and Permanent Disablement?

Yes

No  What does the agreement stipulate in this event?



## Section E Asset (Debt) Protection; Loan Guarantee Insurance

If there is more than one loan, please provide details on page 10.

**54** Have you provided a copy of the loan agreement?

- Yes  Go to Section F – Declarations  
 No

**55** What is the purpose of the loan? (eg business purchase, business expansion, overdraft)

**56** Are there other guarantors for the loan?

- Yes  How many guarantors are there, other than the Life to be Insured?

What percentage of the loan is the Life to be Insured responsible for?

 %

- No

**57** What are the loan details?

Lender	
Loan amount	\$
Loan duration	
Interest rate	%
Repayment method (eg interest only)	
Approval date (DD/MM/YYYY)	
Draw down date (DD/MM/YYYY)	
Current draw down amount	

**58** Is there a provision to rollover the loan at the end of the term?

- Yes   
 No

**59** Is the insurance a condition of the loan?

- Yes   
 No

**60** If the Life to be Insured dies or becomes disabled, would the loan be:

- Not called in  Fully called in  Partially called in   %

If the loan would be called in, please provide an explanation as to why

To provide further information, please note the page and question number the additional information refers to:

<b>Page Number</b>	<b>Question Number</b>	<b>Further Information</b>

## Section F Declaration

Read this section carefully before signing

### 61 Declaration by Life to be Insured/Policy Owner

I understand and agree that:

- I have read the Duty of Disclosure set out in my Application Form. I understand that until MLC accepts my application and issues a policy (or, in the case of an existing policy, a revised schedule). I have a duty to disclose every matter which I know, or could reasonably be expected to know, is relevant to MLC's acceptance of my application and that if I fail to comply with my Duty of Disclosure MLC may (as permitted by law) avoid the policy or reduce the benefits under it;
- The answers to the questions above are true and complete and that this supplementary questionnaire forms part of my application for insurance;
- If any answers to this questionnaire are not in my own handwriting I certify that I have checked them and they are correct.

I have read the Privacy Statement included in the Product Disclosure Statement.

#### Signature of the Life to be Insured

X	Dated on (DD/MM/YYYY)
	.....

#### Signature(s) of Policy Owner(s) (for ordinary business only)

- If other than Life to be Insured
- Parent or Guardian if Life to be Insured is under 16 years of age
- Where a company is the proposed owner of a policy there is no need for the company seal to be affixed

If you wish to apply the company seal, then affix the company seal in the space provided.

In the case where the Policy Owner is a company

- Two directors or a director and company secretary are to sign; or
- In the case of a sole director proprietary company only, the sole director is to sign. However, the director must indicate that he/she is the sole director and sole secretary of the company

Sole director and sole secretary

Company stamp or seal
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#### Signature(s) of Policy Owner(s)

X	Date (DD/MM/YYYY)
	.....

X	Date (DD/MM/YYYY)
	.....

