

## **IC+**

### **TERM LIFE INSURANCE FOR THE INTERNATIONAL MARKET**

#### **FINANCIAL QUESTIONNAIRE**

(PERSONAL PROTECTION, INHERITANCE TAX, PRIVATE RESIDENTIAL  
LOAN)

#### **ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL.**

1. 1. This Questionnaire is required when the total proposed amount of Life Insurance, from all insurers combined including this Life Insurance, is greater than \$350,000.
2. 2. Financial underwriting is necessary to ensure that the required amount of Life Insurance is appropriate to the individual's circumstances. Financial evidence should be obtained and submitted with the Application to avoid delay in acceptance.
3. 3. Your answers to the questions on this Questionnaire will be used in the underwriting process. You must answer the questions completely and fully, to the best of your knowledge and belief. Part or all of the Principal Sum might be forfeited if relevant information has been withheld or misrepresented. If you are unsure whether a particular fact is relevant, you should disclose it.
4. 4. Please ensure that the declaration on page 4 of this Questionnaire is completed. If the Principal Sum applied for is \$1,000,000 or more (\$2,000,000 or more for joint life second death policies) the additional declaration must be signed by an independent third party such as a qualified accountant, solicitor or bank manager.

**SECTION A – TO BE COMPLETED BY ALL APPLICANTS**

1.	Full Name and address of first or only life to be insured:	Full name and address of second life to be insured (joint Life Insurance policies):

2.	First Life	Second Life
Occupation:		
Are you employed, self-employed, a shareholding director or partner?		

3.	Are you making application for Life Insurance to any other insurer(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following information, indicating which life if this is a joint life application.		
Company or Insurer	Amount of Life Insurance	Reason for purchase	Type/Term of policy

4.	Please provide details of existing policies in effect for life, dread disease and personal health insurance, including death in service arrangements. Please indicate which life if this is a joint life application.			
Company or Insurer	Amount of Life Insurance	Effective Date	Reason for purchase	Type/Term of policy

5.	First Life	Second Life
Earned income during the last tax year (for self employed persons, state personal earnings as assessed for Income tax after deduction of allowable business expenses).		
Investment income during the last tax year.		
Source of Investment income.		

6.			
Please estimate the value of your assets and liabilities			
Assets:		Liabilities:	
Property		Mortgages	
Investments		Loans	
Unquoted equities		Others (please specify)	
Others (please specify)			
Total		Total	

7. Number of Dependents and their ages:

8. What is the reason for purchasing this Life Insurance? Please check:							
Family Protection		Personal Protection		Inheritance tax provision		Private residential loan	

### SECTION B – INHERITANCE TAX PROVISION

1. What is your estimated Inheritance Tax liability?	
2. How was this liability calculated and by whom?	
3. State and relief that will be available for the mitigation of Inheritance Tax.	
4. If the liability is in respect of a lifetime gift, state the amount of the gift and the date it was made.	

### SECTION C – PRIVATE RESIDENTIAL LOAN COVER

Note: If you have provided the full and final loan offer from the principal lender with this Application, you do not need to respond to the following questions.

1. Reason For Loan	
2. Name of Lender	
3. Name and Address of borrower(s):	
4. Amount of loan	
5. Term of loan	
6. Interest rate	
7. Repayment method (e.g.interest only, capital and interest)	

## DECLARATION

I/We declare that the statements made herein are true and complete to the best of my/our knowledge and belief and that I/we have not withheld any material information that may influence the assessment or acceptance of this insurance. I/We agree that this questionnaire will form a part of my/our Life Insurance policy, if issued, and that failure to disclose any material fact may invalidate the insurance.

I/We agree to inform HCC Medical Insurance Services. in writing of any change in my/our circumstances between the date of this Application and the issue of the policy. I/We understand that insurance will not become effective until the first premium has been received by HCC Medical Insurance Services. and I/We are notified of acceptance in writing by HCC Medical Insurance Services.

Signature (First or only Life)		Date	
Signature (Second Life)		Date	

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

Signature (Independent Third Party)		Date	
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Occupation and qualifications	
Address	
Telephone Number	