

Confidential financial questionnaire

This form is to be completed only on request by Zurich Underwriting. To be completed by the life insured. To avoid delays, please check that all questions have been answered fully. Please use **BLOCK LETTERS**.

Policy number/s


 Policy type: Wealth Protection Active Sumo FutureWise

Duty to take reasonable care not to make a misrepresentation

Your duty to take reasonable care not to make a misrepresentation is explained in the PDS and the Life Insured's Statement and it applies each time you provide us with information before we issue a policy.

Not meeting your legal duty can have serious impacts on your insurance. Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at www.zurich.com.au or contact the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au.

1 Life insured details

Title	Surname		
Given names	Date of birth		/ /
Address	State	Postcode	
Contact details	Work ()	Home ()	
	Mobile	Email	

1 Personal financial position

1.1 Provide details of your assets and liabilities

This includes any asset or liability that you directly or indirectly have ownership interest in and/or control over, including those which are not held in your personal name (e.g. those held in your partner's name).

Assets		Liabilities	
Primary residence/farm property	\$	Primary residence loan balance	\$
Motor vehicle/boat etc.	\$	Car loan balance	\$
Investment property	\$	Credit card balance	\$
Investment – shares etc.	\$	Personal loan balance	\$
Business/es	\$	Investment property debt/s	\$
Other assets (please specify)		Other Investment debt/s	\$
	\$	Business/es debt/s	\$
	\$	Other liabilities (please specify)	
	\$		\$
	\$		\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

1 Personal financial position (continued)

1.2 Do you have any financial dependants?

No

Yes → provide clarification including the age of each dependant, their relationship to yourself (the life insured), and the length of time they will be dependent on you

1.3 Do you receive or expect to receive net income from other sources (such as rental income, dividends etc.)?

No

Yes → provide clarification including details of the source of the income, the amount of annual net income from this source, and how long this would continue

1.4 Are you applying for (if more than one applies, please tick and complete all sections):

Business loan cover → complete section 2

Business keyperson cover → complete section 3

Business buy/sell cover → complete section 4

Personal cover → provide a summary of how the sum insured has been calculated for any personal Life, Trauma, TPD or Active cover including details of any formulas/methodologies used or other factors relevant to your situation considered

(if only personal cover is ticked, end here)

2 Business loan cover

2.1 Provide details of the loan/s this cover relates to in the table below

	Lender	Amount	Term	Interest rate	Drawdown date	Repayment method
1		\$		%	/ /	
2		\$		%	/ /	
3		\$		%	/ /	
4		\$		%	/ /	

2.2 What is the purpose of the loan/s and what is your share?

2.3 Are there joint and several guarantees?

No

Yes → outline who the other person/s are

2.4 Is insurance a requirement of the lender in providing the loan/s?

Yes No

3 Business keyperson cover

3.1 What is your position in the business?

3.2 What are the duties, special skills, knowledge, expertise, qualifications, contacts or other factors that contribute to make you a key person?

3 Business loan cover (continued)

3.3 What proportion of business net profit can be directly attributed to you (the life insured)? %

Clarify how this percentage has been determined

3.4 Outline the calculation methodology showing how the level of key person cover was determined

3.5 What are the roles and duties of other shareholders/trustees and key personnel in the business, and how much do they contribute to income generation in the business?

	Role/Duties	Contribution	Position	Value policies in force
1		%		\$
2		%		\$
3		%		\$
4		%		\$

3.6 Is cover in force or being effected on the lives of any other persons in the business?

- No
 Yes → provide details of on whom, their role/duties and how much
-
-

4 Business buy/sell cover

4.1 Has an independent valuation been completed?

- Yes → are you able to provide a copy of the valuation?
 Yes No
-

No

4.2 Provide a detailed outline of the calculation methodology showing how the cover was calculated

4.3 Has a Partnership, Share Purchase and/or Buy/Sell Agreement been put in place?

- Yes → are you able to provide a copies of the Partnership, Share Purchase and/or Buy/Sell Agreement? Yes No
 No
-

4.4 Is cover in force or being effected on the lives of all business partners or shareholders?

- Yes → are the business partners/shareholders also applying for cover with Zurich?
 Yes → confirm the names of the other business partners/shareholders applying for cover with Zurich
-

No → what levels of cover are being applied for, and with which insurer?

No → provide details as to why not

4 Declaration

The proposed life insured states as follows:

1. I have read and understood my duty to take reasonable care not to make a misrepresentation and declare that the statements and answers provided in this application are true, accurate and complete.
2. I have read and understood my duty to take reasonable care not to make a misrepresentation and the consequences of not meeting the legal duty and answering all questions truthfully and completely.
3. I acknowledge that Zurich will rely on statements in this questionnaire in deciding whether to issue an insurance policy and what terms and premium to offer.
4. I authorise Zurich to disclose any information in relation to my application for insurance to any person for the purpose of assisting Zurich to make a decision in relation to my application for insurance.
5. I understand that the insurance applied for shall not become effective until Zurich accepts my application.
6. I authorise my medical practitioner or other professional (i.e. accountant) to disclose any information that they may possess about me to Zurich in relation to my application for insurance or any claim under it.
7. I authorise Zurich to approach any person named in this questionnaire to verify any aspect. In the same way, I authorise any person named in my questionnaire to disclose any information they may possess about me to Zurich.

Name of life insured

Signature of life insured

Date

X

/ /

Any questions? Call 131 551

Please return the completed form to us:

By post, to **Zurich Australia Limited, Underwriting Department, Locked Bag 994, North Sydney NSW 2059**, or

By email, as a scanned attachment, to **life.newbusiness@zurich.com.au**