

Financial Questionnaire

You must fill in this form fully and truthfully to the best of your knowledge and belief. If you do not do this, and this affects our assessment of the risk, your insurance may be void and all your cover may be cancelled. If you are in any doubt about whether to provide information when filling in the form, please provide the information.

This form must be completed for all applications where the sum assured (including all cover held elsewhere in the market) exceeds:

- £1,500,000 for life cover, or
- £750,000 for critical illness cover, or
- £75,000 a year for disability income benefit (Self Assurance plans only).*

* If you have applied for £75,001 to £100,000 of disability income benefit in total, we will need you to complete this form or provide us with evidence of income for the last two years. For more than £100,000, we will need you to complete this form and have it signed by an independent third party such as your solicitor or accountant, or provide us with evidence of income from the last two years. We will accept copies of P60s, P11D forms and self-assessment forms as evidence of income for all disability income benefit applications.

For business plans where more than one person is applying for cover, completion of this form will also be required for all applicants where the combined sum assured exceeds:

- £3,000,000 for life cover, or
- £1,500,000 for critical illness cover.

For example, if there are four key employee proposals and each key employee is applying for £800,000 life cover. Or if three partners are each applying for £600,000 of critical illness cover then this form would need to be completed for each life assured.

Notes

- Copies of audited accounts may also be required in certain cases
- An independent third party signature will be required on this form when the sum assured:
 - exceeds £1,500,000 for critical illness cover, or
 - exceeds £3,000,000 for life cover, or
 - exceeds £100,000 per year for disability income benefit (Self Assurance plans only).
- An independent third party could be a bank manager, a solicitor or an accountant. In most cases, we cannot accept the financial adviser for the application as an independent third party
- If the application is for disability income benefit (Self Assurance plans only), we may accept the last two years' P60s or HM Revenue & Customs (HMRC) tax computation and self assessment notices instead of a third party signature
- If the application is for personal mortgage protection for your main residence, we may accept a copy of the full mortgage offer instead of a third party signature
- If the application is for business loan protection we may accept a copy of the loan agreement instead of the third party signature
- If the application is for business life assurance or critical illness then we may be able to accept the reports and accounts instead of a third party signature
- The sections you need to complete depend on the type of cover that you are applying for. Please check the table on Page 2 to identify which sections you should complete.

If you would like this information in large print, in braille or on cassette or CD, please call 0345 271 0900.

A guide to completing this questionnaire

Reason for cover	Family protection	Mortgage protection	Inheritance tax liability	Disability income benefit (Self Assurance plans only)
Sections to be completed	A B C K	A B D K	A B E K	A F K
Basis of assessment	<p>Multiple of salary.</p> <p>For example: critical illness cover –</p> <p>Age up to 39 ten times salary*</p> <p>Ages 40 to 49 eight times salary*</p> <p>Ages 50 to 59 five times salary*</p> <p>Age 60 & older three times salary*</p> <p>* Plus mortgage cover for main residence</p> <p>The above multiples are intended only as a guide.</p>	Amount and duration of loan.	Inheritance tax liability.	The maximum disability income benefit (sickness, accident or disability) usually available is 50% of annual earned income.

Reason for cover	Key employee cover	Commercial loan (including overdraft and management buyout)	Shareholder or partnership protection	Disability income benefit (Self Assurance plans only)
Sections to be completed	A G H K	A G H I K	A G J K	A F K
Basis of assessment	<p>Usually, total company cover of:</p> <p>Critical illness cover – five times average net profit.</p> <p>Life cover – five times average net profit. Individual cover will be proportional to directly attributable net profit.</p> <p>The amounts shown for key employee cover are intended as a guide. In exceptional circumstances, we would be happy to consider requests for higher levels of cover.</p>	Amount and duration of the loan in relation to net profit.	Value of shareholding.	The maximum disability income benefit (sickness, accident or disability) usually available is 50% of annual earned income.

How to fill in this form - Please use **BLOCK CAPITALS** throughout.

Please use a **BLACK** ballpoint pen. Please use a separate piece of paper if you need any more space for any of your answers.

If the answer to any of the questions asked is "NO" or "NIL" then please state this in the space provided. We cannot accept a blank space or a line as meaning "NO" or "NIL".

A Complete in all cases

	First life assured	Second life assured																
Name	<input type="text"/>	<input type="text"/>																
Date of birth	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											
Application number (if known)	<input type="text"/>	<input type="text"/>																
Occupation	<input type="text"/>	<input type="text"/>																
Employer	<input type="text"/>	<input type="text"/>																
Length of service	<input type="text"/>	<input type="text"/>																

1 Please give details of your personal income for the last two years from each source.

	First life assured		Second life assured	
	20 __	20 __	20 __	20 __
i) Employment stated above	£	£	£	£
ii) Other employment	£	£	£	£
iii) Investment income and dividends	£	£	£	£
iv) Other (please detail)	£	£	£	£

2 Do you have any insurance policies in force? Yes No Yes No

If yes, please provide details

	Sum assured in force		Single or joint life? If single, please state which life		Reason for plan		To be cancelled upon acceptance of this application (Yes/No)	
	1st Life	2nd Life	1st Life	2nd Life	1st Life	2nd Life	1st Life	2nd Life
i) Life cover								
ii) Income protection insurance								
iii) Critical illness cover								
iv) Disability insurance								

3 Do you have any proposed insurance policies not yet in force (excluding this application)?

First life assured

Yes No

Second life assured

Yes No

If yes, please provide details

	Proposed sum assured		Single or joint life? If single, please state which life		Reason for plan		Will this case proceed if this application is accepted?	
	1st Life	2nd Life	1st Life	2nd Life	1st Life	2nd Life	1st Life	2nd Life
i) Life cover								
ii) Income protection insurance								
iii) Critical illness cover								
iv) Disability insurance								

For personal assurance plans go to section B.
 For business assurance plans go to section G.
 For disability income benefit go to section F.

B Complete for all personal assurance

1 Please detail the **assets** of each life assured providing an individual breakdown of items and amounts.

First life assured

Description		Value
Property		
Investments (please provide a detailed breakdown)		
Others (please specify)		
	Total	£

Second life assured

Description		Value
Property		
Investments (please provide a detailed breakdown)		
Others (please specify)		
	Total	£

2 Please detail the **liabilities** of each life assured providing an individual breakdown of items and amounts.

Description		Value
Mortgages		
Loans		
Others (please specify)		
	Total	£

Description		Value
Mortgages		
Loans		
Others (please specify)		
	Total	£

Please note that joint assets/liabilities should be given proportionately.
 For family protection go to section C.
 For mortgage protection go to section D.
 For inheritance tax liability go to section E.

C Family protection

1 Please provide details of each life assured's dependants.

Spouse/civil partner:	Age	Income each year £
No. of children:	Age(s)	

2 Please explain on what basis the sum assured is calculated.

3 Have you, or any life assured, ever been declared bankrupt? Yes No
If 'Yes', please provide details and confirm the date of discharge.

Please go to **section K** on the last page and sign and date the **declaration**.

D Mortgage protection

1 Please state:

i) Amount of the loan

ii) Names of all borrowers

--

iii) Name of lender

--

iv) Reason for loan

--

v) Interest rate

vi) Duration of the loan

--

vii) Repayment method

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2a Does the sum assured match the amount of the loan? Yes No
If 'No', please explain the reason.

2b Does the loan term match the plan term? Yes No
If 'No', please explain the reason.

- 3 If other named borrowers are not included on this application, are they arranging cover under a separate plan? Yes No
 If yes, please provide full details (insurer, sum assured, benefits, terms) and the plan number if a Scottish Provident plan.

Please go to **section K** on the last page and sign and date the **declaration**.

E Inheritance tax liability

1 What is the total inheritance tax liability? £

2 Please explain how the inheritance tax liability is calculated.

3 By whom has the valuation been calculated?

Please go to **section K** on the last page and sign and date the **declaration**.

F Disability income benefit (sickness, accident or disability) – Self Assurance plans only

1 Total disability income benefit (sickness, accident or disability) applied for:

First life assured

£ each year

Second life assured

£ each year

(Please note: usually we will only cover amounts earned by a spouse that would cease if the applicant was unable to work)

2 If you wish to cover any other amounts earned which would cease in the event of your disability please specify the amount here, and describe the circumstances of the payments and the reasons they need to be covered.

3 If methods other than calculating this benefit as 50% of earned income have been used then please explain how the benefit has been calculated.

4 If bonus/dividends have been included in income for calculation of benefits will they cease to be paid if you are unable to work?
 Yes No

Please go to **section K** on the last page and sign and date the **declaration**.

The next two sections (sections G and H) refer only to business assurance plans

G Complete for all business assurance

Copies of the audited accounts will also be required in cases where:

- i) Life cover sums assured exceed £3,000,000
- ii) Critical illness cover sums assured exceed £1,500,000
- iii) A loss has been made in any of the last three years

Where three years' figures are not available a business plan and projections will be needed.

1 Please explain the basis used to calculate the sum assured and by whom.

2 Please give the employer's profit figures for the last three years.

	20 __	20 __	20 __
i) Turnover			
ii) Gross profit			
iii) Net profit (before tax)			

For key employee cover go to section H.

For commercial loan (including overdraft and management buyout) go to sections H and I.

For shareholder or partnership protection go to section J.

H Key employee cover

1 What percentage of the net profit can be directly attributed to the key employee? %

2 What is the key employee's specific role?

3 Please give details on why the proposed sum assured is considered appropriate.

4 How long has

i) The employer been trading?

ii) The key employee been employed by the company?

iii) The key employee been engaged in this profession?

5 What is the employer's

i) Total workforce? £

ii) Total salary roll each year? £

6 Please give details of any other applications in force or proposed on the lives of other key employees.

Key employee name	Type of plan	Sum assured	Insurer	In force/proposed

If cover is for a commercial loan (including overdraft and management buyout) go to Section I.
 If not, please go to Section K on the last page and sign and date the declaration.

I Commercial loan (including overdraft and management buyout)

Where the critical illness cover sum assured exceeds £1,500,000, or the life cover exceeds £3,000,000, a copy of the loan offer letter will be required. In these cases you need not answer questions 1 and 2.

1 Please state

i) Amount of the loan

ii) Names of all borrowers

iii) Name of lender

iv) Reason for loan

v) Interest rate %

vi) Duration of the loan

vii) Repayment method

2 Is this plan required as a condition of the loan?
 Yes No

3a Does the sum assured match the amount of the loan?
 Yes No

If 'No', please explain the reason.

3b Does the loan term match the policy term?

Yes

No

If 'No', please explain the reason.

4 Please provide details of the company being bought out. Please include a three year report and accounts and business plan where a loss has been noted.

Please go to section K on the last page and sign and date the declaration.

J Shareholder or partnership protection

1 What is the value of the company?

£

2 On what basis is this calculated and by whom?

3 What percentage of the shareholding belongs to the life assured?

	%
--	---

4 How many partners are there in the company?

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5 Are plans to be written on the lives of all partners?

Yes

No

If 'No', please explain why.

6 Is there a double option or buy-sell agreement between the partners?

Yes

No

If 'No', please explain the reason for this insurance.

Please go to section K on the last page and sign and date the declaration.

K Declaration to be completed in all cases

I declare that these disclosures are true and complete and this questionnaire together with my application, will form the basis of the contract between myself as owner and Scottish Provident.

Signature of
first life assured

Signature of
second life assured

Date of signature

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

Date of signature

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

Signature of
first owner

Signature of
second owner

Date of signature

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

Date of signature

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

Position in company

Position in company

Signature of independent third party

(A bank manager, a solicitor or an accountant. If the application is for personal mortgage protection for your main residence, we will accept a copy of the full mortgage offer instead of a third party signature. If the application is for disability income benefit (Self Assurance plans only), we will accept copies of the last two years' P60s or HM Revenue & Customs (HMRC) tax computation and self assessment notices instead of a third party signature). In most cases we cannot accept the financial adviser for the application as an independent third party.

Signature

Name

Date of signature

D	D	M	M	Y	Y	Y	Y
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Address

Occupation

Postcode

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