

For customers

Key person income protection – questionnaire

To be completed by the policyholder.

Policy number

L	0	1							
---	---	---	--	--	--	--	--	--	--

You should complete this questionnaire for all key person income protection applications.

Please complete in BLOCK CAPITALS and in ballpoint pen.

If you don't answer the questions fully and accurately, we may not pay a claim and the whole policy may be cancelled, not just the benefit under which you're claiming.

1. Insured person details

Title

Mr / Mrs / Miss / Ms / Other – please specify

Full forename(s)

--

Surname

--

Date of birth

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

Remuneration package (salary + bonus) for each of the last three years (please complete relevant years)

20	20	20
£	£	£

2. Company details

Name of company

--

Nature of business

--

Date company was established

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

Number of employees

--

Date of the company accounting year-end

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

2. Company details – continued

What is the company's trading figures for the last three years (please complete relevant years)?

	20	20	20
Turnover	£	£	£
Gross profit/(loss)	£	£	£
Pre-tax net profit/(loss)	£	£	£

3. Questions

These questions are designed to obtain the financial information we need to fully consider an application for key person income protection. The information should be obtained from the policyholder and it should be signed by the policyholder and the company accountant/company secretary.

Please answer the questions carefully and give as much detail as possible. If more space is needed, please use extra sheets of paper and attach them securely to this questionnaire.

- 3.1 Please give a description of the insured person's occupation. This should include full details of their skills, duties and responsibilities.

- 3.2 Are there any other employees who could carry out the insured person's duties, either wholly or in part?

Yes – tell us what duties other individuals could do

No – explain why

3. Questions – continued

3.3 Is there existing keyperson income protection in place for this employee provided by the employer?

No Yes – give details below

Amount of yearly benefit

£

Deferred period

weeks

Insurer providing the cover

Policy number

3.4 Will this existing income protection remain in force when the proposed cover is accepted?

No Yes

3.5 Does the company have, or intend to take out, key person income protection on any other key individuals?

No Yes – give details below

Name	Position	Amount of benefit (£)	Company that the plan is with

3. Questions – continued

3.6 What percentage of the company's shareholding does the insured person own?

 %

3.7 Tell us why the insured person is 'key' and how you calculate the level of benefit, for example replacement costs/loss of profits.

3.8 What proportion of the company's gross profit can be fairly attributed to the key person?

 %

3.9 Please explain how:

i you've decided on the payment period (payment period is the maximum period for which we'll pay you the benefit amount)

ii you've decided on the deferred period

3.10 In the event of incapacity would the insured person receive an income from the business?

No – go to section 4

Yes – complete i and ii below:

i How long would they receive an income?

ii What percentage of salary would they receive?

 %

or

How much would they receive each month?

 £

3.11 If keyperson income protection benefit is in connection with a loan, please state the following:

i The loan amount

 £

ii Term of the loan

iii What percentage of the loan repayment, including interest, is the insured person responsible for?

 %

iv Drawn down date of the loan

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

v Reason for the loan

Where the income protection benefit being applied for is over £100,000pa and is to cover a loan, please send us a copy of the loan offer. ☒

4. Declaration

To be completed by the policyholder

I agree that this declaration forms part of my application. To the best of my knowledge, the information and statements made in this questionnaire are true and complete. I'm aware that if the statements aren't true and complete and I don't tell Aegon about any changes before the policy starts then it **might result in loss or cancellation of the protection**. I confirm that I've read over the answers that I didn't fill in and that they're correct.

Date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Signature

X	X
---	---

To be completed by the company accountant/ company secretary

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

Date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Print name and position

Signature

X	X
---	---

