

For customers

# Personal and family protection financial questionnaire

To be completed by the policyholder.

Policy number

Please read these important notes before completing this questionnaire.

## About this questionnaire

- You should complete this questionnaire for family/personal/mortgage/loan protection if the sums insured are higher than:
  - £1,500,000 life protection; or
  - £750,000 critical illness (CI) protection or total permanent disability (TPD) benefit.
- We'll need evidence of earnings if the sums insured are higher than:
  - £3,000,000 life protection; or
  - £1,000,000 CI protection/TPD benefit.
- You must provide a copy of the main residence mortgage agreement if the sums insured are higher than:
  - £3,500,000 life protection; or
  - £1,500,000 CI protection/TPD benefit.
- You should complete this questionnaire for inheritance tax (IHT) planning under your Personal Protection policy when the sum insured is higher than £2,000,000. We'll need a copy of the inheritance tax planning exercise when the sum insured is higher than £3,000,000.
- The insured person's solicitor or accountant doesn't need to countersign this questionnaire unless you can't provide the relevant supplementary evidence mentioned above.

## Don't use this questionnaire for:

- IHT protection under your Whole of Life policy; or
- gift inter vivos under your Personal Protection policy.

For these policies, you should download and complete our Inheritance tax financial questionnaire at [aegon.co.uk/support](https://aegon.co.uk/support)

## Additional information

- We reserve the right to ask for this questionnaire to be completed for lower sums insured.
- 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.**

## What's the reason for this application?

Tick all that apply.

- Family/personal protection – complete part 1
- IHT planning under your Personal Protection policy – complete parts 1 and 2
- Mortgage/loan protection – complete parts 1 and 3

# Part 1 – Must be completed by all applicants

## First life

Full name of insured person

Date of birth (dd/mm/yyyy)

Yearly income for the last two years (please fill in relevant years)

	20	20
Salary	£	£
Bonus	£	£
Dividend	£	£
Investment – please specify type	£	£
Others – please specify	£	£

## Second life

Full name of insured person

Date of birth (dd/mm/yyyy)

Yearly income for the last two years (please fill in relevant years)

	20	20
Salary	£	£
Bonus	£	£
Dividend	£	£
Investment – please specify type	£	£
Others – please specify	£	£

### 1.1 Please give details of dependants.

	First life	Second life	Joint life
How many?			
Ages			

### 1.2 Tell us how you calculated the sum insured.

### 1.3 Do you have any existing cover (including death in service) or are you applying to another provider for cover?

First life  No  Yes – give details below      Second life  No  Yes – give details below

If any existing cover is being cancelled, please tell us the policy number.

#### First life

Existing or concurrent	Sum insured	Life protection, CI or TPD benefit	Reason for cover	Is this being cancelled?	Company and policy number
	£				
	£				
	£				
	£				

#### Second life

Existing or concurrent	Sum insured	Life protection, CI or TPD benefit	Reason for cover	Is this being cancelled?	Company and policy number
	£				
	£				
	£				
	£				

## Part 1 – Must be completed by all applicants – continued

### 1.4 Give details of assets, liabilities and net worth.

Assets	First life	Second life	Joint life
Property – main residence	£	£	£
Property – other – please specify	£	£	£
Value of business (if applicable)	£	£	£
Investments	£	£	£
Other – please specify	£	£	£

  

Liabilities	First life	Second life	Joint life
Mortgage – main residence	£	£	£
Mortgage – other – please specify	£	£	£
Non-property loans – please specify purpose	£	£	£
Other – please specify	£	£	£

  

Net worth	£	£	£
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## Part 2 – Inheritance tax (IHT) planning

To be completed for all IHT planning under your Personal Protection policy.  
(To be completed in addition to Part 1)

2.1	First life	Second life	Joint life
What's your estimated IHT liability?	£	£	£
How was your IHT liability calculated?			
Who calculated the liability?			
Who will the IHT liability fall on?			

### 2.2 If you are applying for IHT on a single life basis does any spousal exemption apply?

Yes  No – If no, please give a reason for this.

### 2.3 Please tell us of any other relief(s) that will be available for the mitigation of IHT, for example business relief.

Where the sum assured is higher than £3,000,000 please provide a detailed breakdown of the tax planning exercise from a tax adviser, solicitor or accountant.

## Part 3 – Mortgage/Loan protection

To be completed for all mortgage/loan protection applications  
(To be completed in addition to Part 1)

### 3.1 What's the reason for the loan? (tick as appropriate)

Main residence mortgage       Investment (for example buy to let)

If you have more than one investment mortgage to be protected, please provide a breakdown of the information for all properties on a separate piece of paper and attach it to this questionnaire.

You must tell us in writing if any of the information changes between you completing this questionnaire and the start date of the policy.

#### Main residence

<b>New mortgage:</b>					
Name of lender					
Amount borrowed	£				
Term of mortgage					
Date mortgage funds released	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Are you named as a borrower on the mortgage offer/agreement?	<table border="0"> <tr> <td><b>First life</b></td> <td><b>Second life</b></td> </tr> <tr> <td><input type="checkbox"/> Yes    <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes    <input type="checkbox"/> No</td> </tr> </table>	<b>First life</b>	<b>Second life</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>First life</b>	<b>Second life</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Existing mortgage:</b>					
Name of lender					
Amount of outstanding mortgage	£				
Outstanding mortgage term (years and months)					
Expected repayment date if earlier (month/year)					
Are you named as a borrower on the mortgage offer/agreement?	<table border="0"> <tr> <td><b>First life</b></td> <td><b>Second life</b></td> </tr> <tr> <td><input type="checkbox"/> Yes    <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes    <input type="checkbox"/> No</td> </tr> </table>	<b>First life</b>	<b>Second life</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>First life</b>	<b>Second life</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

#### Investment property (including buy to let)

<b>New mortgage:</b>					
Name of lender					
Amount borrowed	£				
Term of mortgage					
Date mortgage funds released	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
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<b>First life</b>	<b>Second life</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Existing mortgage:</b>					
Name of lender					
Amount of outstanding mortgage	£				
Outstanding mortgage term (years and months)					
Expected repayment date if earlier (month/year)					
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<b>First life</b>	<b>Second life</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

## Part 4 – Declaration

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### To be completed by the policyholder(s)

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

#### First life

Date

D	D	M	M	2	0	Y	Y
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Print name

Signature

X	X
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#### Second life

Date

D	D	M	M	2	0	Y	Y
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Print name

Signature

X	X
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### Declaration – to be completed by countersignatory

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
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Print name

Signature

X	X
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