

Personal Financial Questionnaire

To be completed by the person to be covered.

We need further information to help assess the application because of the level of insurance cover applied for. The information you provide here will form part of your contract with us and it is therefore important that it is full and accurate.

Please complete the following questionnaire and send it, along with any documents we have asked for, to:
Freepost RTBL-CRKE-JJZE, AIG Life Limited, PO Box 12010, HARLOW CM20 9LG.

AIG Privacy Notice

The personal information we collect about you, which includes sensitive information such as your health and medical history, may be disclosed to carefully selected third parties in order for us to provide your insurance. We will never use your information for marketing purposes without your express permission.

If we ask for personal information about another person, you will need to (unless we agree otherwise) tell them about this notice and our Privacy Policy and obtain their permission where possible before you share their personal information with us.

To give you a quicker decision about your insurance, we may make decisions about your application using an 'automated decision-making tool'. An 'automated decision-making tool' doesn't involve human input and we sometimes use it to determine whether we are able to provide you with insurance and on what terms based on the answers you give us.

Please read our **Privacy Policy** (www.aiglife.co.uk/privacy-policy) for further details about how we use your personal information and automated decision-making tools.



Please confirm before completing this form

Please be aware, if you select 'No' we won't be able to process your details in relation to your application

Yes

No

Your name		Date of birth	
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Customer reference	
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Section A - Your circumstances

1 - Please tell us why this cover is being taken out? For example, it may be to cover a mortgage or a loan, inheritance tax or maintenance agreement.

2 - How was the amount of cover calculated?

3 - Please give details of any existing cover or any applications currently being made to any other insurer, including details of any existing death in service benefit. Please give details of all cover on your life for any reason.				
Company	Type of cover	Sum assured	Reason for cover	Would your AIG Life policy replace this one?
		£		
		£		
		£		
		£		
		£		
		£		
		£		

4 - Please list any dependants you have, and tell us their ages

Name		Age	
Name		Age	
Name		Age	
Name		Age	

5 - Please tell us your income for the last 3 tax years. Please also send us evidence of this income, for example copies of P60 forms, payslips, accounts or Inland Revenue tax assessments.

Year	Gross taxable earned income	Investment income	Other income		Total
			Source	Amount	
	£	£		£	£
	£	£		£	£
	£	£		£	£

6 - Please give us an estimate of your assets and liabilities:

Assets		Liabilities	
Property	£	Mortgage	£
Investments	£	Loans	£
Other (please specify)		Other (please specify)	
	£		£
	£		£
	£		£
	£		£
Total	£	Total	£

Section B - Loan and mortgage information.

You only need to complete this section if this insurance is to cover a mortgage or loan.

What is the purpose of the loan?

Please include with this questionnaire a copy of the full loan or mortgage offer from your lender, or other legal agreement documenting this loan.

Section C - Inheritance Tax

You only need to complete this section if this insurance is for Inheritance Tax provision.

1 - What is the estimated net worth of your estate?

2 - What is the estimated Inheritance Tax liability?

3 - Who will be liable to pay the Inheritance Tax?

4 - If the tax liability is in relation to a gift, please tell us the amount and the date the gift was made.

Please include with this questionnaire a copy of the independently calculated Inheritance Tax calculation.

Section D - if the cover is owned by another person

1. What is the relationship between you and the person owning the cover?

2. Please tell us about the financial arrangement including the reason, amount, duration and why the cover is needed.

Declaration

I declare that the statements I have made are true and complete to the best of my knowledge and belief and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this questionnaire will form part of my application and that failure to answer the questions truthfully with all relevant information may invalidate the content.

I understand that the cover will not start until the online Declaration has been approved and the start date reached.

Signature of
person covered

Date



www.aiglife.co.uk