

Personal Assurance Questionnaire

Full Name Date of Birth
 Reference

Please remember that failure to answer the following questions truthfully and accurately may mean that a claim will be declined and the policy cancelled. If you are not sure whether any information is relevant, please disclose it anyway.

What is the reason for the policy? If there is more than one reason for the policy please indicate all that apply and complete all relevant sections.

Family Protection (complete sections A, D and E)
 Inheritance Tax (IHT) (complete sections A, B, D and E)
 Residential Loan (complete sections A, C, D and E)
 Other (please specify) (complete sections A, D and E and give full details.)

If this is for business reasons then do not complete this form but request a business assurance questionnaire as this will be needed.

Section A To be completed for ALL applications

1 Do you have, or are you applying for, any other Life cover with Legal & General or with another insurance company?
 This includes any Life cover provided by your employer.
 If 'Yes' and you need more space, please use Section D Additional Information

Yes No If 'Yes', please give details

	Policy 1	Policy 2	Policy 3
Company			
Start date			
Policy type			
Term	years	years	years
Amount of cover	£	£	£
Reason for cover			
Will this policy remain in force/be going ahead?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any other policies to disclose?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
! If 'Yes', please give the same details as above for the other policy(ies), in Section D (Additional Information) before continuing with this section			

2 Do you have, or are you applying for, any other Critical Illness cover with Legal & General or with another insurance company?
 If 'Yes' and you need more space, please use Section D Additional Information

Yes No If 'Yes', please give details

	Policy 1	Policy 2	Policy 3
Company			
Start date			
Policy type			
Term	years	years	years
Amount of cover	£	£	£
Reason for cover			
Will this policy remain in force/be going ahead?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any other policies to disclose?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
! If 'Yes', please give the same details as above for the other policy(ies), in Section D (Additional Information) before continuing with this section			

3 Please give details of your gross annual earned income for the last three years.

Do not include any unearned income, such as investment income

Current year	Earned income	£
Last year	Earned income	£
Previous year	Earned income	£

If you are self employed – please give net taxable earnings after deduction of allowable business expenses
If your earned income for the current year is less than £10,000, please continue with question 4 otherwise please go straight to question 5.

4 Please give details of all other household gross annual earned income for the last three years.

Current year	Earned income	£
Last year	Earned income	£
Previous year	Earned income	£

5 What is the total value of your net assets?

£

'Net assets' are your total assets (for example house, car, shares), less your total liabilities (for example mortgage, outstanding debt). Where examples are shown, they are not intended to be a complete list.

6 What is the total value of your liabilities?

£

7 Please give details of the number of dependants you have and their relationship to you.

If you need space for more dependants, please use Section D Additional Information

8 If this application is required to cover a liability for Inheritance Tax or Capital Gains Tax, please tick whichever applies.

If neither of these apply, tick 'Neither'.

Inheritance Tax	
Capital Gains Tax	
Neither	

Section B Inheritance tax provision

9 Please give details of the Inheritance Tax, liability and reliefs.

Estimated Inheritance Tax liability	£		
How was your liability calculated?			
Please state all reliefs, if any, that will be available for mitigation of Inheritance Tax. For example business property relief or agricultural property relief			
Is this policy required to cover the Inheritance Tax in respect of a gift?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		
<p>If 'Yes', please give the date and value of the gift</p> <p>d d m m y y y y £</p>			

Section E – Applicant Declaration

I declare that the answers I have given are, to the best of my knowledge true and that I have not withheld any material information that may influence the assessment or acceptance of my application(s). I agree that this questionnaire will constitute part of my application for life, critical illness, income replacement or disability insurance and that failure to disclose any material fact known to me may result in a claim being declined and the policy cancelled.

I agree to inform the company in writing of any change in my circumstances between the date of the application and the issue of the policy contract.

Signature of the applicant

Applicant

Date

Third party signature (eg accountant, solicitor, bank manager etc)

For certain applications the information given in this form needs to be confirmed by an independent third party. These are usually professional people who know the applicant(s) financial affairs but are unrelated to the sale, e.g. solicitor, accountant, bank manager etc. Please see the covering letter which will advise if a third party signature is required in this instance.

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

Signature

Date

Please print
your name

Occupation and qualifications

Address