



**CONFIDENTIAL FINANCIAL QUESTIONNAIRE**

Name of Proposed Insured
Policy no.

Amount of Insurance	Company	Year Insured	Type (Business or Personal)	Purpose

**A Complete this section for PERSONAL COVERAGE indicating how the sum insured was determined for each purpose:**

Estate planning	\$ _____	Income Replacement	\$ _____
Savings	\$ _____	Pension maximization	\$ _____
Taxable capital gain	\$ _____		
Other	_____		

**PERSONAL INCOME AND NET WORTH (Joint for estate planning) (for year \_\_\_\_\_)**

**ANNUAL INCOME**

Salary (or draw)	\$ _____
Bonus	\$ _____
Other Earnings	\$ _____
<b>Total Income</b>	<b>\$ _____</b>

**ASSETS**

Real Estate	\$ _____
Stocks/Bonds	\$ _____
RRSPs	\$ _____
Other	\$ _____
<b>Total Assets</b>	<b>\$ _____</b>

**ANNUITIES / PENSION**

Dividends	\$ _____
Interest	\$ _____
Net Rental Income	\$ _____
Other	\$ _____
<b>Total net income</b>	<b>\$ _____</b>

**LIABILITIES**

Mortgage	\$ _____
Personal Loans	\$ _____
Other	\$ _____
<b>Total liabilities</b>	<b>\$ _____</b>

**NET WORTH \$ \_\_\_\_\_**

**B Complete this section for BUSINESS COVERAGE:**

1. Name of business: \_\_\_\_\_
2. Nature of business: \_\_\_\_\_
3. Purpose/Amount of Insurance: key-person \$ \_\_\_\_\_ buy-sell: \$ \_\_\_\_\_ other: \$ \_\_\_\_\_
4. How was amount determined? (valuation method) \_\_\_\_\_ Years in existence \_\_\_\_\_
5. Equity of Proposed insured in this business: \_\_\_\_\_ % Amount \$: \_\_\_\_\_
6. Are other owners / officers being proportionately insured? Yes  No  If not, why not?  
 \_\_\_\_\_  
 \_\_\_\_\_

**C FINANCIAL STATEMENT: to be completed by an accountant if amount over \$3,000,000**

YEAR 20\_\_\_\_

ASSETS		LIABILITIES	
Current	Fixed	Current	Long Term
Cash \$	Land \$	Accounts / Notes Payable \$	Mortgages \$
Accounts Receivable \$	Buildings \$	Accruals \$	Other (specify) \$
Inventories \$	Equipment / Machinery \$	Taxes \$	
		Other (specify) \$	
		Total Current \$	Total Term \$
Other (specify) \$		Other (specify) \$	
Total Current \$		Total Fixed \$	
		<b>Current line of credit:</b>	<b>Max \$</b>
			<b>Used \$</b>

**D STATEMENT OF EARNINGS: PREVIOUS 2 YEARS:**

<b>Year</b>	20____	20____
<b>Sales</b>	\$ _____	\$ _____
<b>Net after tax Income</b>	\$ _____	\$ _____

I certify that the above information is true and complete and shall form part of the Application on my life with Standard Life insurance.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Month/Day/Yr

\_\_\_\_\_  
Proposed Insured

\_\_\_\_\_  
Name of Accountant

\_\_\_\_\_  
Signature of Accountant