



Supplementary financial statement in support of an application for insurance

As part of the underwriting process we require you to complete the following questionnaire. Details from this questionnaire will give our underwriters a comprehensive profile of your financial situation.

We require this information to:

- verify how the sum insured has been calculated
substantiate the long-term loss that may be incurred if the insured event occurs, and
gain an understanding of the purpose and need for this level of insurance. We assure you that the information will be treated with the utmost confidentiality.

Should you have any queries regarding the completion of the questionnaire, please contact your adviser or call our Underwriting Department directly on the toll free number below.

Instructions for completion

Section 1: to be completed in all instances.

Section 2: to be completed when proposing for personal insurance.

Section 3: to be completed when proposing for business insurance (key person insurance, partnership/shareholder insurance and business loan protection).

Section 4: to be completed in all instances.

Section 5: adviser report to be completed in all instances.

Please send completed form(s) to:

AXA Australia Customer Service Centre PO Box 14330 MELBOURNE VIC 8001 Telephone 132 987 Facsimile 1800 674 684.

Section 1: Cover details (please complete in all instances)

1 Name of person to be insured

Surname (please print)

Given name(s)

[Text input box for Surname]

[Text input box for Given name(s)]

2 Name of plan owner

Surname (please print)

Given name(s)

[Text input box for Surname]

[Text input box for Given name(s)]

3 Proposed cover – all companies

Table with 5 columns: Cover type, Death, Total and Permanent Disablement (TPD), Trauma, Insurance company. Rows include Personal/Family financial protection, Personal loan protection, Key person protection, Partnership or business shareholder protection, Business loan protection.

4 Existing cover in place – all companies

Please list all of your current insurance cover:

Table with 6 columns: Death, TPD, Trauma, Insurance company, Reason for cover, Being replaced? (Yes/No). Includes three rows for listing existing cover.

Financial questionnaire (continued)

5 Has the person to be insured or any business that he or she has been associated with ever been declared bankrupt or placed in receivership, involuntary liquidation or under administration? Yes No

If yes, please provide details, including date of bankruptcy, amounts of money involved, if criminal proceedings were involved, and date of discharge:

6 What is the purpose of this insurance?

Personal (Go to Question 7) Business (Go to Question 12)

Section 2: Personal insurance (please complete in all instances for personal insurance)

7 Does the person to be insured have dependants? Yes No

If yes, please provide details including relationship and ages:

8 What was the person to be insured's income for the past three financial years (before tax but after deduction of business expenses)?

	30/06/	30/06/	30/06/
(i) Gross salary (if applicable):	\$	\$	\$
(ii) Business income (net of business expenses but before tax) eg partnership income, trust income:	\$	\$	\$
(iii) Income from other sources eg investments, rental income:	\$	\$	\$

Note that if the personal insurance cover being proposed is greater than \$5,000,000 we will require income tax returns and assessment notices for the last two years. If the person to be insured is self-employed, we will also require the detailed business financial accounts for all business entities. The accounts should include audited balance sheets, detailed profit and loss accounts and any explanatory notes to the accounts.

9 What are the person to be insured's assets and liabilities?

Assets	Value
House – residence	\$
House – other	\$
Land	\$
Motor vehicle	\$
Investments	\$
Other assets (please specify)	\$
Total assets	\$

Liabilities	Value
Mortgages	\$
Personal loans	\$
Other loans	\$
Other liabilities (please specify)	\$
Details	
Total liabilities	\$

10 How was the proposed sum insured calculated?

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11 What is the specific purpose of the proposed insurance?

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If personal loan protection insurance is required, please also answer questions 38 to 48 inclusive.

Otherwise please go to Question 49

Section 3: Business insurance (please complete in all instances for business insurance)

12 What is the business name and address?

13 What is the nature of the business?

14 How long has the business been in operation?

15 How many employees are there?

16 Please provide a diagram of the business structure showing all business entities including service companies and trust funds:

17 Please advise the financial results of the business for each of the last three financial years:

	30/06/	30/06/	30/06/
Sales revenue/turnover	\$	\$	\$
Gross profit	\$	\$	\$
Net profit (before tax)	\$	\$	\$

Note that if the business insurance cover being proposed is greater than \$3,000,000 we will require the detailed business financial accounts for all business entities for the last two years. Please provide the audited balance sheets, detailed profit and loss accounts and any explanatory notes to the accounts.

18 If this is a new business, please enclose a copy of the business plan, including projections.

19 What is the purpose of the proposed business insurance?

- Key person (Go to Question 20)
- Partnership protection/shareholder insurance (Go to Question 32)
- Loan protection (Go to Question 38)

Key person insurance

20 What is the position of the key person in the business?

21 How long has the key person been with the business?

22 What special knowledge, qualities and responsibilities does the key person have?

23 What is the key person's total remuneration package (including salary and fringe benefits, but not including share of profit or dividends)?

This year \$ Last year \$

Financial questionnaire (continued)

24 What is the total salary bill of the business? \$

25 Is the key person a shareholder, partner or equivalent in the business? Yes No

If yes, what percentage share of the business does the key person hold? %

26 What proportion of the gross business profit is attributable to the key person's activities? %

27 What formula has been used to calculate the sum insured?

(The sum insured should equate to the financial loss suffered by the business in the event of the key person's death or disability.)

28 Are there other key persons in the business? Yes No

If no, go to Question 49 If yes, go to Question 29

29 How many key persons are there in the business apart from the person to be insured?

30 Are policies being effected on the lives of the other key persons? Yes No

If yes, please provide details:

If you answered yes to Question 30, go to Question 49

31 If you answered no to Question 30, please advise why no other insurance is to be effected on the other key persons:

Go to Question 49

Partnership or Business/Shareholder protection insurance

32 (a) How many partners or shareholders are there in the business?

(b) What are their respective percentage shareholdings in all business entities?

Name	Percentage shareholding
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

(c) What was the person to be insured's share of profits for the last two financial years?

/ / % / / %

33 Is there currently, or is there intended to be, a partnership agreement and/or buy sell agreement in respect of the partners'/shareholders' interests? Yes No If no, what is the purpose of the insurance?

34 What is the anticipated financial liability (not including CGT) arising on the death or disablement of the partner/shareholder?

35 What is the anticipated CGT liability?

36 Are policies in place or being effected on the other partners/shareholders? Yes No If yes, please give details:

Financial questionnaire (continued)

37 (a) What is the current value of the business/partnership? \$

(b) Who performed this valuation?

(c) What was the date and basis of the valuation?

Go to Question 49

Loan protection insurance

38 What is the amount of the loan? \$

39 What is the purpose of the loan?

40 To whom is the loan being made?

41 Why is insurance specifically required on the person to be insured?

42 Who is providing the loan?

43 What is the term of the loan?

44 What is the method of loan repayment?

45 What is the interest rate on the loan per annum? %

46 Have the funds been fully drawn down? Yes No If no, please provide details:

47 Is the loan conditional upon the issuing of this policy? Yes No

48 What was the person to be insured's income for the past three financial years (before tax but after deduction of business expenses)?
(No need to complete if details given in question 8.)

	30/06/	30/06/	30/06/
(i) Gross salary (if applicable):	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
(ii) Business income (net of business expenses but before tax) eg partnership income, trust income:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
(iii) Income from other sources eg investments, rental income:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

If cover is above \$3,000,000 a copy of the final loan agreement confirming approval must be provided.

Section 4: Declarations (please complete in all instances)

49 Declaration by Life to be Insured/policy owners

I/We declare that the answers given in this questionnaire are complete and true and I/we understand that AXA Australia will rely on the complete accuracy of the answers when assessing my/our application for insurance, and that this questionnaire will form part of the application form.

Life to be Insured signature X Date signed

Plan owner signature X Date signed

