

Business Extra Financial Review

Policy number

Adviser Code

Personal details - Life Assured

Mr/Mrs/Miss/Ms

Date of birth

Name of policy owner(s)

Please supply full and accurate answers to the following questions, using the additional notes sheet if necessary.

General

(a) Have there been any changes in the nature of the business? If yes, please provide full details. Yes No

(b) How many employees does the business have?

Business extra sums assured (current)

Sum Assured 2 Months	<input type="text"/>	Total	\$ <input type="text"/>
Sum Assured 3 Months	<input type="text"/>	Total	\$ <input type="text"/>
Equivalent to Sum Assured 1*			
Sum Assured 4 Months	<input type="text"/>	Total	\$ <input type="text"/>
Sum Assured 5 Months	<input type="text"/>	Total	\$ <input type="text"/>
Sum Assured 6 Months	<input type="text"/>	Total	\$ <input type="text"/>
Equivalent to Sum Assured 2*			
Sum Assured 7 Months	<input type="text"/>	Total	\$ <input type="text"/>
Sum Assured 8 Months	<input type="text"/>	Total	\$ <input type="text"/>
Sum Assured 9 Months	<input type="text"/>	Total	\$ <input type="text"/>
Equivalent to Sum Assured 3*			
Sum Assured 10 Months	<input type="text"/>	Total	\$ <input type="text"/>
Sum Assured 11 Months	<input type="text"/>	Total	\$ <input type="text"/>
Sum Assured 12 Months	<input type="text"/>	Total	\$ <input type="text"/>
Equivalent to Sum Assured 4*			
Business Trauma	<input type="text"/>	Total	\$ <input type="text"/>
Business Life	<input type="text"/>	Total	\$ <input type="text"/>

*for Quarterly if applicable

Business financial details

Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sales Revenue	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Trading Profit	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Salaries	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Expenses	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Net Profit	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Current Assets	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Current Liabilities	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Shareholder Current Accounts	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Insurance details

Have any new policies been proposed or effected on the Life Assured since the policy first commenced? Yes No
 If **yes**, please give full details.

Name of Company

Policy owner

Sum assured \$

Annual premium \$

Key person cover

(a) Occupation and responsibilities of Life Assured.

(b) Loss to Company if the Life Assured were to die, suffer trauma, be disabled (to support insured amounts).

Business debt cover

Has there been a change in the level of business debt since the policy inception or last financial review? Yes No

If **yes**, by what amount \$

Partnership/Shareholder valuation cover

Please provide documentary evidence of a change in valuation where applicable.

Has the value of the business changed since policy commencement or the last financial review? Yes No

If **yes**, by what amount \$

Where a change in value has been identified, are you proposing to update insurance cover? Yes No

Recommendation on review

Declaration

I declare that the answer to the above questions are true and correct to the best of my knowledge.

Full name of policy owner(s)

Signature of policy owner(s)

Date

Additional notes