

Life Assurance

Confidential Financial Report

Adviser code

1. Details of Life to be Assured

Mr/Mrs/Miss/Ms Surname First name(s)

Date application signed DD / MM / YYYY Proposal number (if known)

2. General details

Please itemise all existing Life or Disability Policies on your life.

(Please specify owners of policies e.g. superannuation, mortgage protection, family protection).

Company	Sum Assured	Owned by	Purpose
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

Are you currently applying for Life Insurance with any other company?

If **yes**, to which company and for how much?

Yes No

\$

What is the total amount of new Life Assurance you now plan to have?

\$

What is the purpose of the cover?

3. If applying for Personal Assurance

How has the amount been calculated?

Are details of a Needs Analysis attached? (or other supporting documentation)

If **no**, please give details below

Yes No

Personal Assets including assets held in trust or by companies (directly or indirectly) that the life to be assured is a beneficiary or shareholder of.

Dwelling/farm property	\$ <input type="text"/>
Vehicle/boat etc	\$ <input type="text"/>
Investments	\$ <input type="text"/>
Other Assets (please specify)	\$ <input type="text"/>
Total	\$ <input type="text"/>

Liabilities (to include liabilities of Trusts and personal guarantees).

Amount owing on dwelling etc	\$ <input type="text"/>
Amount owing on vehicle etc	\$ <input type="text"/>
Other Liabilities (please specify)	\$ <input type="text"/>
Total	\$ <input type="text"/>

Please show your total income for each of the last two years

Year	<input type="text"/>	<input type="text"/>
Income from employment (incl. income from Trusts and fringe benefits)	\$ <input type="text"/>	\$ <input type="text"/>
Other Income (Dividends, Rents, Interest, etc)	\$ <input type="text"/>	\$ <input type="text"/>

4. If applying for Business Assurance

Company name

Nature of business

How long has it been in operation?

(If a Trading Name has changed in the last 3 years, please include the period of time operating under previous name)

Please give financial details for the last 3 years

(please attach a balance sheet if the proposed sum is \$2.5 million or over for Life Cover and Complete Disablement Cover, or \$2 million or over for Trauma Cover)

Year

Trade turnover \$

Net profit before tax \$

What is the reason for the proposed cover? (complete section below as applicable)

Partnership Loan Protection Other (please specify)

5. If applying for Partnership (Shareholder Protection) Assurance

Is there a partnership agreement and/or a Buy and Sell Agreement?

(if sum assured is \$2.5 million or over for Life Cover and Complete Disablement Cover, or \$2 million or over for Trauma Cover, include copy executed buy/sell agreement)

Yes No

What is the estimated current value of the concern?

\$

What proportions are held? (include proportions held via Trust or other companies)

6. If applying for Business Loan or Mortgage Assurance

Who is the lender (or lenders) and what is the total amount of the loan?

What is the loans purpose?

What is the duration of the loan?

Do the terms of the loan require collateral Life Cover?

\$

Details of loan including date of loan, repayments, maturity, interest and security.

Please attach documentary evidence of loan. (if sum assured is \$2.5 million or over for Life Cover and Complete Disablement Cover, or \$2 million or over for Trauma Cover a Balance Sheet will also be required).

7. Declaration and privacy information

Privacy Act – This Confidential Financial Report collects personal information about you. This information is being collected for the purpose of assessing your Life Assurance application. Failure to provide this information may result in your application being declined. The personal information collected will be held at Chubb Life Insurance New Zealand Limited. You have certain rights of access to and correction of your personal information under the Privacy Act.

I/We declare that the answers given above are to the best of my/our knowledge complete and accurate and I/we understand that this Confidential Financial Report will form part of the basis for the contract for the desired assurance on the Life to be Assured.

Name of Life to be Assured (please print)	<input type="text"/>		
Signature of Life to be Assured	<input type="text" value="X"/>	Date	<input type="text" value="DD / MM / YYYY"/>
Name of witness (please print)	<input type="text"/>		
Signature of witness	<input type="text" value="X"/>	Date	<input type="text" value="DD / MM / YYYY"/>
Name of Policy Owner(s) (please print)	<input type="text"/>		
Signature of Policy Owner(s) (If different from Life Assured)	<input type="text" value="X"/>	Date	<input type="text" value="DD / MM / YYYY"/>

I/We confirm to Chubb Life that the financial information for the Life to be Assured, who is our client, has been checked by us and is correct and complete according to all the information available to us.

Name	<input type="text"/>		
Signature	<input type="text" value="X"/>	Date	<input type="text" value="DD / MM / YYYY"/>
Position (accountant/solicitor)	<input type="text"/>		
Address	<input type="text"/>		
Company/firm	<input type="text"/>		
Name of witness	<input type="text"/>		
Signature of witness	<input type="text" value="X"/>	Date	<input type="text" value="DD / MM / YYYY"/>

Talk to your Financial Adviser

Call us on 0508 464 999

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