



Financial questionnaire.

To be completed by the life insured. To avoid delays, please check that all questions have been answered fully. Please use BLOCK LETTERS.

Policy number/s

Policy number/s

Disclosure of information.

Your duty of disclosure is explained in the application form and applies each time you provide us with information before we issue a policy. Not meeting your duty of disclosure can have serious impacts on your insurance, including your insurance being cancelled from inception. Before your cover starts, please tell us about any changes that mean you and each person who answered our questions, would now answer differently.

Privacy.

Fidelity Life is bound by the Privacy Act 2020. In completing this form you will be providing us with your personal information. The collection and management of this information is governed by the Privacy Act 2020 and the Health Information Privacy Code 2020. For a more detailed explanation of Fidelity Life's privacy statement, please visit our website at fidelitylife.co.nz

Life insured details.

Title	Surname	Given name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Policy owner/s (if different from the life insured)	Relationship/s to the life insured
<input type="text"/>	<input type="text"/>

Is the policy to be assigned on issue? Yes No
If Yes, to whom and for what purpose?

Instructions.

Are you applying for (if more than one applies, please tick and complete all sections):

- Personal cover – complete section 1.
- Business loan cover – complete sections 2 and 3.
- Business buy/sell cover – complete sections 2 and 4.
- Business key person cover – complete sections 2 and 5.



Financial questionnaire.

1. Personal financial position.

1.1 Please provide details of your assets and liabilities.

This includes any asset or liability that you directly or indirectly have ownership interest in and/or control over, including those which are not held in your personal name (e.g. those held in your partner's name or a Trust).

Assets	Value	Liabilities	Value
Primary residence/farm property	\$	Primary residence/farm loan balance	\$
Motor vehicles/boats etc	\$	Motor vehicles/boats loan balance	\$
Investment property	\$	Investment property debt/s	\$
Investments – shares etc	\$	Other investment debt/s	\$
Business/es	\$	Business/es debt/s	\$
Other assets (please specify)		Other liabilities (please specify)	
1	\$	1	\$
2	\$	2	\$
3	\$	3	\$
4	\$	4	\$
Total assets	\$	Total liabilities	\$

1.2 Do you have any financial dependants? Yes No

If Yes, please provide clarification including the age of each dependant, their relationship to you (the life insured), and the length of time they will be dependent on you.

1.3 Please provide details of your personal earnings for the last 3 years.

	Year ended 31/03/	Year ended 31/03/	Year ended 31/03/
Wages/salary received	\$	\$	\$
Allowances and/or other benefits received	\$	\$	\$
Bonus received	\$	\$	\$
(1) Total	\$	\$	\$
(2) If self-employed or a business owner, what was your share of any business income (after expenses and before tax)	\$	\$	\$
Total (1+2)	\$	\$	\$

1.4 Do you receive or expect to receive net income from other sources (such as rental income, dividends, etc)?..... Yes No

If Yes, please provide clarification including details of the source of the income, the amount of annual net income from this source, and how long this would continue (please provide details for each source).



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1.5 Please provide a summary of how the sum insured has been calculated for any personal Life, Trauma or TPD cover including details of any formulas/methodologies used or other factors relevant to your situation considered (please provide full details or attach a copy of the Statement of advice or needs analysis).

If only personal cover is ticked, end here.

2. Business insurance.

2.1 What is the name of the business?

2.2 When was the business established?

2.3 What is the nature of the business (outline, including details of how the business produces income)?

2.4 Are there any employees in the business? Yes No

	Total	Number of income producing
Full-time		
Part-time		
Casual		

2.5 Is there more than one owner in the business?..... Yes No

If Yes, please provide details of all the shareholders that make up the ownership of the business.



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	Name	Role/duties	Ownership
1			%
2			%
3			%
4			%

If there are more than 4 owners, please provide details separately.

2.6 Please provide the following income details per the business profit and loss for the last 3 years.

	Year ended 31/03/	Year ended 31/03/	Year ended 31/03/
Turnover (gross sales)	\$	\$	\$
Gross profit	\$	\$	\$
Net profit (after expenses and before tax)	\$	\$	\$

If there is more than one entity in the business, please provide details for all entities separately.

2.7 Is the business structure made up of more than one entity?..... Yes No

If Yes, please provide details of all the entities that make up the business structure.

	Entity name and type, (such as company, partnership or trust etc)	Purpose or principal activities of entity	Life insured's ownership (directly or otherwise)
1			%
2			%
3			%
4			%

If there are more than 4 entities in the business structure, please provide details separately.

2.8 Please provide details of your personal earnings for the last 3 years.

	Year ended 31/03/	Year ended 31/03/	Year ended 31/03/
Wages/salary received	\$	\$	\$
Allowances and/or other benefits received	\$	\$	\$
Bonus received	\$	\$	\$
(1) Total	\$	\$	\$
(2) If self-employed or a business owner, what was your share of any business income (after expenses and before tax)	\$	\$	\$
Total (1+2)	\$	\$	\$



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3. Business loan cover.

3.1 Provide details of the loan/s this cover relates to in the table below.

	Lender	Amount	Term	Interest rate	Drawdown date	Repayment method
1		\$		%	/ /	
2		\$		%	/ /	
3		\$		%	/ /	
4		\$		%	/ /	

3.2 What is the purpose of the loan/s and what is your share?

3.3 Are there joint and several guarantees?..... Yes No

If Yes, please outline who the other person/s are.

3.4 Is insurance a requirement of the lender in providing these loan/s? Yes No

4. Business buy/sell cover.

4.1 Has a recent independent valuation been completed? Yes No

If Yes, please provide a copy of the valuation.

If No, please provide a detailed outline of the calculation methodology showing how the business value and cover was calculated.

4.2 Has a partnership, share purchase or buy/sell agreement been put in place?..... Yes No

If Yes, please provide a copy of the partnership, share purchase or buy/sell agreement.

If No, please provide details as to why not?

4.3 Is cover in force or being effected on the lives of all business partners or shareholders?..... Yes No

If Yes, please provide details of what other cover (if any) any of the other business partners or shareholders have or are applying for and with which insurer.

If No, and there is no cover in force or being offered on the lives of any other business partners or shareholders, please provide details as to why not?



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5. Business key person cover.

5.1 What is your position in the business?

5.2 What are the duties, special skills, knowledge, expertise, qualifications, contacts or other factors that contribute to make you a key person?

5.3 What proportion of the business gross profit can be directly attributed to you (the life insured)? Please clarify how this percentage was determined. %

5.4 Outline the calculation methodology showing how the level of key person cover was determined.

5.5 What are the roles and duties of the other shareholders/partners/trustees and key person/s in the business, and how do they contribute to producing income in the business?

	Position	Role/duties	Contribution	Value of policies in force
1			%	\$
2			%	\$
3			%	\$
4			%	\$

If there are more than 4 other key people in the business, please provide details separately.

5.6 Is cover in force or being effected on the lives of any other person/s in the business? Yes No

If Yes, please provide details of whom, their role/duties and how much cover.



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Declaration.

The proposed life insured (and policy owner/s if different to the life insured) states as follows:

1. I/We have read and understood my/our duty of disclosure and declare that the statements and answers provided in this application are true, accurate and complete.
2. I/We have read and understood my/our duty disclosure and the consequences of not meeting the legal duty and answering all questions truthfully and completely.
3. I/We acknowledge that Fidelity Life will rely on statements in this questionnaire in deciding whether to issue an insurance policy and what terms and premium to offer.
4. I/We authorise Fidelity Life to disclose any information outside the Fidelity Life group of companies as set out in the application form.
5. I/We understand that the insurance applied for will not become effective until Fidelity Life accepts the application.
6. I/We authorise my/our accountant or other professional to disclose any information that they may possess about me to Fidelity Life in relation to my application for insurance.
7. I/We authorise Fidelity Life to enquire with any person named in this questionnaire to clarify and confirm information contained in this questionnaire. In the same way, I/we authorise any person named in this questionnaire to disclose any information which relates to the application which they possess about me to Fidelity Life.

Name of the life insured (please print)

Signature of the life insured

Date (DD/MM/YYYY)

Signature of policy owner 1

Signature of policy owner 2

Date (DD/MM/YYYY)

Signature of policy owner 3

Signature of policy owner 4

Date (DD/MM/YYYY)

Please return your completed form to:

@ newbusiness@fidelitylife.co.nz 📞 09 303 5732 ✉ Freepost 1893, PO Box 37275, Parnell, Auckland 1151.

If you have any questions please contact us on 0800 88 22 88.