

personal financial questionnaire

We'll use the information we ask for in this questionnaire to assess the financial circumstances of the person or people applying for cover.

Note: If you're applying for a Business Protection Menu plan, please complete a Bright Grey business protection financial questionnaire.

Maximum cover and additional information

Before you complete the questionnaire, please read this section on our cover limits and the additional information we may need from you in certain circumstances. When assessing the maximum amount of cover we'll offer you, we'll take account of any existing cover you may have, regardless of when it was taken out.

Personal or family protection

Life Cover	
Age range	Maximum amount of cover
Up to 39	20 times salary plus mortgage cover for main residence
40 to 49	15 times salary plus mortgage cover for main residence
50 to 59	15 times salary plus mortgage cover for main residence
60 to 69	10 times salary plus mortgage cover for main residence
70 and older	5 times salary plus mortgage cover for main residence
Critical Illness Cover or Life or Critical Illness Cover	
Age range	Maximum amount of cover
Up to 39	10 times salary plus mortgage cover for main residence
40 to 49	8 times salary plus mortgage cover for main residence
50 to 59	5 times salary plus mortgage cover for main residence
60 and older	3 times salary plus mortgage cover for main residence

Non earners (for example house people)

The maximum amount of Life Cover we offer is £1,000,000, and the maximum amount of Critical Illness Cover or Life or Critical Illness Cover is £500,000. These sums are based on a combination of both personal and mortgage protection, and include any covers you have with other companies.

The maximum amount of Income Cover for Sickness we offer to a house person is £16,800 (including any existing cover you may have with other companies). We don't offer Income Cover for Sickness to students or people who are unemployed.

Mortgage protection (private residential loan protection)

If you're applying for more than £3,000,000 of Life Cover we'll need a copy of the full and final loan offer from the principal lender.

Income Cover for Sickness

If you're applying for £75,001 to £100,000 Income Cover for Sickness in total, we'll need you to complete this form, or give us evidence of income from the last 2 years. We'll accept copies of P60s, P11Ds and self-assessment forms. For more than £100,000, we'll need you to complete this form and have it signed by an independent third party such as your solicitor or accountant or give us evidence of income from the last 2 years.

Section A

All applicants should complete this section.

Why are you applying for this cover?

- Family protection Mortgage (residential)
 Personal protection Other
 Inheritance tax provision

If Other, please specify

How long have you been in your current job?

If less than 2 years, please provide details of your previous job.

Please give us details of your earnings for the last 3 years

If your income includes dividends, would these continue if you became disabled?

If your income includes bonuses or commission, are these guaranteed?

If your income includes income from other sources, please let us know the source.

Year ending	<input type="text"/>	<input type="text"/>	<input type="text"/>
Salary	<input type="text"/>	<input type="text"/>	<input type="text"/>
P11D benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>

You should only include the taxable value of the benefits in kind listed in our key facts document that:
– are shown on your tax form P11D, and
– would stop if you were unable to work

Dividends	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- No Yes

Bonuses/commission	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- No Yes

Profit share	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Income from other sources	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total income	<input type="text"/>	<input type="text"/>	<input type="text"/>
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How long would you continue to receive income if you became disabled?

How many dependants do you have and how old are they?

Dependants	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Age	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please read the notes before each section carefully to check whether you need to complete the section or not.

Section B Inheritance tax liability

You should only complete this section if you're taking this plan out to cover inheritance tax.

What's the estimated inheritance tax liability?		
How was the liability calculated and who calculated it?		
Please give us details of any reliefs that will be available to mitigate inheritance tax.		
If the liability is in respect of a lifetime gift, please tell us the amount of the gift and the date it was made.	Amount <input type="text"/> Date <input type="text"/>	
Please estimate the value of your assets and liabilities.	Assets	Liabilities
	Property £ <input type="text"/>	Mortgages £ <input type="text"/>
	Investments £ <input type="text"/>	Loans £ <input type="text"/>
	Unquoted equities £ <input type="text"/>	Others £ <input type="text"/> (please specify)
	Others £ <input type="text"/> (please specify)	
	Total £ <input type="text"/>	Total £ <input type="text"/>

Section C Mortgage protection loan cover

You should only complete this section if you're taking this plan out to cover a mortgage loan. You don't have to complete it if you've given us a copy of the full and final loan offer from the principal lender.

What's the reason for the loan?	
Who's the lender?	
Please give us the name(s) of the borrower(s).	
How much is the loan?	
What's the term of the loan?	
What's the interest rate?	
What's the repayment method (for example, interest only, capital and interest)?	

Section D – Your employment

You should only complete this section if you're employed.

Do you own any part of the business you work for?	<input type="radio"/> No	<input type="radio"/> Yes
	If yes, please tell us the percentage you hold.	
	<input type="text"/>	
Have you received any income from your share of the business in the last 3 years?	<input type="radio"/> No	<input type="radio"/> Yes
	If yes, please let us know when and the amounts.	
Year	<input type="text"/>	<input type="text"/>
Amount	<input type="text"/>	<input type="text"/>

Section E – Self employment

You should only complete this section if you're self-employed or in a business partnership.

How many people do you employ?	Full-time employees	<input type="text"/>	Part-time employees	<input type="text"/>
What percentage of the business do you own?	<input type="text"/>			
What percentage of your profit would you lose if you were unable to work because of an illness or an accident?	<input type="text"/>			
Is there a partner, employee or family member who could run the business if you were unable to work because of an illness or an accident?	<input type="radio"/> No	<input type="radio"/> Yes		
	If yes, please provide details.			
	<input type="text"/>			
Please provide trading figures for the business for the last 3 years.	Month/year	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Turnover	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Gross profit*	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Net profit*	<input type="text"/>	<input type="text"/>	<input type="text"/>
	*if a gross or net loss is shown, please enclose copies of the last 3 years' reports and accounts.			

Declaration

Personal details	Name of person covered (PLEASE USE CAPS)	<input type="text"/>
	Plan number (if known)	<input type="text"/>
	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Date of application (if applicable)	<input type="text"/> / <input type="text"/> / <input type="text"/>
I declare that:	<ul style="list-style-type: none">• The answers above are true to the best of my knowledge• I have not withheld any information that may influence your assessment or acceptance of this application	
I agree that:	<ul style="list-style-type: none">• This questionnaire will form part of the application to Bright Grey• The contract may be invalidated if I fail to disclose any important information that I know about.	
	Signature	Date / /
	<input type="text"/>	<input type="text"/>

When you've completed this questionnaire, please fax it back to Bright Grey on 0845 6094 522.

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