

partners life

	acstrormanc r	or Personal Co	over		
to be completed by appl	icant)				
Name of life to be insured					
Attaching to Application No		Date of birth		Date of application	
1. What is the reaso	on for effecting this pol	icy and how was the su	m assured calcula	ated?	
		•			
2. Do you have any	other existing life, disa	ability or critical illness i	insurance?		
Company	Type of policy term	Reason for cover	Insured amount	To be repl	aced by this polic
				Yes	No No
				Yes	No No
				Yes	No No
				YesYes	No No
				Yes	No No
				Yes	No No
				<u>'</u>	🗆 [
3. Are vou currentl	v applying for other ins	surance with another in	surer?		Yes No
3. Are you currentl		surance with another in	surer?		Yes No
		surance with another in:	surer?		Yes No
		surance with another in:	surer?		Yes No
		surance with another in	surer?		Yes No
		surance with another in	surer?		Yes No
f yes , please provide details.		surance with another in	surer?		
f yes , please provide details. 4. Do you have dep	pendents?		surer?		Yes No
f yes , please provide details. 4. Do you have dep			surer?		
f yes , please provide details. 4. Do you have dep	pendents?		surer?		

5. Please state your net taxable income deri	ved from yo	our personal exertion for the las	t three f	inancial years.
\$				
0.51				
6. Please provide details of investment incom	me. ————			
7. Please provide details about all family ass	ets and liab	ilities.		
Assets		Liabilities		
Cash		Mortgage		
Residential property		Personal loans		
Motor vehicles		Other debts		
Other property & personal assets				
Investments				
Other (please specify)				
Total				
8. If this policy is required for loan protection	n, please pro	ovide the following details:		
a Face amount of loan				
b Term of loan				
c Interest rate				
d Purpose of loan				
e Name of lender				
f Name of borrower				
g Other securities and/or guarantees				
h Repayment method (e.g. interest only or capital and interest)				
i Will this policy be assigned to the lender				
j Is approval of the loan conditional on insurance cover being in place (Please attach a copy of the full and final loan offer from the lender.)				
9. If this policy is required for estate conserve please provide details as to how the sum a and/or how assets plan to be distributed.		•		
Disclaimer I declare that the answers I have given are to the best of my knowled influence the assessment or acceptance of my application. I agree that this questionnaire is part of the application on my life a Signature of life to be assured				