

Confidential Financial Report Form



Strictly confidential

Instructions: Complete sections 1, 2, 3 and 4, then complete other sections as applicable.

1 Details of Life to be Assured

	Last name	First name(s)	
Full name of Life to be Assured			
Date of birth	DD / MM / YYYY		
Policy Owner (if different from Life Assured)			
Relationship to the Life Assured			
Is the policy to be assigned on issue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, to whom and for what purpose

2 Details of assets/liabilities

Do you have either an ownership interest in or control over (directly or indirectly) any assets and liabilities (include those held in your spouse's name, in trusts or other entities owned by trusts or any other entity that you have control over)?

Yes No

If Yes, please provide the details of the assets and liabilities. Please include value of any shares in private or public companies.

Assets

Description	Value
Dwelling/farm property	\$
Motor Vehicle/boat etc	\$
Investment Property	\$
Investment – Shares etc	\$
Business(es)	\$

Other assets (please specify)

1	\$
2	\$
3	\$
TOTAL	\$

Liabilities

Description	Value
Amount owing on dwelling, etc	\$
Amount owing on vehicle, etc	\$
Investment property	\$
Investment (debt)	\$
	\$

Other liabilities (please specify)

1	\$
2	\$
3	\$
TOTAL	\$

3 Personal income statement

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

	Year ended 31/03/	Year ended 31/03/	Year ended 31/03/
Wages and salary received			
Allowances and/or other benefits received			
Bonus received			
Other (Dividends, Distributions, Interest, Rents etc)			
TOTAL			

4 Business income statement

Please provide full details of all your Business/Private Entities – ie: Companies, trusts, partnerships, etc, to include details of the relationships and principal activities (if there are more than two entities please provide details of other entities separately on another sheet).

Description	Entity 1	Entity 2	
Name of entity			
Type of entity			
% Ownership			
Principal Activities			
Number of employees			
	Year ended 31/03/	Year ended 31/03/	Year ended 31/03/
Trade turnover			
Net profit before tax			

5 Partnership/share purchase

Has an independent valuation been completed? Yes No If Yes, please provide a copy of the valuation. If No, please provide detailed copy of calculation outlining how cover was calculated.

Has a Partnership, Share Purchase and/or Buy/Sell Agreement been put in place? Yes No If No, please provide details as to why not?

Is cover being affected on the lives of all Partners and Shareholders? Yes No If No, please provide details as to why not?

Please note, where the business valuation or cumulative Partnership/Share Purchase value of cover for all partners/ shareholders exceeds \$6m full financial underwriting requirements will apply, ie Full accounts including Profit & Loss Statement, Balance Sheet for all entities and Personal Income Tax Return.

6 Key person

What is your position in the business? What are the duties and what special skills, knowledge, expertise, qualifications, contacts or other factors that contribute to make you a key person?

What proportion of business net profit can be directly attributed to you (the Life Insured)?

<input style="width: 80%;" type="text"/> %	How was this determined?

What are the roles and duties of other shareholders/trustees and key personnel in the business, and how much do they contribute to income generation in the business?

Name	Position	Roles/Duties	% Contribution	\$ value policies in force

Is cover in force or being affected on the lives of any other persons in the business?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please provide details of or whom, their role/duties and how much?	

7 Business debt protection

Please provide details of the loan/s this cover relates to in the table below.

Lender	Amount	Term	Interest rate	Drawn down rate	Repayment method
1					
2					
3					
4					

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

Are there joint and several guarantees?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please note, where the loans or cumulative value of Business Debt Protection cover for all persons in relation to these loans exceeds \$6m full financial underwriting requirements will apply, ie Full accounts including Profit & Loss Statement, Balance Sheet for all entities, copy of loan schedule/s and Personal Income Tax Return.

8 Declaration

Privacy Act 2020 – this confidential Financial Report collects personal information about you. This information is being collected for the purpose of assessing your Life Insurance application. Failure to provide this information may result in your application being declined. The personal information collected will be held by AIA New Zealand Limited or its related entities (“AIA”).

I/We declare that the answers given above are 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 Life to be Assured.

Signature of Life to be Assured

Date

DD/MM/YYYY

Signature of Policy Owner(s)

Date

DD/MM/YYYY

Witness

Date

DD/MM/YYYY

Office use only

Application number

Policy number

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