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To be completed by the agent.

**The information contained within this document will be treated confidentially.**

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Surname \_\_\_\_\_ Name \_\_\_\_\_  
Date of birth \_\_\_\_\_

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**Purpose of insurance**

- ☐ Family protection
  - ☐ Retirement/old age provision
  - ☐ Inheritance tax protection
  - ☐ Keyman insurance (to be completed with Questionnaire FIN-2)
  - ☐ Loan cover (to be completed with Questionnaire FIN-3)
  - ☐ Other, please specify
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**Calculation of sum insured**

- Standard factors (assets, earned income, taxes, etc)
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- How was the sum insured calculated?
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**Beneficiary clause**

- Beneficiary(ies)
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- If this clause does not correspond with the purpose of insurance, please give details
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**Income:** taxable income over the last 3 years

	20 _____	20 _____	20 _____
gross	_____	_____	_____
net	_____	_____	_____

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**\* Important: include the last 2 tax declarations**

**Previous insurance**

*please turn over*

	1	2	3
Company	_____	_____	
Type of coverage	_____	_____	
Effective date	_____	_____	
Expiry date	_____	_____	
Amount of death cover	_____	_____	
Amount of accident cover	_____	_____	_____
Amount of disability lump sum cover	_____	_____	
Amount of disability annuity	_____	_____	

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**Other applications**

- Are you now applying for coverage with another insurance company or do you intend to do so?  
☐ yes      ☐ no
- If yes, please give details (company, type of coverage, duration, value):

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\_\_\_\_\_

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**Additional information**

Other information which could be useful for risk assessment:

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Profession / line of business / company's name:

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Position / function /

duties:\_\_\_\_\_

working at present position

since:\_\_\_\_\_

Self-employed: Company name,adress, established / nature of business / number of employees

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Place, date

Signature (client)

Place, date

Signature (agent)