

Confidential financial questionnaire

IMPORTANT: You must answer all questions fully, truthfully and accurately. Failure to do so may result in your policy being amended or cancelled, may reduce the amount payable in the event of a claim, or may result in the non-payment of a claim.



Short financial questionnaire

Complete this form if overall cover in the market including this application will be £1,500,001 to £2,500,000 life insurance or £750,001 to £1,000,000 critical illness and/or employee significant illness cover.

Complete our full financial questionnaire instead if either of these limits are exceeded, or if you are a houseperson or a non-earner such as retired, unemployed or student and overall cover will exceed £750,000 life insurance or £375,000 critical illness and/or employee significant illness cover.

Application number:	First life covered:	Second life covered:

Please complete this section and the Question & Declaration(s) that follow.

Reason for the application(s) (complete for all that apply)	If you answer “yes” to any of the questions asked in this short questionnaire, then you’ll also need to complete our full financial questionnaire.	First Life covered	Second Life covered (if any)
Personal or Family	<ul style="list-style-type: none"> What is the gross annual earned income for tax purposes for the last 12 months (excluding unearned income such as investment income)? Is the overall amount of personal cover more than the earned income in the last 12 months x multiple for age? (See help box *) 	£ (If less than £15,000 please complete our full financial questionnaire) Yes <input type="checkbox"/> No <input type="checkbox"/>	£ (If less than £15,000 please complete our full financial questionnaire) Yes <input type="checkbox"/> No <input type="checkbox"/>
Private residential loan	<ul style="list-style-type: none"> What is the amount of the loan? Will the amount of cover or expiry date exceed the loan amount in the life covered’s name, or repayment date? 	£ Yes <input type="checkbox"/> No <input type="checkbox"/>	£ Yes <input type="checkbox"/> No <input type="checkbox"/>
Buy To Let	<ul style="list-style-type: none"> What is the amount of buy to let portfolio liabilities? Will the amount of cover or expiry date exceed the loan amount in the life covered’s name, or repayment date? 	£ Yes <input type="checkbox"/> No <input type="checkbox"/>	£ Yes <input type="checkbox"/> No <input type="checkbox"/>
IHT	<ul style="list-style-type: none"> What is the current IHT liability, taking into account any reliefs that are available? Will the amount of cover exceed the liability or could the proceeds of this policy become payable before the liability arises? 	£ Yes <input type="checkbox"/> No <input type="checkbox"/>	£ Yes <input type="checkbox"/> No <input type="checkbox"/>
Gift related IHT	<ul style="list-style-type: none"> What is the amount of the gift? At any time will the amount of cover exceed the liability? 	£ Yes <input type="checkbox"/> No <input type="checkbox"/>	£ Yes <input type="checkbox"/> No <input type="checkbox"/>
Key person	<ul style="list-style-type: none"> Based on the last 12 months audited accounts, what was the Net Profit Before Tax? Will the total amount of cover between all key persons for this business exceed Net Profit Before Tax x 5 Life, or x 3 CI? 	£ Yes <input type="checkbox"/> No <input type="checkbox"/>	£ Yes <input type="checkbox"/> No <input type="checkbox"/>
Business loan	<ul style="list-style-type: none"> What is the amount of the business loan? Will the amount of cover or expiry date exceed the loan amount this person is responsible for, or repayment date? 	£ Yes <input type="checkbox"/> No <input type="checkbox"/>	£ Yes <input type="checkbox"/> No <input type="checkbox"/>
Shareholder/ Partnership	<ul style="list-style-type: none"> Based on the last 12 months audited accounts, what was the Net Profit After Tax? Does the valuation of the business exceed 8 x Net Profit After Tax? 	£ Yes <input type="checkbox"/> No <input type="checkbox"/>	£ Yes <input type="checkbox"/> No <input type="checkbox"/>
Relating to private equity, venture capital, management buy out/in		Complete our full financial questionnaire	
Relevant life	<ul style="list-style-type: none"> What is the gross annual earned income for tax p ment income)? Is the overall amount of personal cover more than the earned income in the last 12 months x multiple for age? (See help box *) 	£ Yes <input type="checkbox"/> No <input type="checkbox"/>	£ Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other reason		Complete our full financial questionnaire	

*Help box: Multiples of earned income for age & benefit

These multiples are the maximum for this short questionnaire. **Higher multiples may be available but you'll need to complete our full financial questionnaire.**

Age range	Multiple of earned income for life insurance	Multiple of earned income for critical illness and/or employee significant illness cover
Up to 35	27	10
36-45	21	8
46-55	15	6
56-65	9	4
66 up	6	n/a

Declaration & signatures

IMPORTANT: You must answer all questions fully, truthfully and accurately. Failure to do so may result in your policy being amended or cancelled, may reduce the amount payable in the event of a claim, or may result in the non-payment of a claim.

Declaration: All the information on this questionnaire, and all other declarations relating to it, is truthful, accurate and complete.

Additional declaration by each policyholder wishing to insure the life of another person – I agree that this questionnaire, and all other declarations relating to it, will form the basis of the contract with Aviva.

Signature of first life covered		Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Signature of second life covered (if any)		Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Additional signature required if the policyholder is not the life covered, or the life covered is not an authorised signatory for the policyholder		Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Details of person signing as policyholder	Name:	Job title:
Alternatively, this declaration can be signed by a financial adviser. Signature of adviser	Name:	Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

| Retirement | Investments | Insurance | Health |

Aviva Life & Pensions UK Limited. Registered in England No 3253947. Aviva, Wellington Row, York, YO90 1WR. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Reference Number 185896. Member of the Association of British Insurers.

aviva.co.uk

AL99036 06/2022 © Aviva plc

