

# Financial Questionnaire

**MetLife**<sup>®</sup>



## Duty of Disclosure (Insurance Contracts Act 1984)

### Your Duty of Disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you vary or reinstate a contract of life insurance.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of the insurer's business as an insurer, ought to know; OR
- where compliance with your duty is waived by the insurer.

### Non-disclosure

If you fail to comply with your Duty of Disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

**Please note:** Your Duty of Disclosure continues until a policy has been issued.

### Privacy Statement

MetLife is subject to the National Privacy Principles under the Privacy Act 1988 and has a Privacy Statement that explains how we handle the information we collect about you. For a copy of the MetLife Privacy Statement please refer to the Product Disclosure Statement which was provided to you or contact MetLife Customer Service on **1300 555 625**.

## Financial Questionnaire

To be completed by the proposed person to be insured.

If space is insufficient, please attach an extra sheet of paper.

Please complete the questionnaire in **BLACK** ink pen only.

Any changes made to this questionnaire to be initialled by the proposed person to be insured.

### Personal Details

Name:

Date of Birth:

 /  / 

Group Scheme Name / Number:

OR Individual Policy Number:

Note: You will have a Group Scheme Name/Number if your application for insurance is through your Superannuation fund OR Employer, otherwise you will have an Individual Policy Number.

#### What is the purpose of this insurance?

- Personal/Family Protection
- Personal Loan Protection
- Business Loan Protection
- Key Person Protection
- Partnership or Shareholder Protection including Buy/Sell

#### Instructions for completion

- Answer sections A, B and E
- Answer sections A, B and E
- Answer sections A, B and E
- Answer sections A, C and E
- Answer sections A, D and E



Other (please provide details):

## A General Information (to be completed in all cases)

1 Please provide details of all existing insurance cover on your life:

Company	Type of cover (e.g. Life)	Sum insured	Purpose for cover	Year commenced	Is this to be replaced?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

2 Are you currently applying, or do you intend to apply, for additional insurance cover with another company?

Yes  No

If "Yes", please provide details:

Company	Type of cover (e.g. Life)	Sum insured	Purpose for cover

3 Please provide details of the income that you received from all sources for the last 2 years.

	Last year	Prior year
Salary	\$	\$
Bonus	\$	\$
Commission	\$	\$
Interest	\$	\$
Dividends	\$	\$
Rental (net)	\$	\$
Your share of profit from primary business activities	\$	\$
Other:	\$	\$
Other:	\$	\$
<b>Total:</b>	\$	\$

**B Personal Information (to be completed for Personal/Family and Business Loan Protection)**

**4 Please provide details of assets and liabilities,**

**(i) Assets:**

Primary residence	\$
Personal effects	\$
Motor vehicle/s	\$
Retirement savings	\$
Cash	\$
Shares	\$
Investment property	\$
Business (approximate market value of your share)	\$
Other:	\$
Other:	\$
Other:	\$
<b>Total Assets:</b>	\$

**(ii) Liabilities:**

Mortgage in primary residence	\$
Personal loans	\$
Motor vehicle loans	\$
Mortgage on investment property	\$
Business loans (your share)	\$
Other:	\$
Other:	\$
<b>Total Liabilities:</b>	\$
<b>Net Assets:</b>	\$

**5 Are you married?**

Yes  No

**6 Do you have any dependents?**

Yes  No

If "Yes", please provide details including the relationship and age of each dependent.

Date of birth	Name
/ /	
/ /	
/ /	

**B Personal Information (to be completed for Personal/Family and Business Loan Protection) (cont.)**

**7** How was the sum insured calculated?


**8** Please provide details of the loans you wish to protect:

Purpose of loan			
Name/s of borrower/s			
Name of lender			
Loan amount			
Term of loan			
Interest rate			
Have the funds been fully drawn down?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this policy required for approval of the loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**C Key person details (to be completed for Key Person Protection)**

**9** What is your role?

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**10** Please describe your duties.

	% time spent
	%
	%
	%
	<b>100%</b>

**11** What specialised skills, qualifications and/or experience make you a key person?


**12** Approximately how much revenue is directly attributable to you?

\$	
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**C Key person details (to be completed for Key Person Protection) (cont.)**

**13** Are any other persons in the Business also considered key persons? Yes  No

If "Yes", please provide details and state whether insurance is also being sought on the other persons.


**14** Do you have an ownership interest or shareholding in the Business? Yes  No

If "Yes", please provide relevant details including the value of this interest or shareholding.

	Value

**15** Is a succession plan in place? Yes  No

If "Yes", please provide details.


**16** How was the sum insured calculated?


**D Partnership or shareholder protection (to be completed for Partnership or Shareholder Protection including Buy/Sell)**

**17** Name of Business

**18** Nature of Business

**19** When did the Business commence?  /  /

**20** Please provide income and expense details for the last 3 years:

	Year _____	Year _____	Year _____
Gross income	\$ _____	\$ _____	\$ _____
Total expenses	\$ _____	\$ _____	\$ _____
Net profit	\$ _____	\$ _____	\$ _____

**D Partnership or shareholder protection (to be completed for Partnership or Shareholder Protection including Buy/Sell (cont.))**

**21** Please provide details of Business assets and liabilities :

Assets	Market value	Current book value
<b>Total Assests:</b>		

Liabilities	Current book value
<b>Total Liabilities:</b>	

**22** What is the current value of the Business?

**23** How and when was this value calculated?

 /  / 


**24** What is the value of your interest in the Business?

**25** Please state the names and shareholdings of all other partners or shareholders?


**26** Is a partnership, shareholder or buy/sell agreement in place?

Yes  No

**27** Is insurance cover being proposed or already in-force on other Business owners?

Yes  No

If "Yes", please provide details.


**E Other Information (to be completed in all cases)**

**28** Have you, or any business that you have been associated with ever been declared bankrupt? Yes  No

If "Yes", please provide dates and relevant details including particulars of related legal proceedings, etc.


**29** Please provide any additional information that you feel is important.


**Declaration**

I declare that the answers I have given are to the best of my knowledge, true and complete and that I have not withheld any material information that may influence the assessment or acceptance of my application. I acknowledge that this questionnaire is part of the application for life Insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of the person whose life is to be insured:

Date:

x
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MET0149 03/11