



Plan number

Protection

Personal Financial Questionnaire (December 2021)

We'll use the information we ask for in this questionnaire to assess the financial circumstances of the person or people applying for cover.

Important notes

Note: If you're applying for a Business Menu Plan, please complete a Royal London Business Menu Plan financial questionnaire.

Important note:

Please answer all questions honestly and in full. If you miss any information out, or give us misleading information, it could mean we won't pay out if you have to make a claim. It could also delay the processing of your application.

Section A

All applicants should complete this section.

Why are you applying for this cover?

Family protection

Mortgage (residential)

Personal protection

Other

Inheritance tax provision

If Other, please specify

How long have you been in your current job?

If less than 2 years, please provide details of your previous job.

Please give us details of your earnings for the last 3 years

Year ending

Salary

You should only include the taxable value of the benefits in kind listed in our Plan Details document that:

— are shown on your tax form P11D, and — would stop if you were unable to work

P11D benefits

Dividends

If your income includes dividends, would these continue if you became disabled?

Yes

No

Section A continued

	Bonuses/ commission			
If your income includes bonuses or commission, are these guaranteed?	Yes	No		
	Profit share			
If your income includes income from other sources, please let us know the source.	Income from other sources			
	Total income			
How many months would you continue to receive income if you became disabled? You only need to answer this question if you are applying for Income Protection.				
How many dependants do you have and how old are they?	Number of dependants			
	Ages			

Please read the notes before each section carefully to check whether you need to complete the section or not.

Section B – Inheritance tax liability

You should only complete this section if you’re taking this plan out to cover inheritance tax.

What’s the estimated inheritance tax liability?				
How was the liability calculated and who calculated it?				
Please give us details of any reliefs that will be available to mitigate inheritance tax.				
If the liability is in respect of a lifetime gift, please tell us the amount of the gift and the date it was made.	Amount			
	Date			
Please estimate the value of your assets and liabilities.	Assets	Liabilities		
	Property		Mortgages	
	Investments		Loans	
	Unquoted equities			
	Others (please specify)		Others (please specify)	
	Total		Total	

Section C – Mortgage protection loan cover

You should only complete this section if you're taking this plan out to cover a mortgage loan. You don't have to complete it if you've given us a copy of the full and final loan offer from the principal lender.

What's the reason for the loan?	
Who's the lender?	
Please give us the name(s) of the borrower(s).	
How much is the loan?	
What's the term of the loan?	
What's the interest rate?	
What's the repayment method (for example, interest only, capital and interest)?	

Section D – Your employment

You should only complete this section if you're employed.

Do you own any part of the business you work for?	Yes	No
If yes, please tell us the percentage you hold.	%	
Have you received any income from your share of the business in the last 3 years?	Yes	No
If yes, please let us know when and the amounts.	Year	
	Amount	

Section E – Self employment

You should only complete this section if you’re self-employed or in a business partnership.

How many people do you employ?

Full-time employees

Part-time employees

What percentage of the business do you own?

%

What percentage of your profit would you lose if you were unable to work because of an illness or an accident?

%

Is there a partner, employee or family member who could run the business if you were unable to work because of an illness or an accident?

Yes

No

If yes, please provide details.

Please provide trading figures for the business for the last 3 years.

Month/year			
Turnover			
Gross profit*			
Net profit*			

*if a gross or net loss is shown, please enclose copies of the last 3 years’ reports and accounts.

Declaration

This information will only be used for this additional underwriting activity and if you make a claim. If you'd like to find out more please see our privacy notice at www.royallondon.com/privacynotice.

Personal details

Name of person covered
(PLEASE USE CAPS)

Plan number (if known)

Date of birth

Date of application (if applicable)

D

D

M

M

Y

Y

Y

Y

D

D

M

M

Y

Y

Y

Y

I declare that:

- The answers above are true and complete, to the best of my knowledge and belief
- I have not withheld any information that may influence your assessment or acceptance of this application.

I agree that:

- This questionnaire will constitute part of this application for a protection plan
- If I don't give you all facts that are likely to influence your assessment and acceptance of this application, you may cancel or change the terms of any plan issued as a result, and may not pay any claims.

I agree to:

- Inform you in writing of any change in circumstances between the date of the application and the date you assume risk on my plan.

Signature

Date

D

D

M

M

Y

Y

Y

Y



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