

Financial questionnaire



Policy number

Evidence number (For H.O. use only)
E #

Note: Complete section 1 for personal insurance and section 2 for business insurance

Proposed insured's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy)
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1 Personal financial information

1. a) Income

	Current year	Last year	Previous year
Earned income from employment	\$	\$	\$
Bonus, commissions from employment	\$	\$	\$
Other income (indicate source)	\$	\$	\$
TOTAL	\$	\$	\$

b) Assets

	Canadian	Foreign
Cash/Deposits/Certificates	\$	\$
RRSPs, Pensions, Investments	\$	\$
Residence	\$	\$
Personal assets, e.g. cars, etc.	\$	\$
Business equity	\$	\$
Other real estate (specify)	\$	\$
Other assets (specify)	\$	\$
TOTAL	\$	\$

c) Liabilities

	Canadian	Foreign
Mortgage	\$	\$
Loans	\$	\$
Personal notes	\$	\$
Liens, Judgements	\$	\$
Business liabilities	\$	\$
Other liabilities (specify)	\$	\$
TOTAL	\$	\$

2. Net worth

Net worth = Assets minus Liabilities Canadian net worth \$ _____ Foreign net worth \$ _____

3. Purpose of personal insurance

Income for survivors Estate conservation Mortgage Other (specify) _____

4. Additional information/details not covered in questions 1 - 3 (including how the need for the amount applied for was determined). If a needs analysis illustration was used, include copy.

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2 Business financial information (continued)

6. Provide the following information for all business owners of the company.

First name(s)	Last name(s)	% business ownership	Total amount of business insurance already in force with all companies	Total amount of new business insurance to be put into effect with all companies
		%		
		%		
		%		
		%		

7. Additional information/details not covered in questions 1 - 6.

3 Declaration

I declare that the information and answers on this questionnaire are complete and true and shall form part of the application for insurance with the Sun Life Assurance Company of Canada (company). I understand that if I do not completely and truthfully answer all of the questions on this questionnaire (if I misrepresent my answers or statements) the company may void the policy.

Province signed	Date (dd-mm-yyyy)	Signature
	Date (dd-mm-yyyy)	Proposed insured X
	Date (dd-mm-yyyy)	Applicant (indicate title of signing officers if applicable) X

Accountant (if information provided by accountant)

Accountant's first name		Middle initial	Last name
Company name			How long have you been the proposed insured's accountant?
Province signed	Date (dd-mm-yyyy)	Signature of accountant (if information provided by accountant) X	

A copy of this authorization is as valid as the original.