

Financial questionnaire

Policy number

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

1. Business information

Name of company/business		Type of organization <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Nature of business		Number of employees	How long in operation?

	Current year	Last year	Previous year
Gross income	\$	\$	\$
Net income/profit	\$	\$	\$
Retained earnings	\$	\$	\$
Shareholder equity	\$	\$	\$

2. Source of financial figures and information (provide copies of the last 2 financial statements)

Company financial statements Accountant Other (specify) _____

3. a) Estimated fair market value _____

b) Indicate how the fair market value was determined

Book value Present value of earnings Capitalization of earnings (indicate factor) _____
 Other (specify) _____

c) Who determined the fair market value? _____

4. Purpose of business insurance

Buy-Sell agreement Key person (reason why person is key) _____
 Loan (indicate purpose) _____

Amount \$	Duration	Name of credit facility
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Other (specify) _____

5. Are other key persons and/or business owners being insured? Yes No

If 'no', provide details to explain.

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.