

Life insurance and Life with Critical Illness cover (Personal cover)

Financial questionnaire

Financial underwriting is necessary to satisfy the company that the level of cover required is appropriate to the applicant's circumstances. Please complete this questionnaire if the application is for our Flexible Protection Plan (personal cover) and the amount of cover exceeds £2.5 million for Life, or £750,000 for Life & Critical Illness.

Submitting the completed questionnaire and any additional financial evidence, together with the application, should avoid delay in acceptance.

Please answer the questions fully. If you are unsure whether a particular fact is relevant, you should include it.

All information will be treated as strictly confidential. Please sign the declaration on page 4 once the questions have been answered. Note – for amounts of cover in excess of £3.5 million for Life or £1.5 million for Life & Critical Illness the questionnaire MUST be countersigned by an independent third party (for example an accountant, solicitor or bank manager), and if related to a mortgage or personal loan, a copy of the offer letter should also be provided.

Important Information:

All the information that you provide will be shared with all parties to this application. Find out how we use your personal information, and what rights you have by visiting [LV.com/dataprotectionlife](https://lv.com/dataprotectionlife). Please let us know if you'd like us to send you a copy, or have any questions. This includes who we are, how long we hold your information, what we do with it and who we share it with.

Part 1 – to be completed in all cases

1 Reference number

2 Full name of first life to be insured

3 Full name of second life to be insured (if joint life policy)

4 Please give details of all existing life and critical illness insurance

Company	Amount of cover	Type of benefit (Life and/or Critical Illness)	Date effected	Reason for cover (indicating which life if joint life)	Is this cover being cancelled and/or replaced
	£				
	£				
	£				
	£				
	£				

5 Gross annual income

First Life £

Second Life £

6 Investment income in last tax year

First Life £

Second Life £

7 Income from other sources

First Life £

Second Life £



Part 2 – complete A in all cases and B or C as appropriate

A – Personal protection

The amount of cover should not normally exceed:

Life: Age 17-29 – 35 x remuneration / Age 30-39 – 30 x remuneration / Age 40-49 – 25 x remuneration / Age 50-59 – 20 x remuneration / Age 60+ 15 x remuneration (plus outstanding residential mortgage balance)

Life & Critical Illness: Age 17–39 – 10 x remuneration / Age 40–55 – 8 x remuneration / Age 56–64 – 6 x remuneration (plus outstanding residential mortgage balance)

1 What is the reason for the policy how has the sum assured and type of cover been determined?

2 Please give number and age of dependants

3 State estimated value of assets and liabilities

Assets		Liabilities	
Property	£	Personal mortgages	£
Investments	£	Buy-to-let mortgages	£
Unquoted equities	£	Loans	£
Others (please specify)	£	Others (please specify)	£
Total	£	Total	£

B – Inheritance tax provision

The amount of cover should be sufficient to meet the estimated inheritance tax liability.

1 State estimated inheritance tax liability

£

2 How was this liability calculated and by whom?

3 State any reliefs that will be available for the mitigation of inheritance tax

4 If the liability is in respect of a lifetime gift, state the amount of the gift

£

and the date it was made // (DD/MM/YYYY)

C – Non-business loans

A copy of the full and final loan offer will be required for amounts of cover in excess of £3.5 million for Life or £1.5 million for Life & Critical Illness. You don't need to complete this section if you provide a copy of the full and final loan offer. Please state:

1	Name of lender	
2	Name(s) of borrower(s)	
3	Amount of loan	£ <input type="text"/>
4	Term of loan	
5	Repayment method (for example interest only, capital and interest)	
6	Reason for loan	
7	Interest rate	<input type="text"/> %

Declaration

I declare that the answers in this questionnaire are true and complete and that they shall be deemed to be incorporated in and to form part of the application signed by me/us on

<input type="text"/> <input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(DD/MM/YYYY) and subject to the conditions applicable thereto.
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Signature of first life

Date / / (DD/MM/YYYY)

Signature of second life (if applicable)

Date / / (DD/MM/YYYY)

Countersignatory (if required)

Status and name of third party

Signature of third party

Date / / (DD/MM/YYYY)

Reminder – for amounts of cover in excess of £3.5 million for Life or £1.5 million for Life & Critical Illness the questionnaire MUST be countersigned by an independent third party (for example an accountant, solicitor or bank manager).

You can get this and other documents from us in Braille, large print or on audio by contacting us.

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