



Financial Questionnaire

Application Number

Please note: do not use photocopies of this form as it contains unique routing and tracking information that assists MLC in the timely processing of your application.

Office Use Only

MLC Limited (MLC)
ABN 90 000 000 402 AFSL 230694
(Issuer of MLC Personal Protection Portfolio)

MLC Nominees Pty Limited (Trustee)
ABN 93 002 814 959 AFSL 230702 RSE L0002998
Trustee for The Universal Super Scheme R10566778 (Issuer of MLC Life Cover Super)

Original documentation substantiating the information given in this questionnaire may be required on request.

1 Name of life to be insured

2 Has the life to be insured and/or proposed policy owner(s), or any business that they are or have been associated with ever been:

- bankrupt
- in receivership
- in voluntary liquidation
- under administration?

No ☐

Yes ☐

Give details

Date discharged / /

3 What is the purpose of this insurance?

Personal Insurance / Income Protection only ☐ **Go to Section A**

Personal and Business Insurance ☐ **Go to Section A**

Business Insurance only ☐ **Go to Section B**

A PERSONAL INSURANCE AND INCOME PROTECTION

Complete this section if the life to be insured is applying for Income Protection, Life Cover, Critical Illness or Total & Permanent Disability for personal protection purposes.

4 How has the sum insured been calculated? Please attach a copy of the needs analysis or presentation material used, if available.

5 How many dependants does the life to be insured have?

Ages	Relationship
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

6 What assets and debts does the life to be insured have an ownership interest in or control over?

Assets	
Property – residence	\$
Property – investment/other	\$
Personal – eg collectables	\$
Motor vehicle	\$
Investments – eg shares	\$
Other assets (please specify):	
	\$
	\$
	\$
TOTAL ASSETS	\$

Debts	
Mortgage – residence	\$
Mortgage – other	\$
Personal loan	\$
Motor vehicle loan	\$
Investment loan/s	\$
Other debts (please specify):	
	\$
	\$
	\$
TOTAL DEBTS	\$

7 What is the life to be insured's employment status?

Employee of a business in which life to be insured is not an owner

☐ **Go to Question 8**

Sole Trader

☐ **Go to Question 9**

Partner in business

☐ **Go to Question 9**

Employed by life to be insured's own company

☐ **Go to Question 9**

Homemaker

☐ **Go to Question 10**

Unemployed

☐ **Go to Question 10**

8 What was the life to be insured’s personal income for each of the past 3 years?

Employees

Occupational Earnings:	Year ended 30/06/ <input type="text"/>	Year ended 30/06/ <input type="text"/>	Year ended 30/06/ <input type="text"/>
Salary/Wage	\$	\$	\$
Superannuation contribution	\$	\$	\$
Allowances (car, travel, etc)	\$	\$	\$
Commissions/Bonuses/Overtime	\$	\$	\$
Other (please specify):			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL EARNINGS	\$	\$	\$
Investment income	\$	\$	\$
Other income	\$	\$	\$

Go to Question 10

9 What was the life to be insured’s personal income for each of the past 3 years?

Self-employed

	Year ended 30/06/ <input type="text"/>	Year ended 30/06/ <input type="text"/>	Year ended 30/06/ <input type="text"/>
Occupational Earnings: (earnings after deduction of business expenses but before tax)	\$	\$	\$
Investment income	\$	\$	\$
Other income (specify source):			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

10 Is this application for loan insurance for personal purposes?

No ☐ Go to Question 22

Yes ☐ Go to next Question

Loan Insurance

If there is more than one loan, please give details on page 6.

11 What is the purpose of the loan? eg home mortgage, mortgage on investment property.

12 Who is the lender?

13 What is the loan amount?

14 What amount of the loan is the life to be insured responsible for?

15 Has the loan been approved?

No ☐

Yes ☐

16 What is the draw down date?

17 What amount is currently drawn down?

\$

18 What is the interest rate?

19 What is the loan duration?

20 What is the repayment method?

Interest only ☐

Principal only ☐

Principal and interest ☐

21 Is the insurance a condition of the loan?

No ☐

Yes ☐

22 Is this application also for business insurance?

No ☐ **Go to Section F – Declarations**

Yes ☐ **Go to Section B**

B BUSINESS EXPENSES INSURANCE

Complete this section if you are applying for insurance for business protection purposes.

23 What is the name of the primary business?

24 What is the nature of the business?

25 What is the business structure?

Sole Trader ☐

Partnership ☐

Company ☐

Other ☐

Please specify

26 How long has the business been in operation?

27 How many persons are employed?

28 Give the financial results for each of the last 3 years.

	Year ended 30/06/ <input type="text"/>	Year ended 30/06/ <input type="text"/>	Year ended 30/06/ <input type="text"/>
Business turnover	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Gross profit	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Net profit (before tax)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Gross assets	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Gross liabilities	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

- If a loss is reported in the last 2 years, financial accounts for the last 2 years should be submitted.
- The last 2 years financial accounts are required to support applications for cover in excess of \$2,000,000.
- If this is a new business, copies of interim accounts, financial projections and business plan should be submitted.

29 Are there any associated or service entities?

No ☐

Yes ☐

Entity name	Structure (eg. company, family trust)	Life to be Insured's percentage interest
<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"/>

Please provide a diagram of the full business structure showing all associated entities.

30 What is the business protection need for this application?

Key person ☐ **Go to Section C**

Share Purchase/Partnership ☐ **Go to Section D**

Loan ☐ **Go to Section E**

Other ☐ **Complete details below then go to Section F**

Please specify with details of need for this cover

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Go to Section F

C KEY PERSON INSURANCE

31 What is the position of the key person in the business?

32 What special skills, expertise or knowledge does the key person have that is critical to the business?

33 Is the key person a shareholder or partner in the business?

No ☐ **Go to next Question**

Yes ☐ Percentage share in the business? %
 Current value of the key person's share? \$
Go to Question 36

34 How long has the key person been employed by the business?

35 Is there any contract or service agreement in place in respect of the key person?

No ☐

Yes ☐ Give details

36 How has the value of the key person been calculated?

Cost of replacing the keyperson?

No ☐

Yes ☐ Please list the cost components and amounts

Cancellation of debt guaranteed?

No ☐

Yes ☐ Please list the cost components and amounts

Question 36 continued...

Multiple method?

No ☐

Yes ☐ Please show the multiples and calculations used (eg 3 x net profit x key person factor 0.5)

37 What proportion of the following can be fairly attributed to the key person?

Gross Revenue	%
Gross Profit	%
Net Profit	%

38 What was the cost of the key person's total remuneration package for the current year and the past 2 years?

Current year Year ended 30/06/ Year ended 30/06/
 \$ \$ \$

39 What is the current salary bill of the business? \$

40 If the key person was to die or become disabled from working in the business, would the business continue with a suitably qualified replacement or would the business have to be sold or closed?

Continue with replacement ☐

Sold/Closed ☐

41 Are there any other key persons in the business?

No ☐ **Go to Question 44**

Yes ☐ **Go to next Question**

42 How many key persons are there in the business (apart from the life to be insured)?

43 Are policies being effected on the lives of the other key persons?

No ☐ Please give reasons

Yes ☐

44 Is this application also for share purchase/partnership insurance?

No ☐ **Go to Question 54**

Yes ☐ **Go to next Question**

D SHARE PURCHASE / PARTNERSHIP INSURANCE

- 45** How many shareholders or partners are there in the business (including the life to be insured)?

- 46** What is the life to be insured's share of the business or partnership?

- 47** What is the current value of the business?

- 48** Has a valuation been performed by a professional valuer?

No ☐

Yes ☐

Date of valuation

Name and qualifications of the valuer

Please attach a copy of the valuation or letter of confirmation, if available.

- 49** How was the value determined? (specify basis/formula used)

- 50** What was the life to be insured's share of the profit in each of the past 3 years?

Year end 30/06/ Year end 30/06/ Year end 30/06/

 % % %

- 51** Are policies being effected on the lives of all shareholders/partners?

No ☐

Please give reasons

Yes ☐

- 52** Is there a share purchase or buy sell agreement?

No ☐ **Go to Question 54**

Yes ☐

- 53** Does the share purchase or buy sell agreement enforce sale of the shareholders partner's share in the event of a claim under Critical Illness or Total and Permanent Disablement?

No ☐

What does the agreement stipulate in this event?

Yes ☐

- 54** Is this application also for business loan insurance?

No ☐ **Go to Section F – Declarations**

Yes ☐ **Go to Section E**

E BUSINESS LOAN INSURANCE

Complete questions 55 to 61 below or provide a copy of the loan agreement. If there is more than one loan, please give details on page 6.

Note: A copy of the loan agreement is to be submitted if the loan cover exceeds \$2,000,000.

- 55** Have you provided a copy of the loan agreement?

No ☐

Yes ☐ **Go to Section F – Declarations**

- 56** What is the purpose of the loan? (eg business purchase, business expansion, overdraft)

- 57** Are there other guarantors for the loan?

No ☐

Yes ☐

How many guarantors are there, other than yourself?

What percentage of the loan are you responsible for?

 %

58 What are the loan details?

Lender	
Loan amount	
Loan duration	
Interest rate	
Repayment method (eg interest only)	
Approval date	
Draw down date	
Current draw down amount	

59 Is there a provision to rollover the loan at the end of the term?

No ☐

Yes ☐

60 Is the insurance a condition of the loan?

No ☐Yes ☐

61 If the life to be insured dies or becomes disabled, would the loan be:

Not called in

Fully called in

Partially called in %

If the loan would be called in, please provide an explanation as to why.

[illegible]

62 To provide further information, please note the page and question number the additional information refers to:

[illegible]

F DECLARATIONS


63 Declaration by Life to be Insured / Policy Owners (read this carefully before signing)

I understand and agree that:

- (a) I have read the Duty of Disclosure set out in my Application Form. I understand that until MLC accepts my application and issues a policy (or, in the case of an addition to an existing policy, a revised schedule), I have a duty to disclose every matter which I know, or could reasonably be expected to know, is relevant to MLC's acceptance of my application and that if I fail to comply with my duty of disclosure MLC may (as permitted by law) avoid the policy or reduce the benefits under it;
- (b) the answers to the questions above are true and complete and that this supplementary questionnaire forms part of my application for insurance;
- (c) if any answers to this questionnaire are not in my own handwriting I certify that I have checked them and they are correct.

I have read the Privacy Statement included in the Product Disclosure Statement.

Signature of the Life to be Insured

 Date / /

Signature(s) of Policy Owner(s) (for MLC Personal Protection Portfolio only)

- If other than Life to be Insured
- Parent or Guardian if Life to be Insured is under 16 years of age
- Where a company is the proposed owner of a policy there is **no** need for the company seal to be affixed.

If you wish to apply the company seal, then please affix the company seal in the space provided.

In the case where the Policy Owner is a company.


- (a) Two directors or a director and company secretary are to sign; or
- (b) In the case of a sole director proprietary company only, the sole director is to sign. However, the director must indicate that he/she is the sole director and sole secretary of the company.


Sole director and sole secretary

(indicate by ticking box) ☐

COMPANY
STAMP OR SEAL

Signature(s) of Policy Owner(s)

 Date / /

 Date / /

G FINANCIAL ADVISER COMMENTS

- 64 Please provide any further information or supporting comments that may assist in the assessment of this application.
(If insufficient space, give details on page 6).

Name of Financial Adviser

Financial Adviser Number

Date

/ /

Return completed form by:

Mail

MLC Limited
PO Box 200
North Sydney NSW 2059

Fax

1800 550 081
or if outside Australia on +61 2 9964 3163

Email

insurance_mlc@mlc.com.au
(in TIF format only)*

* Applications by email must have the **Adviser name/number, application number and product type** in the subject line of the email. Only one form can be sent via email even if your client is submitting two or more forms. An automatic response email will be sent to you once the email has been received.

How to contact us

MLC Service Centre

For more information call the MLC Service Centre
from anywhere in Australia on **132 652**,
between 8 am and 6 pm EST, Monday to Friday
or if outside Australia on **+ 61 3 8634 4721**
or contact your financial adviser

Postal Address

MLC Limited
PO Box 200
North Sydney NSW 2059
Fax: 1800 550 081

Website

For details on MLC's range of products
and services visit: **mlc.com.au**

