

**UNDERWRITING PERSONAL FINANCIAL QUESTIONNAIRE (PFQ 1) [To be completed by Financial Associate]**  
The Company reserves the right to require additional documentation and or financial and tax statements for verification as needed.

App. No. \_\_\_\_\_

- 1. Name of Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_
- 2. How long and how well have you known proposed Insured? \_\_\_\_\_
- 3. Purpose of Insurance (explain how purpose conceived ) \_\_\_\_\_
- 4. Circumstances of application(explain fully all details)  
\_\_\_\_\_ Solicitation by agent \_\_\_\_\_  
\_\_\_\_\_ inquiry by applicant \_\_\_\_\_  
\_\_\_\_\_ other \_\_\_\_\_

| <u>Insurance in force</u>                              | <u>Amount</u> | <u>Annual Premium</u> |
|--|---------------|-----------------------|
| a. Personal  | TK. _____     | TK. _____             |
| b. Business  | TK. _____     | TK. _____             |
| Insurance applied for<br>In this company               | TK. _____     | TK. _____             |
| Applied for other Companies<br>(Explain circumstances) | TK. _____     | TK. _____             |
| <b>Total</b>   | TK. _____     | TK. _____             |

6. How was amount of Insurance determined (attach copies relevant calculations, insurance needs discussed, estate analysis etc.)  
\_\_\_\_\_  
\_\_\_\_\_

- 7. Income of proposed insured (attach financial statement if possible or have insured mail confidential statement direct to Head Office)
  - a. Annual Salary TK. \_\_\_\_\_
  - b. Dividends, etc. TK. \_\_\_\_\_
  - c. Other Income (describe total) TK. \_\_\_\_\_
  - d. Undistributed profits TK. \_\_\_\_\_

8. Present Net Worth TK. \_\_\_\_\_

9. Personal Banking References  
Banks \_\_\_\_\_  
Addresses \_\_\_\_\_

10. Personal accountant and attorney references (list any brokers or financial advisers who might assist in financial underwriting)  
Name \_\_\_\_\_  
Addresses \_\_\_\_\_

**DECLARATION AND SIGNATURES:**

I hereby declare that the above statements are complete and true in best of my knowledge.

Date \_\_\_\_\_ (Financial Associate Signature) \_\_\_\_\_

I have carefully reviewed this statement and confirm that it has my approval for consideration by the company.

Date \_\_\_\_\_ (Unit Manager Signature) \_\_\_\_\_

Date \_\_\_\_\_ (B.M. / Sales Executive Signature) \_\_\_\_\_