

Financial questionnaire

This questionnaire is part of the Application for enrolment dated _____.

1. Insured person _____ employed
 Date of birth _____ self-employed
 Profession for which you trained _____ no AHV income
 Current position of employment _____
 Firma _____

2. Did you simultaneously submit applications for insurance cover to other Companies? yes no

If yes, please provide details:

Company	Term	Type of insurance	Amount	Purpose of cover

- 3 Information on existing life and disability insurance policies (please enclose copies):

Company	Term	Type of insurance	Amount	Purpose of cover

4. Information on taxable income and assets (for at least the past two years) in CHF _____

	Year _____	Year _____	Year _____
Income			
Assets			

- 5 Purpose of insurance cover applied for (please tick):

- Security for your family Securing of loans, incl. mortgages (as per enclosure)
 Retirement planning Risk cover for vested benefits capital (as per enclosure)
 Other purpose _____

Insured person: _____

6. Enclosures (depending on the purpose of the insurance):

- Copy of existing life and disability insurance policies
- Copy of loan contract
- Copy of mortgage contract
- Copy of account statement for vested benefits capital

I confirm that the information provided is accurate and complete.

Place, Date

Signature of policyholder