

Inheritance Tax

Lower Abbey Street
Dublin 1 Ireland
Telephone 01 704 2000
Fax 01 7041900

Financial Questionnaire



Irish Life

Please complete this form in BLOCK CAPITALS. All questions must be answered accurately with full disclosure of all relevant information.

All information will be treated as strictly confidential.

Guidelines for completion

Level of life cover (Euros)

Up to €1,500,000

€1,500,000 to €3,750,000

Above €3,750,000

Financial requirements

Fully completed Inheritance Tax Financial Questionnaire, countersigned by Financial Adviser

Fully completed Inheritance Tax Financial Questionnaire, countersigned by Accountant/Solicitor

Refer to an Irish Life Underwriter for requirements

Personal Details

Full names(s)

Application no.

1. Specify how much life cover is already in force on each life (including Death-in-Service Benefits) and for what reason?

Life (1) Total (euros) €

Reason(s)

Life (2) Total (euros) €

Reason(s)

2. What is the estimated net worth of the estate(euros)? €

3. Please give composition of the estate

Assets

Value (euros)

Property

€

Investments

€

Shares

€

Other (Specify)

€

TOTAL (euros)

€

Liabilities

Value (euros)

Mortgages

€

Loans

€

Other (Specify)

€

TOTAL (euros)

€

Details

Details

4. What is the Estimated Inheritance Tax Liability (euros)? €

5. Upon whom will the liability fall?

6 Please give the name of the Financial Adviser / Accountant / Solicitor who has advised you with regard to this tax planning arrangement?

7. Are there any other details which you feel would help us in assessing this risk?

Declaration

I/We declare that the answers given above, to the best of my/our knowledge are true and I/We have not withheld any material information that may influence the assessment or acceptance of this proposal. I/We agree that this form will constitute part of my/our proposal for life assurance and that the failure to disclose any material fact known to me/us may invalidate the contract.

Signature of Life 1 Date: / /

Signature of Life 2 Date: / /

Signature of Proposer
(Where Applicable) Date: / /

Declaration 2 - By Financial Adviser / Accountant / Solicitor

Up to €1,500,000 life cover

I declare the answers above are to the best of my knowledge true and accurate

Signature of Financial Adviser: Agency:

Date: / /

Over €1,500,000 life cover

I declare the answers above are to the best of my knowledge true and accurate

Signature of Accountant/Solicitor: Company:

Date: / /

Practice Stamp

This information would normally satisfy our requirements but in certain circumstances further information may be requested.