

UNDERWRITING PERSONAL FINANCIAL QUESTIONNAIRE (PFQ 2) [To be completed by Applicant]

The Company reserves the right to require additional documentation and or financial and tax statements for verification as needed.

I. PROPOSED INSURED(S):

Application No. _____

Proposed Insured Full Name			
Owner (If Other Than Insured) Full Name			
Occupation	<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Self – employed <input type="checkbox"/> Others (pls. specify)

II. INCOME: Personal Income of Proposed Insured(s) or Owner (If Other Than Insured):

Earned Income	Current Year (BDT)	Last Year (BDT)	Unearned Income	Current Year (BDT)	Last Year (BDT)
Salary (Personal Exertion)			Dividends		
Business (Personal Exertion)			Interest		
Bonus or Commission			Rent (House/Flat)		
Spouse/Family Earned Income			Agriculture		
Other			Other		
Total			Total		

III. ASSETS AND LIABILITIES: Provide The Current NET WORTH Of Proposed Insured(s) Or Owner (If Other Than Insured):

Proposed Insured	BDT _____	<input type="checkbox"/> Personal <input type="checkbox"/> Family
Owner (If Other Than Insured)	BDT _____	<input type="checkbox"/> Personal <input type="checkbox"/> Family

Provide Breakdown Of The Assets And Liabilities:

Assets		Liabilities	
Cash	BDT _____	Unpaid Interest & Taxes	BDT _____
Stocks, Bonds, Securities	BDT _____	Notes Payable	BDT _____
House / Apartments	BDT _____	Accounts Payable	BDT _____
Personal Property (Land/Real Estate)	BDT _____	Mortgages	_____
Accounts Receivable	BDT _____	Other Long term debts	BDT _____
Bank Deposit (Savings)	BDT _____	Other Liabilities	BDT _____
Vehicles	BDT _____		
Other Assets	BDT _____	Total Liabilities:	BDT _____
Total Assets:	BDT _____		

IV. OTHERS:

- What is the reason for effecting this policy and how was the sum assured calculated?
- Are you currently applying for other insurance with another insurer? Yes No. If yes, please provide details.
- Do you have any dependents? Yes No. If yes, please provide details including the age of each dependent.

V. DECLARATION AND SIGNATURES:

I hereby declare that the above statements are complete and true and that I have not withheld any material information that may influence the assessment or acceptance of my application. I agree that this questionnaire together with the **Application No** _____ **Dated** _____ shall form the basis of the contract between myself and the **Chartered Life Insurance Co. Ltd.** and that failure to disclose any material fact known to me may invalidate the contract.

Proposed Life to Be Insured Signature _____ Date _____