Personal Financial Questionnaire - Confidential

To be completed in English by the life assured.

Full name					
Date of birth (dd/mm/yyyy)					
Occupation					
Currency of information provided on this form (in words)					
1.	Please state your annual income for each of the	Source From own trade	This year	Last year	Previous year
	last three years	From investments			
		From other sources			
2.	Are any concurrent applications being made to other offices?	Yes No	If Yes, please state n	ame of company, sum ir	nsured and reason below.
3.	Please detail any existing cover you may have:		Date commenced	d Sum insured	Reason for cover
		Life Assurance			
		Permanent Health Insura	ince		
		Critical Illness Cover			
		Other (please specify)			
4.	Please detail your liabilities (e.g. mortgage and loans)				
5.	Please give details of dependants (number, age and relationship)				
6.	Have you ever been declared bankrupt?	Yes No If Yes, please give details and dates below.			
7.	Why is the cover required?				

of personal assets (excluding life assurance)	Fixed Property	
	Investments	
	Other assets	
	Total assets	
	Total liabilities	
	Total estimated net worth	
	Estimated IHT Liability	
Please give details of any gifts being made or made within the last three years		

Data Protection Act

Any data you provide to RL360° may be shared, if allowed by law, with other companies both inside and outside of RL360° and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and RL360° may be required to provide it to its regulator, its government or anyone else required by law.

RL360° will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. RL360° will, at all times, make sure that your data and information is only used in ways that are allowed by law.

The Isle of Man Data Protection Act 2002 allows you, after paying a small fee, to receive a copy of the data and information RL360° holds about you.

For further information please write to: Data Protection Officer, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Declaration

I declare that the above statements are true and correct and form part of my proposal for insurance.

I understand that failure to give true and complete answers to all questions may entitle the company to reject a claim made under the policy.

Signature of life assured	Date (dd/mm/yyyy)	

Where it has been requested that this form be witnessed by a third party (e.g. solicitor, bank manager, accountant), they must do so below. Please include the name of company and the company stamp.

Signature of third party	Date (dd/mm/yyyy)
Name of third party	
Occupation	
Qualifications	
Address	
Telephone number	
Email address	

Issued by RL360 Insurance Company Limited. Registered Office: RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles. Telephone: +44 (0)1624 681681. Telephone calls may be recorded. Website: www.rl360.com. RL360 Insurance Company Limited is authorised by the Isle of Man Financial Services Authority. Registered in the Isle of Man number 053002C.

