

## Questionnaire for Financial Risk Assessment

Medlife Insurance Ltd. is required by Law to gather information on the financial situation of its clients. Please note that each field of this Questionnaire has to be filled in compulsory and that Medlife Insurance Ltd. can, if necessary for risk assessment, ask additional documents (like prove of income) from its clients. All provided data are treated in accordance with the strict data protection laws of the European Union.

<b>1</b>	<b>Policy number</b>	<b>Proposal number</b>
<b>2</b>	<b>Surname and forename of the premium payer</b>	
<b>3</b>	<b>Current occupation of the premium payer</b>	
<b>4</b>	<b>Employer of premium payer (name, address, field of activity, internet address, employed since ...)</b>	
<b>5</b>	<b>Premium payer's monthly net income (from occupational activity only)</b> _____ USD/EUR	
<b>6</b>	<b>Premium payer's monthly total earnings</b> _____ USD/EUR  <b>Detailed description of the source(s) of the total earnings apart from the occupational activity (e.g. rental income from real estate, income from capital investments, etc.)</b>	
<b>7</b>	<b>Total assets (please describe in detail amount in USD/EUR and origin)</b>  amount: _____ USD/EUR origin: _____  <b>Point 7 has to be filled in if the client has contracts (single premium or annuity) with a total payment of USD/EUR 30000 or more OR if the total premium payment (annual) exceeds the half-yearly income(=6 x monthly income regarding points 5+6).</b>	
<b>8</b>	<b>Do you, the premium payer, hold any other life insurance contracts (including income protection policies) or have you submitted any other applications for life insurance apart from this one? If yes, please state the name of the insurance company and the amount insured in USD/EUR.</b>  a) Insurances of premium payer _____  b) Applications of the premium payer _____	
<b>9</b>	<b>Please state the reason why you apply for this life insurance</b>	

I confirm that the above information is complete and correct, and I am aware that this questionnaire will be part of the insurance contract.

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Premium payer's signature

\_\_\_\_\_  
Agent's signature