

## Financial Questionnaire

To Be Filled In By The Life To Be Assured/Proposer \*\*

(\*\*Strike off whichever is not applicable)

Name of the Life Insured/Proposer:			
Application Number:			
Date of Birth:		Age:	

Premium is financed by : ☐ Self ☐ Spouse ☐ Parent ☐ Other (Please specify) \_\_\_\_\_

(If the premium is sponsored by a spouse or parent, please submit their income proof)

**Please provide accurate answers to each question.**

1) Please confirm your occupation: ☐ Salaried ☐ Proprietor ☐ Partner ☐ Self Employed / Business

2) State your annual income from all sources: \_\_\_\_\_

3) State the income from all sources: \_\_\_\_\_

4) Are you assessed for Income Tax? ☐ Yes ☐ No

5) Please mention your PAN No.: \_\_\_\_\_

6) Please confirm the source of income for the proposal deposit for the policy applied:

☐ Savings ☐ Investments ☐ Borrowed ☐ Salary ☐ Withdrawal from the Proprietary / Partnership A/C

7) Do you have Agricultural Land: ☐ Yes ☐ No (If Yes, please attach latest 7/12 extract and Mandi receipts)

Please confirm your annual income from Agriculture: \_\_\_\_\_

8) Do you or any family members have any existing insurance with Generali Central or any other life insurance company? ☐ Yes ☐ No

If 'Yes', please provide details:

Name of the Insurance Company	Policy Number	Basic Sum Assured	Riders Opted	Year of Issue	Medical or Non-medical	Annualised Premium	Whether Accepted at Ordinary Terms	Name of the Life Insured

Please attach a separate sheet if the space provided above is insufficient

9) Please confirm your assets and liabilities in the table given below:

Assets		Liabilities	
Description	Amount in ₹	Description	Amount in ₹
Cash Deposits/Certificates		Loans (Personal/Housing)	
NSC/UTI/PPF/Pension		Other Liabilities	
Capital Investment (shares, etc.)			
Immovable Properties			
Other Investment/Savings (please specify)			
Total			

Net Worth: Total Assets less Total Liabilities = \_\_\_\_\_

10) Please confirm your annual income for the past 3 financial years including the current financial year in the table given below:

Annual Income (from all sources before taxes)	Financial Year 20__ to 20__	Financial Year 20__ to 20__	Financial Year 20__ to 20__
Income from profession/Salary			
Income from Agriculture			
Rental Income			
Income from Short-Term Capital Gain			
Income from Long-Term Capital Gain			
Interest Income			
Income from Other Sources (Please specify)			
Total Income			

11) Please share any other information that could help in an accurate assessment of your application:

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that the above information will constitute part of my proposal for life insurance.

Name of the Life Insured/Proposer: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Life Insured/Proposer

Vernacular declaration: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: \_\_\_\_\_

Address of the Declarant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of the Declarant:

Place : \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of the Life Insured/Proposer