Financial questionnaire

Life insurance Business Partner insurance

You have applied for insurance with TAF with a high insured amount (or multiple insurance policies that together add up to a high insured amount). The insurer would therefore like to assess whether the insured amount is appropriate for covering the financial consequences of death.

We ask you to complete this financial questionnaire for this purpose. Have you completed and signed the financial questionnaire? If so, you can return it, including the requested documents, by email. Do you need help completing the financial questionnaire? Your financial advisor will be happy to help you. You can also contact us. We are available on working days from 9 a.m. to 5 p.m. on telephone number 040 – 707 38 90 or email address info@taf.nl

TAF

eenvoudig transparant

Financial questionnaire

Life insurance Business Partner insurance

eenvoudig transparant

1. Personal details of the insured person

Initial(s): Middle name:

Surname:

Date of birth:

Marital status: ❑ Married/Registered partner ❑ Cohabiting

❑ Single ❑ Divorced ❑ Widow/Widower

Number of children: Age of children:

Occupation:

Work activities:

Physical labor %

Administrative %

Supervisory %

Travel %

Other, namely: %

Name of the company:

Company website:

Type of business:

How many shareholders/(co-)owners does the company have?

What is your share of ownership? %

Is insurance also taken out for the other shareholders/owners?

❑ No ❑ Yes

If no, please explain why not:

2. Information about the insurance (purpose of the Compagnons insurance)

Purpose of the insurance:

❑ Buying out partners

Describe what arrangements have been made in the event of your death.

3. Documents to be submitted

- In the event of a buyout of the partner: statement of the value of the company prepared by Raadhuys
- In the event of loan repayment: loan agreement and statement of outstanding balance

Financial questionnaire

Life insurance Business Partner insurance

eenvoudig transparant

4. Criminal record

Have you, or any other party with an interest in this insurance policy, had any dealings with the police or judicial authorities in the last 8 years for committing or participating in a criminal offense? Or are you currently involved in a judicial investigation?

❑ No ❑ Yes

If so, please explain:

5. Signature

I hereby declare that I have answered the above questions truthfully and completely and agree that this questionnaire, together with the application, will form the basis for the agreement between me and TAF BV.

I am aware that if I conceal information or provide incorrect or incomplete information, the insurance application may be terminated.

Date: Place:

Insured person's signature:

Save

TAF-FVORV-CV-ENG-20250805-a