



## CONFIDENTIAL FINANCIAL QUESTIONNAIRE – PERSONAL COVERAGE

Proposed Insured:	Date of Birth:	Policy Number:
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1. Purpose of Insurance:

Estate Conservation                       Capital Gains/Estate Tax                       Mortgage Insurance  
 Income Continuance                       Other – describe:

2. How was the amount of insurance determined? (attach copies of relevant calculations, if available):

3. Insurance Inforce:

	Personal	Business	Group	Company	Date Issued
Life	\$	\$	\$	\$	
AADB	\$	\$	\$	\$	

Describe purpose of Business Insurance now in force:

### Personal Income and Net Worth

	ANNUAL INCOME		ASSETS	
<b>EARNED</b>			<b>CASH</b>	
Salary (or Draw)	\$		Business Equity	\$
Plus Bonus & Comm.	\$		Other (stocks, real estate, etc.)	\$
Other Earnings	\$		<b>Total Assets</b>	<b>\$</b>
Total Earned Income	\$			
			<b>LIABILITIES</b>	
<b>UNEARNED</b>			Mortgages & Personal Loans	\$
Dividends, Rentals, etc.	\$		<b>Total Liabilities</b>	<b>\$</b>
Total Income	\$		<b>Net Worth</b>	<b>\$</b>

Please attach any additional comments you feel are relevant to the financial underwriting of this application.  
**I declare that the above answers and statements are full, complete and true and shall form part of my application for insurance with The Equitable Life Insurance Company of Canada.**

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Date    Proposed Insured

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