CONFIDENTIAL FINANCIAL QUESTIONNAIRE PERSONAL COVERAGE

Proposed Insured:	Date of Birth:	Policy Number:	
		,	

1. PURPOSE OF INSURANCE:

🕼 Equitable Life of Canada®

Estate Conservation

□ Income Continuance

Capital Gains/Estate Tax
Other – describe:

□ Mortgage Insurance

One Westmount Road North P.O. Box 1603 Stn. Waterloo, Ontario N2J 4C7 TF 1.800.722.6615 F 519.883.7422

Head Office

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

3. INSURANCE IN FORCE:

	PERSONAL	BUSINESS	GROUP	COMPANY	DATE ISSUED
Life	\$	\$	\$	\$	
AADB	\$	\$	\$	\$	

Describe purpose of Business Insurance now in force:

Personal Income and Net Worth

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

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.

Date _____ Witness _____ Proposed Insured _____