

Financial Supplementary Statement

(This statement should be completed by the person to be insured if total amount at risk inclusive of all current inforce policies from all insurers is over 10 lacs)

Full name:

Proposal No.:

Date of birth:

Occupation:

Please answer each question and where appropriate provide particulars.				
1. What is the purpose of this life insurance proposal?				
2. Have proposals been made concurrently to any other life insurance offices?				
3. Please provide details of life insurance cover:				
	Sum Assured		Premium	
	Allianz	Other Insurer	Allianz	Other Insurer
Self				
Spouse				
Children				
Father				
Mother				
4. Details of Income of preceding years:				
Salary:				
HUF Income:				
Business Income:				
Exempt Income:				
Partnership Income:				
Agricultural Income:				
Any other source (Please Specify):				
Total:				

I hereby declare that the above answers and statement are true and complete and agree that this questionnaire together with the proposal dated _____ shall form part of the contract between me and the company.

Signature of the proposer

Place

Date