



Financial questionnaire

TAF Insurance

You have applied for insurance from TAF with a high insured amount (or several insurance policies which, when added together, form a high insured amount). Therefore, the insurer would like to assess whether the insured amount matches the amount required to cover the financial consequences of death. This is required by the supervisory authority Autoriteit Financiële Markten (AFM), De Nederlandsche Bank (DNB) and the insurer, among others. We therefore ask you to complete this financial questionnaire.

Have you completed and signed the financial questionnaire?

Then please send it, including the requested documents, by e-mail to info@taf.nl.

Do you need help filling in the financial questionnaire?

Your financial advisor will be pleased to help you. Of course, you can also contact us. We are available on weekdays from 9 a.m. to 5 p.m. on telephone number 040-707 38 90 or e-mail address info@taf.nl.



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Financial questionnaire

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1. Personal data of the insured person

Initial(s):			Middle name:	
Surname:				
Address:				
Postcode/Town:	_ _ _ _ _ _ _ _ _ _			
Phone number:	_ _ _ _ _ _ _ _ _ _		E-mail:	
Mobile phone number:	_ _ _ _ _ _ _ _ _ _			
Date of birth:	_ _ _ - _ _ - _ _ _ _		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality:				
Occupation:				
Annual gross income*:	€	<input type="checkbox"/> Payroll	<input type="checkbox"/> Self-employed	<input type="checkbox"/> DGA
		<input type="checkbox"/> Other, namely:		
How many hours per week do you work?		hours		
Your work consists of?				
- Physical labor:		hours		
- Administration:		hours		
- Leading/supervising:		hours		
- Travel:		hours		
- Other, namely:		hours		
Marital status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Cohabiting	
	<input type="checkbox"/> Widow/Widower	<input type="checkbox"/> Divorced		
Number of children:	_ _ _	Age of children:		

* If self-employed or DGA state average of last 3 years.

2. Reason for applying for this insurance?

<input type="checkbox"/> Mortgage	Continue to section 2.1
<input type="checkbox"/> Care for next of kin	Continue to section 2.2
<input type="checkbox"/> Partnership insurance	Continue to section 2.3
<input type="checkbox"/> Hedge against inheritance tax	Continue to section 2.4
<input type="checkbox"/> Keyman-insurance	Continue to section 2.5
<input type="checkbox"/> Business loan	Continue to section 2.6
<input type="checkbox"/> Other	Continue to section 2.7

2.1. Purpose of the insurance: Mortgage

What is the amount of the mortgage? €

What is the term?

What is the type of mortgage? (E.g. interest-free, annuity, linear)

What is the effective date of the mortgage? |_|_|_|-|_|_|-|_|_|_|_|

Documents to be supplied:

- Mortgage deed or proof of loan
- Annual statements or income tax returns from the past three years

Continue to section 3.



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2.2. Purpose of the insurance: Care for next of kin

What calculation (numerical justification) underlies the sum insured? Please include how the monthly/annual provision was calculated and how long it is needed.

Are you a self-employed entrepreneur/DGA?

No Yes

If yes, Name of the company: _____ Number of employees: _____

Website of the company: _____

What is your position within the company: _____

If you are a shareholder or partner, what percentage of shares do you own: _____ %

Number of shareholders/partners: _____

Is there already a survivor benefit provision in place (e.g. via your employer/ pension agreement)?

No Yes

If so, how much is the monthly payment? € _____

tip: see www.mijnpensioenoverzicht.nl

Documents to be supplied:

- *When you are in paid employment:*
 - Annual statements or income tax returns from the past three years

- *When you are a start-up (< 3 years self-employed entrepreneur):*
 - Annual statements from the past 3 years
 - Excerpt from the Chamber of Commerce
 - Extract UBO register or UBO statement
 - Profit forecast

- *When you are a self-employed entrepreneur (> 3 years)*
 - Income tax returns from the past 3 years
 - Excerpt from the Chamber of Commerce
 - Extract UBO register or UBO statement
 - Organization chart

- *When you are a DGA*
 - Income tax returns from the past 3 years
 - Annual figures of the past 3 years
 - Excerpt from the Chamber of Commerce
 - Extract UBO register or UBO statement
 - Organization chart

Continue to section 3.



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2.3. Purpose of the insurance: Associate insurance

Name of the company: _____ Number of employees: _____

Company website: _____

What is your position within the company: _____

If you are a shareholder or associate, what percentage of shares do you own: _____ %

Number of shareholders/associates: _____

What has been the company's turnover, gross and net profit for the last 3 years?

Turnover: 2020: € 2021: € 2022: €

Gross profit: 2020: € 2021: € 2022: €

Net profit: 2020: € 2021: € 2022: €

What calculation (numerical justification) underlies the sum insured?

What is the value of the company? _____ €

Which valuation method was used to determine the value?

What financial obligations arise in the event of your death?

Is term life insurance taken out for all shareholders/partners? No Yes

If not, please explain the reason.

Documents to be supplied:

- Value assessment of the company
- Excerpt from the Chamber of Commerce
- Extract UBO register or UBO statement
- Organisation chart including holding structure
- Annual figures for the past 3 years

Continue to section 3.



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2.4. Purpose of the insurance: Hedge against inheritance tax

What is the value of the estate? € _____

How has this value been determined?

How many heirs are there and who are they?

Documents to be supplied:

- Proof of the value of the insured's assets/ estate (a signed document from the accountant or last year's IB return).

Continue to section 3.



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2.5. Purpose of the insurance: Keyman-insurance

Name of the company: _____ Number of employees: _____

Company website: _____

What is your position within the company: _____

When did you start working for the company? _____

Why are you considered a keyman?

What calculation (numerical justification) underlies the sum insured? Please include what annual amount is needed and for how long.

Are there several keyman in the company? No Yes

If so, are they also covered by term life insurance? No Yes

If not, why not?

Documents to be supplied:

- Excerpt from the Chamber of Commerce
- Extract UBO register or UBO statement
- Organisation chart
- Annual figures for the past 3 years
- Annual statements or tax returns for the past 3 years from the Keyman

Continue to section 3.



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2.6. Purpose of the insurance: Business loan

Name of the company: _____ Number of employees: _____

Company website: _____

What is your position within the company: _____

If you are a shareholder or associate, what percentage of shares do you hold: _____ %

Number of shareholders/associates: _____

What was the turnover, gross and net profit of the company in the last 3 years?

Turnover:	2020: €	2021: €	2022: €
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Gross profit:	2020: €	2021: €	2022: €
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Net profit:	2020: €	2021: €	2022: €
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What is the purpose of the loan? _____

What is the amount of the loan? _____ €

What is the term? _____

What are the repayment conditions? _____

Who is the lender? _____

Documents to be supplied:

- Proof of loan
- Excerpt from the Chamber of Commerce
- Extract UBO register or UBO statement
- Organisation chart
- Annual figures of the company for the past 3 years
- Annual statements or tax returns from the past 3 years from the insured party

Continue to section 3.



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2.7. Purpose of the insurance: Other

What is the reason for applying for the insurance?

What calculation (numerical justification) underlies the sum insured?

Documents to be supplied:

- Annual statements or tax returns for the past 3 years.

Depending on the purpose and/or the documents provided, additional documents may be requested.

Continue to section 3.



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3. Criminal record

Have you, or another party involved in this insurance, been in contact with the police or judicial authorities in the past 8 years for (co-) committing an offence? Or are you currently involved in a judicial investigation?

No Yes

If yes, please explain:

4. Signing

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 of the agreement between me and TAF BV.

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

Date: / /

Location:

Signature insured:
