

Personal Supplement to Application for Life Insurance

Policy No.: _____

Name of Proposed Insured: _____ Date of Birth: _____

 Please fill in all the figures in **US Dollars**

Section A PURPOSE OF INSURANCE

1. ☐ Personal
- ☐ Income Replacement
 - ☐ Estate Planning
 - ☐ Protection for Dependents
2. ☐ Business
- ☐ Keyperson
 - ☐ Stock Repurchase
 - ☐ Buy-Sell
 - ☐ Requested by Creditor to Secure Loan
- Amount of Loan Secured \$ _____
- Is Insurance required by the Creditor? ☐ Yes ☐ No

3. How was the amount of insurance applied for determined?

4. Employment Information

Proposed Insured

Occupation	
Commencement Date of Employment	
Main Duties	
No. of Employees in the Company	
Percentage of Company Shares Owned, if any	

5. Number of Dependents & Relationship to the Proposed Insured

6. Residential Property

- ☐ Self owned
 ☐ Fully Paid
 ☐ Mortgaged
 ☐ Mortgage Amount \$ _____
- ☐ Rented
 Monthly Rental \$ _____

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If you are applying for personal insurance, please proceed to question 10-13.

Section B BUSINESS INFORMATION

7. ☐ Yes ☐ No If the purpose of this insurance is related to business, are other Corporate Officers or Partners in the business also being insured?

Please give details and explanation.

8. Percent of corporation or partnership owned by Proposed Insured? _____ %

9. Corporation's or Partnership's

	Estimated Current Year	Past Year
Net Worth \$		
Gross Sales \$		
Net Income \$		

FINANCIAL INFORMATION OF PROPOSED INSURED

10. Please fill in figures in thousand dollars ('000)

	Estimated Current Year	Last Year	Year Before Last		Estimated Current Year	Last Year	Year Before Last
ANNUAL INCOME				ASSETS			
Earned Income				Cash	\$	\$	\$
Annual Salary or Wages	\$	\$	\$	Real Estate*	\$	\$	\$
Bonuses	\$	\$	\$	Stocks & Bonds	\$	\$	\$
Other Earned Income	\$	\$	\$	Autos	\$	\$	\$
Total Earned Income	\$	\$	\$	Personal	\$	\$	\$
				Business Equity	\$	\$	\$
Unearned Income				Other	\$	\$	\$
Dividends & Interest	\$	\$	\$	Total Assets	\$	\$	\$
Net Real Estate Income	\$	\$	\$				
Net Business Investment Income	\$	\$	\$	LIABILITIES			
Other	\$	\$	\$	Mortgages	\$	\$	\$
Total Unearned Income	\$	\$	\$	Personal Loans	\$	\$	\$
				Business Loans	\$	\$	\$
				All Other Personal Liabilities	\$	\$	\$
TOTAL ANNUAL INCOME	\$	\$	\$	TOTAL LIABILITIES	\$	\$	\$

Policy No.: _____

Name of Proposed Insured: _____

*** Real Estate Details**

Address of Properties	Date of Purchase	Purchase Price	Mortgage	Current Value

11. Estimated Net Worth of Proposed Insured \$ _____

12. ☐ Yes ☐ No At this time do you have an undischarged bankruptcy? If yes, give type and details.

13. ☐ Yes ☐ No Do you have a prepared financial statement? If yes, please attach a copy.

It is represented that the statements and answers given in this Supplement to the Application are true, complete and correctly recorded to the best of my knowledge and belief. It is agreed that this Supplement shall be a part of the Application to Transamerica Life (Bermuda) Ltd. for insurance on the life of the Proposed Insured, and shall be the basis for any policy issued on the Application.

Signed at _____ on _____
City, Country Date (mm/dd/yyyy)

X _____ X _____
Signature of Proposed Insured Witness to Signature of Proposed Insured

_____ _____
Print Full Name Print Full Name

AGREEMENT OF PROPOSED OWNER IF OTHER THAN PROPOSED INSURED

The Proposed Owner agrees to be bound by all statements, answers, and agreements made by the Proposed Insured in this Supplement to the Application. If Proposed Owner is a corporation, an authorized officer, other than the Proposed Insured must sign as Proposed Owner. In such an event, please provide the full Corporate title, full name of the officer signing, and the full name of Corporation with the company stamp in the space below.

Signed at _____ on _____
City, Country Date (mm/dd/yyyy)

X _____ X _____
Signature of Proposed Owner Witness to Signature of Proposed Owner

_____ _____
Print Full Name Print Full Name

Corporate Title _____

Officer's Name _____

Corporation Name _____