

LIFETIME MORTGAGES**APPLICATION FORM****About this application form**

This is an application form for a Just lifetime mortgage. Just is a trading name of Just Retirement Money Limited. Where you see 'Just', 'we' or 'us' in this document it means Just Retirement Money Limited.

To avoid delays in processing, please make sure all relevant sections of this form are completed in black ink and by printing in capitals. It's important this form is fully complete, as accurate as possible and that all necessary attachments are included with it.

If you run out of space, or need to provide additional information, please use section 14 'Additional information'.

There's a checklist inside this cover that'll help make sure you submit everything needed to support this application.

Please note, if the application doesn't proceed to offer within three months of us receiving this signed and completed application form, you'll have to get a new quote.



Adviser name: _____

Company name: _____

Financial Services Register number: _____

Tel: _____

APPLICATION CHECKLIST

Application checklist (for use by financial adviser)

We're committed to processing this application as quickly and smoothly as possible. This checklist will help make sure we've got all the information we need to do this.

Key Facts Illustration (KFI reference number)

Please make sure all applicants complete and sign all relevant sections of this application form.

Lifetime mortgage application

| Section | Page | Instructions | ✓ |
|---|------|--|---|
| 1. Your personal details | 3 | To be completed by all applicants | |
| 2. Power of attorney | 4 | Only complete if a power of attorney applies | |
| 3. Other people living in the property | 5 | To be completed by all applicants | |
| 4. Buying a property | 5 | Only complete when buying a property | |
| 5. Information about the property | 6 | To be completed by all applicants | |
| 6. Property ownership | 7 | | |
| 7. Your existing borrowing | 7 | | |
| 8. Title deeds | 7 | | |
| 9. Buildings insurance | 7 | | |
| 10. Your lifetime mortgage requirements | 8 | | |
| 11. Your legal adviser | 8 | | |
| 12. Payment of fees | 9 | | |
| 13. Your financial history | 9 | | |
| 14. Additional information | 10 | | |

Medical underwriting questions (for Lump Sum Plus (Enhanced LTV) applications only)

| Section | Page | Instructions | ✓ |
|-------------------------------|------|--|---|
| 15. Your health and lifestyle | 11 | Complete if you want us to take into account your health and lifestyle conditions when calculating the maximum amount you can borrow | |
| 16. Your medical declaration | 15 | | |

Declarations

| Section | Page | Instructions | ✓ |
|--|------|---|---|
| 17. Data protection | 15 | To be read, completed and signed by all applicants | |
| 18. Your declaration and authorisation | 16 | | |
| 19. Adviser's declaration | 16 | To be read, completed and signed by the financial adviser | |
| 20. Adviser's verification of identity | 17 | | |

Please tick the boxes to confirm you have attached the documentation we need to process this application.

Proof of date of birth

**First applicant
(see section 1)**

**Second applicant
(if applicable)**

Certified copy of original passport

OR

Certified copy of original photo driving licence

OR

Certified copy of birth certificate

AND if applicable

Certified copy of marriage certificate

OR

Certified copy of civil partnership certificate

Power of attorney

**First applicant
(if applicable, see section 2)**

**Second applicant
(if applicable)**

Original power of attorney
or copy certified by
a solicitor, on every page

**Payment of fees
(if applicable, see section 11)**

Attached

Not applicable

Cheque for the valuation fee

Cheque for the arrangement fee

**Buildings insurance
(see section 12)**

Attached

To follow

Certified copy of the policy schedule

1. YOUR PERSONAL DETAILS

If you're joint applicants but your property is currently registered in one name only, it'll have to be transferred to you jointly during the legal process. You should take legal advice on this and instruct your legal adviser accordingly.

First applicant

Second applicant (if applicable)

| | | |
|---|---|---|
| Title | <input type="text"/> | <input type="text"/> |
| Forename(s) | <input type="text"/> | <input type="text"/> |
| Surname | <input type="text"/> | <input type="text"/> |
| Marital status | <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Civil partners <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed | <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Civil partners <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed |
| Previous / former name used within the last three years | <input type="text"/> | <input type="text"/> |
| Your gender | <input type="radio"/> Male <input type="radio"/> Female | <input type="radio"/> Male <input type="radio"/> Female |
| Date of birth | <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> | <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> |
| Current employment status | <input type="radio"/> Employed <input type="radio"/> Self-employed <input type="radio"/> Retired <input type="radio"/> Other (please specify) <input type="text"/> | <input type="radio"/> Employed <input type="radio"/> Self-employed <input type="radio"/> Retired <input type="radio"/> Other (please specify) <input type="text"/> |
| Home phone number | <input type="text"/> | <input type="text"/> |
| Mobile number | <input type="text"/> | <input type="text"/> |
| Email address | <input type="text"/> | <input type="text"/> |
| Nationality | <input type="text"/> | <input type="text"/> |
| Are you a permanent UK resident? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

As proof of date of birth, we'll need to see the original (or certified copies) of your passport, photo driving licence or birth certificate for both applicants. If married and a birth certificate has been provided, we will also require the marriage or civil partnership certificate.

| | | |
|---|--|--|
| Home address (where we can contact you) | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> Same address as first applicant, or: <input type="text"/> <input type="text"/> |
| Postcode | <input type="text"/> | <input type="text"/> |
| Time at this address | <input type="text"/> | <input type="text"/> |

If less than three years, please provide details of address(es) within last three years (use section 14 'Additional information', if required).

| | | |
|----------------------|--|--|
| | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> Same address as first applicant, or: <input type="text"/> <input type="text"/> |
| Postcode | <input type="text"/> | <input type="text"/> |
| Time at this address | <input type="text"/> | <input type="text"/> |

2. POWER OF ATTORNEY

Only fill in this section if you're an attorney completing this application on behalf of an applicant. Otherwise please go to the next section.

Power of attorney held for First applicant Second applicant
Type of attorney held Enduring power of attorney Lasting power of attorney

First Attorney

Second Attorney (if applicable)

| | | |
|------------------------|----------------------|----------------------|
| Title | <input type="text"/> | <input type="text"/> |
| Forename(s) | <input type="text"/> | <input type="text"/> |
| Surname | <input type="text"/> | <input type="text"/> |
| Correspondence address | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| Postcode | <input type="text"/> | <input type="text"/> |

Please tick if you'd like any correspondence sent to an attorney's address – rather than the applicants address

Phone number

Relationship to applicant(s)

Certified copy of the power of attorney attached?

Reason for attorney:
please specify if the customer is mentally or physically capable and the name of the condition if applicable.

If there are more than two attorneys, please provide additional details in section 14 'Additional information'. Please note, we don't accept applications from joint applicants where one applicant has power of attorney over the other applicant.

3. OTHER PEOPLE LIVING IN THE PROPERTY

Apart from the applicant(s), will anyone else live in the property? Yes No

If **yes**, please give details below, otherwise go to the next section. If you need more space, please use section 14 'Additional information'.

| Name of other occupier | Date of birth (or age) | Relationship to the applicant(s) |
|------------------------|------------------------|----------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Other occupiers – for example, relatives, friends or carers – won't be able to carry on living in the property when you die or move out permanently. It's important they understand this and that we might ask them to sign an occupier consent form with the help of a legal adviser.

4. BUYING A PROPERTY

Only complete this section if you're buying the property to be mortgaged. If you're releasing equity on your current home, please go to the next section.

Address of the property you're buying

Postcode

Purchase price

Estimated completion date (if you have one)

To avoid any delays, please provide contact details for the estate agent selling the property, or the seller, if it's a private sale.

Contact name

Estate agent

Address

 Postcode

Phone number

Email address

5. INFORMATION ABOUT THE PROPERTY

We'll instruct an independent, qualified valuer to do a valuation report for mortgage purposes only. The report will be used to get an independent valuation of the property. The report is based on a limited inspection and isn't a structural or building survey. You shouldn't rely on the valuation report when making your own decisions regarding the condition or value of the property.

Is the property to be mortgaged Your current home in section 1 The property you're buying in section 4

Estimated property value

Property description House Bungalow Maisonette Flat

Property type Detached Semi-detached Terraced Purpose built Conversion

Flats or maisonettes only How many floors does the building have? (Ground floor = 1)

If seven floors or over, is it served by lifts? Yes No

Number of bedrooms Approximate year built

Construction of building Brick Stone Other (please specify)

Will the property be your main residence? Yes No

If **no**, please provide additional details in section 14 – 'Additional information'

Will any part of the property be used for a trade or business activity? Yes No

Was the property previously owned by a local authority or housing association? Yes No

Is the property over – or adjacent to – retail or business premises? Yes No

Is the property part of a sheltered housing or retirement development? Yes No

Do age restrictions apply to occupants of the property? Yes No

Does the property have agricultural restrictions or other limitations on use? Yes No

Is the property subject to a trust? Yes No

Has the property, outbuildings or garden been flooded within the last five years? Yes No

If you've ticked **yes** to any of the above questions, please provide additional details in section 14 – 'Additional information'.

6. PROPERTY OWNERSHIP

On what basis is the property owned?

Freehold Leasehold Commonhold Absolute

If leasehold property

Freeholder/landlord

Management agent (if applicable)

Name

Address

Postcode

Date the lease expires

7. YOUR EXISTING BORROWING

Do you have an existing mortgage and/or loan secured on the property?

Yes No

If **yes**, please give details below. Otherwise go to the next section. If you need more space, please use section 14 – 'Additional information'.

Name of lender

Account reference

Approximate amount outstanding

Please note, any outstanding mortgage or loan secured on the property must be repaid on (or before) completion of the lifetime mortgage. The legal advisers will arrange repayment for you and will deduct the amount repaid from the initial advance you get on completion. Please don't cancel any direct debit due to the lender(s) as this'll be taken into account when the loan is repaid.

8. TITLE DEEDS

Current location of title deeds

With existing lender In a bank With legal adviser

At home Other (please specify)

Address where deeds are held

Postcode

Are the title deeds in joint names? Yes No

9. BUILDINGS INSURANCE

Under the terms of the lifetime mortgage, you're responsible for ensuring that the property is fully insured against loss or damage. The sum insured must be index-linked and will need to meet the cost of rebuilding.

Please enclose the current buildings insurance policy schedule for your property.

Buildings insurance policy schedule attached?

Yes To follow

10. YOUR LIFETIME MORTGAGE REQUIREMENTS

Please provide details of the lifetime mortgage you're applying for.

Key Facts Illustration that you're applying for (KFI reference number)

Please note, if the application doesn't proceed to offer within three months of us receiving this signed and completed application form, you'll need to ask for a new quote.

Type of lifetime mortgage

- Drawdown Lifetime Mortgage
- Lump Sum Lite Lifetime Mortgage
- Lump Sum Plus Lifetime Mortgage (standard LTV)
- Lump Sum Plus Lifetime Mortgage (enhanced LTV)

Initial advance amount that you're applying for or

£

Maximum available

Please tick the box (or boxes) that best describe how you intend to use your lifetime mortgage advance. Please also provide an estimated amount against each box ticked.

| <input checked="" type="checkbox"/> | Purpose of loan | Estimated amount |
|-------------------------------------|------------------------------|------------------|
| <input type="checkbox"/> | Home improvements | £ |
| <input type="checkbox"/> | Remortgage | £ |
| <input type="checkbox"/> | Property purchase | £ |
| <input type="checkbox"/> | Car purchase | £ |
| <input type="checkbox"/> | Repay debts | £ |
| <input type="checkbox"/> | Holiday | £ |
| <input type="checkbox"/> | Gifting to family | £ |
| <input type="checkbox"/> | Other (please specify below) | £ |

11. YOUR LEGAL ADVISER

For your protection, you must take independent legal advice. Your legal adviser will act solely for you and will explain the legal implications of the lifetime mortgage to you.

Name of legal adviser

Name of company

Address

Postcode

Phone number

Email address

12. PAYMENT OF FEES

Please refer to your Key Facts Illustration, section 11 'What fees must you pay?' for fee information.

Arrangement fee

£

Paid upfront

Added to the lifetime mortgage

Valuation fee

£

Paid upfront

Adding fees to your lifetime mortgage will increase the amount you owe. And interest will be charged on the fees added for the duration of the lifetime mortgage.

Please enclose a cheque payable to Just for any fees you've agreed to pay upfront (as specified in your Key Facts Illustration).

13. YOUR FINANCIAL HISTORY

We can reject an application if a credit search highlights information you haven't disclosed in this application form.

First applicant

Second applicant (if applicable)

Have you ever had an application for a mortgage declined?

Yes

No

Yes

No

Do you have any criminal convictions, spent or otherwise, or criminal prosecutions pending?

Yes

No

Yes

No

Have you missed an amount equivalent to three months' payments on a mortgage or other loan, within the last two years?

Yes

No

Yes

No

Have you been declared bankrupt within the last three years?

Yes

No

Yes

No

Have you been declared insolvent within the last three years?

Yes

No

Yes

No

Have you entered into an individual voluntary arrangement (IVA) or Protected Trust Deed with creditors within the last three years?

Yes

No

Yes

No

Have you been subject to a Debt Relief Order (DRO) or Low Income Low Asset (LILA) Bankruptcy within the last three years?

Yes

No

Yes

No

If you've ticked **yes** to any of the questions, please provide additional details in section 14 - 'Additional information'. You should include amounts, dates and reasons (where relevant).

Have you had County Court Judgements or Sheriff's Court Judgements recorded against you, totalling more than £500, within the last three years?

Yes

No

Yes

No

If **yes**, please provide details below.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Amount

£

£

Reason

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Amount

£

£

Reason

If you need more space, please use section 14 'Additional information'.

14. ADDITIONAL INFORMATION

Section

Additional information

15. YOUR HEALTH AND LIFESTYLE

Only complete this section if you're applying for a Lump Sum Plus Lifetime Mortgage and you'd like us to take into account your health and lifestyle conditions when calculating the maximum amount you can borrow.

Please be as honest and open as possible in disclosing your health and lifestyle factors. The more we know about you, the more likely we are to be able to offer you an enhanced loan-to-value based on your individual circumstances.

We rely on the information you've given us in this form to calculate the lump sum cash advance that we can offer you. If the information you've given us is found to be inaccurate, we could cancel the lifetime mortgage/reject your application or adjust the amount of the advance agreed.

| | First applicant | Second applicant (if applicable) |
|---|--|--|
| Age | <input type="text"/> | <input type="text"/> |
| Weight | <input type="text"/> | <input type="text"/> |
| Height | <input type="text"/> | <input type="text"/> |
| Alcohol consumption each week | <input type="radio"/> 0-49 units <input type="radio"/> 50-69 units <input type="radio"/> 70+ units | <input type="radio"/> 0-49 units <input type="radio"/> 50-69 units <input type="radio"/> 70+ units |
| 1. Have you smoked 10 or more cigarettes a day – or 2.5 ounces (71 grams) or more of rolling tobacco a week – for the last 10 years? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 2. Have you been diagnosed with high blood pressure? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , please enter your most recent reading: | Systolic <input type="text"/> Diastolic <input type="text"/> | Systolic <input type="text"/> Diastolic <input type="text"/> |
| 3. Have you been diagnosed with coronary artery disease/ischaemic heart disease/angina and are prescribed medication (not including aspirin or sprays)? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , how long ago was this diagnosed? | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years |
| 4. Have you suffered a heart attack which meant you were admitted into hospital? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , how long ago was this diagnosed? | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years |

15. YOUR HEALTH AND LIFESTYLE (CONTINUED)

| | First applicant | Second applicant (if applicable) |
|--|---|---|
| 5. Have you had surgery for a heart condition? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , please indicate the nature of the surgery. Please tick all that apply. Please leave blank if none apply. | | |
| Heart bypass, stent or angioplasty | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than five years | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than five years |
| Valve replacement | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than five years | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than five years |
| Pacemaker or ICD | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than five years | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than five years |
| 6. Have you been diagnosed with diabetes mellitus, controlled with tablets or insulin? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , how long ago was this diagnosed? | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years | <input type="radio"/> Less <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years |
| 7. Have you been diagnosed as having suffered a stroke (CVA)? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , how long ago was this diagnosed? | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years | <input type="radio"/> Less <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years |
| 8. Have you been diagnosed as having suffered a mini-stroke (TIA)? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , how long ago was this diagnosed? | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years | <input type="radio"/> Less <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years |
| 9. Have you been diagnosed with malignant cancer (excluding skin cancer), requiring radiotherapy or chemotherapy? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , how long ago was this diagnosed? | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years | <input type="radio"/> Less <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years |

15. YOUR HEALTH AND LIFESTYLE (CONTINUED)

| | First applicant | Second applicant (if applicable) |
|---|--|--|
| 10. Have you been diagnosed with Parkinson's disease, requiring medication? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , how long ago was this diagnosed? | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years | <input type="radio"/> Less <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years |
| 11. Have you been diagnosed with multiple sclerosis, requiring the use of mobility aids? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , how long ago was this diagnosed? | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years | <input type="radio"/> Less <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years |
| 12. Have you been diagnosed with dementia (including Alzheimer's disease)? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , how long ago was this diagnosed? | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years | <input type="radio"/> Less <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years |
| 13. Have you been diagnosed with chronic kidney failure? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , how long ago was this diagnosed? | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years | <input type="radio"/> Less <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years |
| 14. Have you been diagnosed with chronic respiratory disease, requiring daily medication or inhalers? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , how long ago was this diagnosed? | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years | <input type="radio"/> Less <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years |
| 15. Have you had a heart, kidney, liver or lung transplant? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , please tick where it applies: | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years | <input type="radio"/> Less <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years |

15. YOUR HEALTH AND LIFESTYLE (CONTINUED)

| | First applicant | Second applicant (if applicable) |
|---|--|--|
| 16. Have you been diagnosed with cirrhosis of the liver? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , how long ago was this diagnosed? | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years | <input type="radio"/> Less <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years |
| 17. Have you been diagnosed with motor neurone disease? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , how long ago was this diagnosed? | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years | <input type="radio"/> Less <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years |
| 18. Have you been diagnosed with peripheral vascular disease (including intermittent claudication)? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , how long ago was this diagnosed? | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years | <input type="radio"/> Less <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years |
| 19. Have you been diagnosed with hepatitis C? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , how long ago was this diagnosed? | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years | <input type="radio"/> Less <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years |
| 20. Have you been diagnosed with HIV? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If yes , how long ago was this diagnosed? | <input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years | <input type="radio"/> Less <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years |

In certain circumstances, we may need to ask your doctor for a General Practitioner's Report (GPR). We need your consent to do this. By signing the declaration at the end of this form you're giving us your consent.

Under the Access to Medical Reports Act 1988, you have certain rights.

These include:

- the right to see the GPR before it's sent or during the six months after that by writing to your GP
- the right to stop your doctor sending a GPR to us, and
- the right to ask your doctor to change any parts of the GPR you think are inaccurate or misleading. (If your doctor doesn't agree with the changes, you can add your own comments to the GPR.)

If you don't give your consent, your health and lifestyle conditions won't be taken into account when we calculate the maximum amount you can borrow.

16. YOUR MEDICAL DECLARATION

Only complete this section if you're applying for a Lump Sum Plus Lifetime Mortgage and want us to take into account your health and lifestyle conditions when calculating the maximum amount you can borrow.

We may verify the medical information you provided in section 15 with your GP. By signing this declaration, you're giving us consent to get a medical report from your GP.

| | First applicant | Second applicant (if applicable) |
|---|--|--|
| I don't want to see the GPR before it's sent to Just | <input type="radio"/> | <input type="radio"/> |
| OR | | |
| I do want to see the GPR before it's sent to Just | <input type="radio"/> | <input type="radio"/> |
| GP name | <input type="text"/> | <input type="text"/> |
| GP address | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| Postcode | <input type="text"/> | <input type="text"/> |
| GP phone number(s) | <input type="text"/> | <input type="text"/> |
| Power of attorney application? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| I've been advised of my rights under the Access to Medical Reports Act 1988. And I consent to Just seeking medical information concerning my physical or mental health from any doctor who's treated me at any time. I consent to the release of this information to Just. I agree that a copy of this consent shall have the validity of the original. | | |
| Signature(s) | <input type="text"/> | <input type="text"/> |
| Date(s) | <input type="text"/> | <input type="text"/> |

17. DATA PROTECTION

Use of Information and the Data Protection Act

We may provide you with certain financial or insurance products.

As a consequence, we may collect certain information about you. This section tells you why we ask for information, who we provide it to and the purposes for which it may be used. It also explains how we'll protect your privacy.

Compliance with data protection law

We're conscious of our responsibilities under the Data Protection Act 1998. And we'll make sure that the information you give us is always processed and transferred in line with all applicable data protection laws and regulations.

What information we may get from you

We may obtain a variety of information about you. This may include (but isn't limited to) information relating to your gender, dependants, marital status and sensitive personal information such as your physical and mental health.

Any information that's received about you may be retained for at least six years.

Your rights

The Data Protection Act 1998 gives you the right to see any personal data that we hold about you.

We may charge you a small fee for providing this information but it won't exceed any prescribed statutory limit.

You have the right to require any inaccuracies in personal data relating to you to be corrected.

You have the right to prevent processing of sensitive and personal data for the purposes of direct marketing.

Sharing and use of your personal data

Any personal data received about you (either directly or from a third party) may be used by us or any of our Group companies or our suppliers (for purposes 1-7 below), passed by us or any of our Group companies to your financial adviser (for purposes 1-5 below), anyone who purchases an interest in us or any of our Group companies (for purposes 4-7 below), and a third party (and their Group companies) who may have introduced you to us (for purposes 5 and 7 below) for one or more of the following purposes:

1. for the administration and continuing review of your Plan
2. to provide you with information about the products you have purchased
3. to perform credit checks and verify your identity
4. to comply with legal and regulatory obligations
5. for business analysis and research
6. to provide you with information about other products and services from us or any of our Group companies that may be of interest, and
7. for general administrative purposes, including the storage and backup of data.

Questions?

If you have any questions regarding our use of your personal data – or you wish to update your details or require a copy of your personal data that is held by us – please write to: the Data Protection Officer, Just, Vale House, Roebuck Close, Bancroft Road, Reigate, Surrey, RH2 7RU.

Marketing consent

Please tick if you'd like to receive information about our products and services from us, or any of our group companies

by post by phone by email

18. YOUR DECLARATION AND AUTHORISATION

I / We declare that the information given in this application form is true and complete to the best of my / our knowledge and belief, whether it is completed in my/our handwriting or not, and that I / we have disclosed all material facts. (A material fact is one which a prudent lender would regard as likely to influence the assessment and acceptance of your application. If you are in any doubt as to whether a fact is material, it should be disclosed.)

I / We understand that Just rely on the information provided by me / us in this application form to calculate the amount of the lump sum cash advance that Just can offer me / us and if the information provided on my / our medical and lifestyle conditions is found to be inaccurate, then Just may be entitled to cancel the Just Lifetime Mortgage / reject my / our application, or adjust the amount of the lump sum cash advance agreed.

I / We hereby apply to Just for the Lifetime Mortgage indicated in section 10 of this application form. I / We confirm that I / we have received and read the Key Facts Illustration.

I / We confirm that my / our property is as stated above and understand that if the valuation does not confirm this for any reason my / our application may be rejected. I / We understand that if I / we fail to disclose a material fact, this may result in my / our Just Mortgage becoming void. I / We instruct Just to proceed with the legal aspects through my / our solicitor. I / We authorise you or your representatives to inspect my / our title to the property detailed in this application at HM Land Registry.

I / We understand that I / we are not contractually bound until all the necessary documents have been approved and executed. I / We give permission for Just or an agent acting on their behalf to request redemption statements on any outstanding mortgage, request title deeds, and pay off any outstanding mortgage from the lump sum cash advance.

I / We understand that I / we may be required to repay all or some of the legal charge if I / we move to another property of lower value. I / We understand that if someone else takes up permanent residency in the property, I / we may be required to repay all or part of the legal charge.

I / We understand that Just may make searches at credit reference agencies who will supply credit information as well as information from the electoral register. The agencies will record details of the search whether or not the application proceeds. Just may use credit-sourcing methods to assess this application and to verify my / our identity.

I / We authorise Just to pay commission to my / our financial adviser as outlined in the Key Facts Illustration or personal quotation accepted as detailed in this application form.

If any aspect of this application form is unclear or additional information is required, or my / our agreement to any change to this application is required, I / we authorise Just to seek authorisation on my / our behalf direct from my / our financial adviser. I / We consent to my / our financial adviser providing the required signed authority in their own handwriting direct to Just on my / our behalf for my / our application to proceed to conclusion. I / We understand that once the contract is concluded it cannot be changed.

I / We give permission to Just and the third parties listed above to process my / our personal data (including my / our sensitive personal data) as set out in this section 17.

First applicant signature

Date

Second applicant signature (if applicable)

Date

A copy of the Just lifetime mortgage terms and conditions, and your completed application form, are available on request.

Please note that this application form is only valid for six months from the date of signature. If the Just lifetime mortgage hasn't completed in this time, you'll be asked to complete this form again.

19. ADVISER'S DECLARATION

This section is to be completed and signed by the financial adviser. Just only accept business from financial advisers who hold a suitable lifetime mortgage qualification.

Name of adviser / supervisor

Name of firm / network

Financial services register number

Are you also submitting this application as a member of a mortgage club?

I confirm that:

I've passed an appropriate approved examining board's specialist examination in equity release and that I have provided / supervised* the equity release advice and recommendation. (*Delete as appropriate.)

I've provided advice on this lifetime mortgage in accordance with Mortgage Conduct of Business (MCOB) rules.

To the best of my knowledge, this application meets Just's current lending criteria and acceptable property guide.

I've submitted this application under Just's Terms of Business.

The terms of business can be found at justadviser.com/tob and will be periodically updated and amended. Accordingly, you should satisfy yourself of the terms because they contain important information about how we make payments, together with our respective rights, obligations, and assumptions of responsibility. By submitting this application to Just you agree that these terms will apply (unless a separate written agreement has been entered into in respect of the introduction of Lifetime Mortgage business).

Signature of adviser / supervisor

Date

20. ADVISER'S VERIFICATION OF IDENTITY

This section is to be completed and signed by the financial adviser. This form is to be used by an FCA-regulated firm to confirm they've verified the identity of the applicants. For power of attorney cases, please copy and complete this form to confirm the identity of the attorneys

First applicant details (see explanatory notes below)

Full name of customer

Date of birth

Current address

Previous address, if individual has changed address in the last three months

Confirmation

I / we confirm that (a) the information in the section above was obtained by me / us in relation to the customer; (b) the evidence I / we have obtained to verify the identity of the customer: (tick only one)

meets the standard evidence set out within the guidance for the UK financial sector issued by Joint Money Laundering Steering Group (JMLSG), or

exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).

Signed

Name

Position

Date

Second applicant details (if applicable)

Full name of customer

Date of birth

Current address

Previous address, if individual has changed address in the last three months

Confirmation

I / we confirm that (a) the information in the section above was obtained by me / us in relation to the customer; (b) the evidence I / we have obtained to verify the identity of the customer: (tick only one)

meets the standard evidence set out within the guidance for the UK financial sector issued by JMLSG, or

exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).

Signed

Name

Position

Date

Details of introducing firm (or sole trader)

Full name of regulated firm (or sole trader)

Financial services register number

Explanatory notes

1. A separate confirmation must be completed for each customer (for example, joint holders, trustee cases and joint life cases). Where a third party is involved – for example, a payer of contributions who is different from the customer – the identity of that person must also be verified, and a confirmation provided.
 - those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations, or
 - those whose identity has been verified using the source of funds as evidence.
2. This form cannot be used to verify the identity of any customer that falls into one of the following categories:
 - those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification
3. This confirmation must carry an original signature, or an electronic equivalent.

OUR SERVICE ON EQUITY RELEASE – WHAT YOU CAN EXPECT

We aim to progress your client's application as quickly and smoothly as possible.

The key stages of the process and typical timescales – from application to completion – are outlined below.

| Stages of the equity release process | Receipt of application form | Offer issued | Completed legal documents returned |
|---|-----------------------------|---|--------------------------------------|
| Working days | 1 2 3 4 5 6 7 8 9 | 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 | 25 26 27 28 29 30 31 32 33 34 |
| Acknowledge application and instruct valuation | 2 days | | |
| Valuation carried out and app | 7 days | | |
| Estimated time for applicant's solicitors to provide Early Repayment Charge advice and obtain client's signature on legal documents | | 15 days | |
| Funds issued after receipt of legal documents Registered properties ¹ | | | 3 days |
| Or Encumbered ² and / or unregistered properties ³ | | | 10 days* |

For a registered property¹ the total number of working days to release funds (including allocation of 15 days for client's own solicitors) is approximately 27 days. (12 days spent by Just plus 15 by client's own solicitors.)

For an encumbered² and / or unregistered property³ the total number of working days to release funds (including allocation of 15 days for client's own solicitors) is approximately 34 days. (19 days spent by Just plus 15 by client's own solicitors.)

¹ If property is registered, the title to the property is registered at the Land Registry and is guaranteed by the State.

² Encumbered – there is an outstanding mortgage or loan, or legal charge on the property.

³ If property is unregistered, ownership is not guaranteed by the State. The title can only be proved by a copy of the title deeds and your title insurer will check back the property's documentation over at least 15 years to certify it.

* For encumbered properties this timescale is dependent on provision of a redemption statement and can be reduced if advance notice of client's completion of legal documents is provided. For unregistered properties this timescale can be significantly reduced if title deeds are received early in the process.

NEXT STEPS

We like to keep things simple. One of the things we pride ourselves on is offering you an easy and transparent application process. This document explains this process, as well as some simple things you can do to help speed up your client's application.

| Our application process | | What you can do to help |
|--|--|--|
| Step 1: Application | <ul style="list-style-type: none"> When we receive the application, we'll review it and contact you if we have any queries. | |
| Step 2: Valuation | <ul style="list-style-type: none"> Our panel of valuers will contact your client to arrange an appointment to view the property. | <ul style="list-style-type: none"> Please make sure your client will be available, so the valuer can gain access quickly. |
| Step 3: Title search | <ul style="list-style-type: none"> To speed up the application, we use a third party company. This means your client's solicitor(s) doesn't need to carry out any searches. This third party company will conduct a Land Registry search to check that the property is registered and that the title matches the application. | |
| Step 4: Unregistered properties | <ul style="list-style-type: none"> If the search shows that the property isn't registered, our conveyancers will ask your client's solicitor for the full title deeds. The application may not be able to proceed until the deeds have been checked. However, an offer will be issued, subject to the title deed being acceptable. If the search shows that the title isn't in the same name(s) as the application, we'll ask you to arrange a transfer of the title. | <ul style="list-style-type: none"> You can pre-warn your client that our conveyancers may ask them to provide authorisation to obtain the title deeds, to clarify their whereabouts or to provide other information on the deeds. |
| Step 5: Offer | <ul style="list-style-type: none"> Once the application is accepted, we'll send an offer letter to you and your client. Your client's solicitor will also get written confirmation of the offer, together with the relevant legal documents. This letter will set out details of anything else we need before completion. <p>Note – If the property is unregistered and the title deeds haven't been reviewed and confirmed as acceptable, we'll issue an offer subject to receiving acceptable title deeds. If the title deeds prove unacceptable, we'll revoke the offer.</p> <ul style="list-style-type: none"> Your client will need to make an appointment to sign the necessary legal documents. | <ul style="list-style-type: none"> Ask your client to make an appointment with their solicitor(s) as soon as possible after the offer's been issued to sign the legal documents and provide any information required. It may help us complete the transaction more quickly if you let us know when the legal documents will be signed. |
| Step 6: Completion | <ul style="list-style-type: none"> Once your client's solicitor has returned the completed paperwork, our conveyancers will carry out a final check. If there's an existing mortgage, we'll need a redemption statement. Once we have all the information we need, we'll send the money to your client's solicitor by BACS, less any balance required to clear any existing charges. | <ul style="list-style-type: none"> If you're aware that the solicitor is sending the documents and you can let us know in advance, we can request the statement earlier to reduce any delays. Unfortunately, we can't request the statement prior to receiving this confirmation. |

Once this application is completed:

- detach this page and keep it, for your information; and
- send the main application, with attachments to:
the Administration Manager, Just, Vale House,
Roebuck Close, Bancroft Road, Reigate, Surrey RH2 7RU.

JUST.

FOR MORE INFORMATION

Call: **01737 233297**

Lines are open Monday to Friday, 8.30am to 5.30pm

Email: **equityreleaseteam@wearejust.co.uk**

Or visit our website for further information: **wearejust.co.uk**

Please contact us if you would like this document in an alternative format.

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