

# ENHANCED LIFETIME MORTGAGE APPLICATION FORM



## IMPORTANT NOTES

This application should be used to apply for a Partnership Enhanced Lifetime Mortgage.

Please take care to answer all questions fully and to the best of your knowledge using **BLOCK CAPITALS AND BLACK INK.**

- You will note the mandatory questions are in bold and indicated with an asterisk (\*). Please note if not completed we cannot process your application.
- Please note that we cannot process your application until this form is received together with the completed Medical Information Summary sent with your Key Facts Illustration (KFI).
- Once completed please send directly to:

**Partnership Enhanced Lifetime Mortgages,  
Regent House,  
1-3 Queensway,  
Redhill, Surrey  
RH1 1QT**

Please give the Partnership KFI reference number that relates to the mortgage product you are applying for, which is located at the bottom of every page on your KFI document.

## FOR ADVISER USE ONLY

If your client has ticked a shaded box anywhere on the application form, please contact the Partnership's Underwriting team on **0845 108 7240** (Local call rates apply) to make sure that this application meets the Partnership lending criteria.

Once agreed in principle with our underwriters, you will be assigned a case number.

Please insert the case number here

## FOR OFFICE USE ONLY

Date received

Account number

# ENHANCED LIFETIME MORTGAGE APPLICATION FORM

FAILURE TO DISCLOSE RELEVANT INFORMATION IS LIKELY TO RESULT IN NON PAYMENT OF A CLAIM

## SECTION 1: BORROWER DETAILS

	First borrower	Second borrower
<b>*Title</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <i>If 'other' please specify</i> <input type="text"/>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <i>If 'other' please specify</i> <input type="text"/>
<b>*Surname</b>	<input type="text"/>	<input type="text"/>
<b>*Forename(s)</b>	<input type="text"/>	<input type="text"/>
<b>*Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>*Date of birth</b>	<input type="text"/> DID <input type="text"/> MIM <input type="text"/> YIYIYIY	<input type="text"/> DID <input type="text"/> MIM <input type="text"/> YIYIYIY
<b>*Nationality</b>	<input type="text"/>	<input type="text"/>
Previous/former name or any other aliases or association	<input type="text"/>	<input type="text"/>
<b>*Are you a UK resident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No (If different to the first borrower)
<b>*Home address</b>		
Flat No./Flat name/House name	<input type="text"/>	<input type="text"/>
House No.	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>
County	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
<b>*Daytime telephone number</b>	<input type="text"/>	<input type="text"/>
Evening telephone number	<input type="text"/>	<input type="text"/>
Mobile number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
<b>*Date moved into current address</b>	<input type="text"/> MIM <input type="text"/> YIYIYIY	<input type="text"/> MIM <input type="text"/> YIYIYIY
If you have lived at your address for less than 3 years, please give previous address.	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
<b>*Please provide details of any other addresses lived at within 3 years, using section 10 of this form</b>		
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Time at this address	From <input type="text"/> MIM <input type="text"/> YIYIYIY	From <input type="text"/> MIM <input type="text"/> YIYIYIY
Date moved into previous address	To <input type="text"/> MIM <input type="text"/> YIYIYIY	To <input type="text"/> MIM <input type="text"/> YIYIYIY
<b>*Mandatory</b>		

# ENHANCED LIFETIME MORTGAGE APPLICATION FORM

FAILURE TO DISCLOSE RELEVANT INFORMATION IS LIKELY TO RESULT IN NON PAYMENT OF A CLAIM

## SECTION 2: LEGAL REPRESENTATIVE

\*Are you being represented by someone under a Power of Attorney?  Yes  No

If 'No' go straight to Section 3.

The following section should only be completed by the legal representatives of the borrower, if they have the legal capacity to effect an Enhanced Lifetime Mortgage on receipt of guaranteed terms.

Please note that if the borrower is, or becomes mentally incapable of managing their own affairs, any unregistered Powers of Attorney must be registered with the Office of the Public Guardian.

The only type of Lasting Power of Attorney we can accept is a registered Property and Financial Affairs Lasting Power of Attorney.

Please note that we cannot accept applications in which a co-borrower is acting as a legal representative of the other borrower.

As legal representative(s), I am separate from the borrower/co-borrower  Yes  No

Is the Power of Attorney registered at the office of the Public Guardian?  Yes  No

Date of registration of the Power of Attorney (if appropriate)

Are you acting as a Deputy appointed by the Court of Protection?  Yes  No

If you are acting in a legal capacity for the borrower, please enclose a copy of the applicable registered authority.

Power of Attorney signatures are required at the end of section 14.

### 1. Attorney for

Please provide the following details:

First borrower

Title  Mr  Mrs  Miss  Ms  
 Other *If 'other' please specify*

Surname

Forename(s)

Address

Postcode

Daytime telephone number

Relationship to the Borrower

Second borrower

Mr  Mrs  Miss  Ms  
 Other *If 'other' please specify*

\*Mandatory

# ENHANCED LIFETIME MORTGAGE APPLICATION FORM

FAILURE TO DISCLOSE RELEVANT INFORMATION IS LIKELY TO RESULT IN NON PAYMENT OF A CLAIM

## 2. Attorney for

Please provide the following details:

Title

Mr  Mrs  Miss  Ms

Other *If 'other' please specify*

Surname

Forename(s)

Address

Postcode

Daytime telephone number

Relationship to the Borrower

## Second borrower

Mr  Mrs  Miss  Ms

Other *If 'other' please specify*

## 3. Attorney for

Please provide the following details:

Title

Mr  Mrs  Miss  Ms

Other *If 'other' please specify*

Surname

Forename(s)

Address

Postcode

Daytime telephone number

Relationship to the Borrower

## Second borrower

Mr  Mrs  Miss  Ms

Other *If 'other' please specify*

If you require extra space please attach a blank sheet of paper.

# ENHANCED LIFETIME MORTGAGE APPLICATION FORM

FAILURE TO DISCLOSE RELEVANT INFORMATION IS LIKELY TO RESULT IN NON PAYMENT OF A CLAIM

## SECTION 3: TENANTS/OTHER OCCUPANTS

### Tenants

\*Is any part of the property let or tenanted?  Yes  No

### Other Occupants

Please provide details of anyone who is over 17 years old (with the exception of the borrowers' children or grandchildren under the age of 25) other than the borrower(s) who will be living in the property. Any occupants must seek independent legal advice and are required to sign an Occupiers Deed of Consent, waiving any rights to occupancy.

NAME(S) OF OTHER OCCUPIER(S)	RELATIONSHIP WITH BORROWERS

## SECTION 4: CURRENT FINANCIAL DETAILS

### Outstanding mortgage and secured loans

Please give details of all mortgage(s) and secured loan(s) on the property to be mortgaged to Partnership. Please note that, if this loan application is approved, it will be conditional that any existing mortgage(s)/secured loan(s) must be redeemed in full prior to, or on completion of this new loan. If you have more than one mortgage/secured loan outstanding please provide details in section 10.

	FIRST LOAN	SECOND LOAN
Lender(s) Name		
Approximate Outstanding balance		

Have you ever

If you tick Yes to any questions in this Section please provide further details in section 10

\*Been declared bankrupt?

Yes  No

Second borrower

Yes  No

\*Entered into any arrangements with creditors?

Yes  No

Yes  No

\*Have you been the subject of one or more County Court Judgements, with a total value greater than £500, within the last three years (whether satisfied or unsatisfied)?

Yes  No  
Value if over £500

Yes  No  
Value if over £500

£

£

\*Been refused a mortgage or credit, or defaulted on any loan credit agreement?

Yes  No

Yes  No

\*Incurred mortgage, rent or loan arrears?

Yes  No

Yes  No

\*Been party to a mortgage where the property has been taken into possession?

Yes  No

Yes  No

\*Been convicted of (or have prosecutions pending relating to) any criminal offence (excluding minor motoring offences and offences 'spent' under the Rehabilitation of Offenders Act 1974)

Yes  No

Yes  No

## SECTION 5: LOAN REQUIRED

The loan requirements are to be the same as in the Key Facts Illustration that you have been provided with. Please check that the correct KFI reference number is on the front of this application form and that the details in the KFI are correct.

\*Mandatory

# ENHANCED LIFETIME MORTGAGE APPLICATION FORM

FAILURE TO DISCLOSE RELEVANT INFORMATION IS LIKELY TO RESULT IN NON PAYMENT OF A CLAIM

## SECTION 6: PROPERTY DETAILS (ON WHICH THE LIFETIME MORTGAGE IS TO BE SECURED)

\*Is the mortgage for a house purchase?  Yes  No    Completion date

\*If 'Yes', do you require a separate home buyer's report?  Yes  No

Address of the property to be mortgaged

(if different to the address given in section 1)

Postcode

\*Is the property in either England, Wales or mainland Scotland?  Yes  No

\*Is the property your primary residence?  Yes  No

\*Please indicate the Tenure  Freehold  Leasehold

\*For leaseholds please state the remaining term  years

\*Does it meet Partnership's lending criteria? (Please speak to your financial adviser)  Yes  No

Is the Annual Service Charge more than £1000 or more than 0.75% of the property value?  Yes  No

\*What type of property is it?  House  Flat/maisonette  Bungalow  Other/Studio flat

Property age  years

If the property is less than 10 years old, is a Building Warranty in place?  Yes  No

If 'Yes', what type?

Is your flat in a block which has either fewer than 5 storeys or 5 – 10 storeys with a lift?   
*Note. if the block is over 10 storeys we cannot accept this.*  Yes  No

\*Is the property over or adjacent to retail/business premises?  Yes  No

\*Is the property classed as sheltered accommodation?  Yes  No

\*Are there age restrictions on who can live in the property?  Yes  No

\*Is the property used for some form of business or commercial activity?  Yes  No

\*Does the property have shared ownership with the council or developer?  Yes  No

\*Mandatory

# ENHANCED LIFETIME MORTGAGE APPLICATION FORM

FAILURE TO DISCLOSE RELEVANT INFORMATION IS LIKELY TO RESULT IN NON PAYMENT OF A CLAIM

\*Is the property held in trust?  Yes  No

\*Are there any limitations on the use of your property?  Yes  No

\*Is the property ex-local authority or housing association, or on a council estate?  Yes  No

\*Does the property have agricultural restrictions?  Yes  No

\*Is the property listed?  Yes  No

\*Does the property have more than 5 acres of land?  Yes  No

\*Has the property ever been flooded, been at high risk of movement or subsidence or near contamination?  Yes  No

## Construction type of the property:

\*What is the property built of?  Brick  Stone  Timber frame  Other

\*What is the property roofed with?  Tile  Slate  Stone  Other

\*The roof is: Question not applicable for blocks of flats  Flat  Pitched

## SECTION 7: VALUATION OF THE PROPERTY

### Mortgage valuation report

Partnership will need to obtain a mortgage valuation report. This is a limited report and is not a survey of the property. It is prepared for Partnership's valuation purposes only.

If you are not already the owner, please provide the name, address and telephone number of the person we can contact to make arrangements for the valuation. If this person is not the owner of the property please give details:

	Owner details	Details if not the owner
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <i>If 'other' please specify</i> <input type="text"/>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <i>If 'other' please specify</i> <input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s)	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<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"/>
Telephone number	<input type="text"/>	<input type="text"/>

**\*Mandatory**

# ENHANCED LIFETIME MORTGAGE APPLICATION FORM

FAILURE TO DISCLOSE RELEVANT INFORMATION IS LIKELY TO RESULT IN NON PAYMENT OF A CLAIM

## SECTION 8: SOLICITOR DETAILS

Partnership will appoint its own solicitor to represent it in the transaction. You will need to appoint a solicitor to represent you and you will be liable to pay their fee.

**\*Please confirm that your solicitor offers residential conveyancing as an area of law?**  Yes

Please provide the name and address of the Solicitor/Licensed Conveyancer who will be acting for you in connection with this mortgage application.

Name of Acting Solicitor/Licensed Conveyancer

Name of firm

House No.

House name

Street

Town

County

Postcode

Solicitor DX Number  
(You can find this at [www.thedx.co.uk](http://www.thedx.co.uk))

DX  Town Exchange

Telephone number

## SECTION 9: BUILDINGS INSURANCE

You must keep the property insured on an index-linked basis for a buildings sum insured not less than that recommended by the surveyor who values your property. The policy must include loss or damage by fire and such other risks as is usual for a residential property. A copy of this insurance policy must be lodged with Partnership prior to completion.

## SECTION 10: ADDITIONAL INFORMATION

**\*Mandatory**



# ENHANCED LIFETIME MORTGAGE APPLICATION FORM

FAILURE TO DISCLOSE RELEVANT INFORMATION IS LIKELY TO RESULT IN NON PAYMENT OF A CLAIM

## SECTION 11: CUSTOMER VERIFICATION

### First Borrower

Passport number as shown on the machine readable strip at the bottom of the passport e.g. GBR 0123456 M

 

Driving Licence number

 

If you do not have a passport or driving licence number, please leave the above blank.

### Second Borrower

Passport number as shown on the machine readable strip at the bottom of the passport e.g. GBR 0123456 M

 

Driving Licence number

 

If you do not have a passport or driving licence number, please leave the above blank.

## SECTION 12: NOTICE OF STATUTORY RIGHTS

Under the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Access to Health Records and Reports (Isle of Man) Act 1993: Partnership reserves the right to apply for a medical report from any doctor who has at any time attended you. The Declaration gives us your consent to apply for such a report if we need to.

### Your rights:

- You do not have to give your consent but, without it, Partnership will not be prepared to accept your loan application.
- If you do give your consent, you can indicate whether or not you wish to see any report before it is sent to us.

### If you indicate that you do not wish to see any report:

- The doctor can forward it to us immediately and we should be able to process your application without delay.
- You can, however, still change your mind at any time within six months and notify the doctor that you wish to see the report. If the doctor has already forwarded the report to us, he/she will send you a copy and, if not, he/she will give you 21 days to arrange to see it.

### If you indicated that you do wish to see any report:

- This may delay the processing of your application.
- The doctor is allowed to charge you a fee to cover the cost of supplying you with the report.
- You should follow the procedures outlined on page 10.

# ENHANCED LIFETIME MORTGAGE APPLICATION FORM

FAILURE TO DISCLOSE RELEVANT INFORMATION IS LIKELY TO RESULT IN NON PAYMENT OF A CLAIM

## Procedures for access to reports

- If you indicate now that you do wish to see any report, we will notify you if we apply for one and will inform the doctor of your wishes. You will then have 21 days to contact the doctor to arrange to see it.
- If you do see a report, the doctor must obtain your consent before sending it to us.
- You have the right to request that the doctor amends any part of a report you consider incorrect or misleading and you can attach your written views on any part the doctor refuses to amend.
- The doctor does not have to let you see any part of a report that he/she considers would be likely to cause serious harm to your physical or mental health or of others, or that would indicate his/her intentions towards you. He/she also does not have to let you see any part that would be likely to disclose information about, or the identity of, another person who has supplied information about you, unless that person has consented or the information relates to, or has been supplied by, a health professional caring for you. If the doctor does not let you see any part of the report he/she must notify you of that fact.

## SECTION 13: USING YOUR PERSONAL INFORMATION

### Personal information which you provide to Partnership will be used:

- To set up and administer your Lifetime Mortgage
- To calculate the amount you can borrow
- For complaints analysis (if appropriate)
- For research and statistical analysis
- To prevent, detect or investigate financial crime or fraud

To complete our processes we may have to share your information with other companies in the Partnership Group and other insurers, reinsurers, our service providers, regulators or credit reference agencies. These organisations will not use your information for any other purpose and any credit reference check will not affect your credit rating. We may also need to share information with your financial adviser and solicitor.

We may transfer or otherwise dispose of the benefit of the proposed loan to any person without further reference to you. By signing the Declaration you will be consenting for us to dispose of any loan should we so wish. Partnership may disclose information relating to you, the property, the loan and the conduct of the loan account to any transferee or potential transferees of the loan.

We will not disclose any of your information to any other body or organisation except for the reasons detailed above.

Your information will only be used when necessary and will only be available to those who need to see it.

When you sign the Declaration on page 13 of this form you will be consenting for us to use any sensitive information such as your medical records for the purposes above.

If you need any further information, please contact the Partnership Data Protection Officer on 0845 108 7240 or write to: Partnership, 5th Floor, 110 Bishopsgate, London, EC2N 4AY.

# ENHANCED LIFETIME MORTGAGE APPLICATION FORM

FAILURE TO DISCLOSE RELEVANT INFORMATION IS LIKELY TO RESULT IN NON PAYMENT OF A CLAIM

## SECTION 14: DECLARATION AND CONSENT – PLEASE READ, COMPLETE AND SIGN THIS DOCUMENT

### By signing this Declaration

#### I/we agree that

- This Lifetime Mortgage will be administered on an interest roll-up basis in accordance with the terms of the product guide, the Mortgage, the Enhanced Lifetime Mortgage terms and conditions and the terms and conditions of the Offer of Loan.
- A mortgage valuation report will be arranged by Partnership. This report is intended solely for the purpose of considering this application for a loan and is not intended to be a detailed inspection of the property.
- Neither Partnership nor its valuer gives any warranty as to the condition or value of the property and that it is for me/us to satisfy myself/ourselves as to the value and condition of the property.
- I/we will keep the property fully insured on an index linked basis until the loan is fully repaid.
- A condition of applying for a loan is that Partnership need not give any reason if declining the application.
- I/we will not let the property without prior authorisation from Partnership.
- Any person interested now or in the future in the loan, the mortgage and other security may rely upon the truth and accuracy of the information contained in this application and any supporting documentation, information or security.

#### I/we give Partnership permission

- To obtain medical information from any doctor who, at any time, has attended me/us, about anything that affects my/our physical or mental health and/or any insurance office to which an application has been made on my/our life and I/we authorise the giving of such information. This consent shall remain valid throughout the duration of the Lifetime Mortgage and after my/our deaths.
- To confirm the information I/we have supplied regarding my/our status as a smoker by way of a test.
- To use the information I/we give as detailed in section 13 headed 'Using your personal information'. Partnership may pass information about my/our physical or mental health or condition to group companies of Partnership, third party insurers, reinsurers and medical practitioners.
- To pass the information to third parties for the prevention or detection of fraud, enabling assets to be rightfully claimed or where required by law or regulation.
- To transfer or otherwise dispose of the benefit of the proposed loan, mortgage or other security for the loan if it so wishes to any person without reference to myself/ourselves and I/we acknowledge that all references to 'the lender' will include any such transferee.

#### I/we declare that

- I/we have received a personalised Key Facts Illustration which shows the risks, features and benefits of the lifetime mortgage and the Initial Disclosure Document.
- I/we have received a report from my/our Financial Adviser documenting the discussion of the implications of the plan for me/us and my/our family and explaining why this Lifetime Mortgage is suitable for me/us.
- I/we have received a copy of the Lifetime Mortgage product literature, which explains the nature of this type of mortgage loan and the potential implications of entering into this arrangement.
- I/we have been advised to notify and consult with any other person(s) who may have an interest in the property offered as security for this Lifetime Mortgage.
- I/we apply for a loan to be made on the security of the property according to the terms and conditions applicable to the Lifetime Mortgage. Following loan completion, any fees or disbursements outstanding will be debited to the mortgage.
- To the best of my/our knowledge and belief, the information on this application and any previous statements and particulars I/we have submitted to Partnership are true and complete and that I/we have not withheld any information that may influence Partnership's assessment and acceptance of my application.
- I/we have considered all alternative courses of action.
- I/we have read my/our rights governing access to medical records in section 12.
- I/we have read the notice regarding the use of my/our personal information in section 13.

# ENHANCED LIFETIME MORTGAGE APPLICATION FORM

FAILURE TO DISCLOSE RELEVANT INFORMATION IS LIKELY TO RESULT IN NON PAYMENT OF A CLAIM

## BEFORE YOU SIGN

Please check your Key Facts Illustration and your answers in each section to ensure that you have provided all the information required and that you are satisfied with the content.

### Checklist:

1. Have you checked the Key Facts Illustration and are satisfied with the content?
2. Have you checked each section of this application and are satisfied with the content?
3. Have you provided details of your passport number and Driving licence number in section 11?
4. Have you (both) signed and dated the Declaration section of this form?
5. Have you enclosed a completed, signed Medical Information Summary with the same reference number as your KFI?
6. Have you filled out your doctor's details below?

**Please do not enclose copies of any Key Facts Illustrations issued to you. You must retain these for future reference.**

If there are any other facts that could reasonably be construed as likely to influence our decision about this loan application, but have not been revealed as a result of answering specific questions within this application form, you must tick this box and provide details in the additional information section (Section 10).

## DOCTOR CONTACT DETAILS

	First borrower	Second borrower
*Doctor's name	<input type="text"/>	<input type="text"/>
*Surgery address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
*Surgery postcode	<input type="text"/>	<input type="text"/>
*Surgery phone number	<input type="text"/>	<input type="text"/>
*Mandatory		

# ENHANCED LIFETIME MORTGAGE APPLICATION FORM

FAILURE TO DISCLOSE RELEVANT INFORMATION IS LIKELY TO RESULT IN NON PAYMENT OF A CLAIM

## SIGNATURE(S) OF BORROWER(S)

*\*Please delete as appropriate*

**\*Signed**

**\*Name**

**\*Date of signature**

### If a Power of Attorney is in place

First Attorney Name

Acting as attorney for (Client Name):

Signed

Date

Second Attorney Name

Acting as attorney for (Client Name):

Signed

Date

Third Attorney Name

Acting as attorney for (Client Name):

Signed

Date

We are unable to accept this application form if signed under a Power of Attorney without prior consent.

**\*Mandatory**

### First borrower (Not for Power of Attorney cases)

I do/do not\* wish to see the medical report from my doctor before it is sent to Partnership
















### Second borrower (Not for Power of Attorney cases)

I do/do not\* wish to see the medical report from my doctor before it is sent to Partnership

# ENHANCED LIFETIME MORTGAGE APPLICATION FORM

FAILURE TO DISCLOSE RELEVANT INFORMATION IS LIKELY TO RESULT IN NON PAYMENT OF A CLAIM

## HAVE YOU COMPLETED

The I.D. section on page 9?

The KFI reference number of the front cover?

(Please note that this number should match the one on the Medical Information Summary)

## HAVE YOU ENCLOSED

Power of Attorney forms (if appropriate)?

Signed Medical Information Summary?

## TO BE SIGNED BY THE INTERMEDIARY

I confirm that this application is made under Partnership's current Terms of Business (available for download from Partnership's online document library) which I have read. I confirm that I comply with the requirements of those Terms of Business.

I confirm that, to the best of my knowledge, this application meets with Partnership's current lending criteria and that the information provided is correct. If a shaded box has been ticked, I confirm that I have contacted Partnership underwriting and provided further information.

I have advised the applicant(s) of the features, risks and benefits of the Enhanced Lifetime Mortgage. This includes consideration of alternative courses of action and the impact on their tax situation and entitlement to state benefits. In my advice I have considered their health and suitability for the plan.

I confirm that I have passed an appropriate examination in Home Reversion Plans/Lifetime Mortgages as prescribed by the Financial Conduct Authority and that I have provided/supervised\* the equity release advice and recommendation.

*\*Please delete as appropriate*

\*Signed

\*Name

\*Date

  

*\*Mandatory*

# ENHANCED LIFETIME MORTGAGE APPLICATION FORM

FAILURE TO DISCLOSE RELEVANT INFORMATION IS LIKELY TO RESULT IN NON PAYMENT OF A CLAIM

---



Regent House, 1-3 Queensway, Redhill, Surrey RH1 1QT



**0845 108 7240\***



**info@partnership.co.uk**



**www.partnership.co.uk**

\*Telephone calls may be recorded for training and monitoring purposes. Local call rates apply.

If you require this document in an alternative format please contact us.

Partnership is a trading style of the Partnership group of Companies, which includes; Partnership Life Assurance Company Limited (registered in England and Wales No. 05465261), and Partnership Home Loans Limited (registered in England and Wales No. 05108846).

Partnership Life Assurance Company Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Partnership Home Loans Limited is authorised and regulated by the Financial Conduct Authority.

The registered office for both companies is 5th Floor, 110 Bishopsgate, London EC2N 4AY.