

Lifestyle Lump Sum Max and Lifestyle Flexible Option

Health and lifestyle questionnaire

Health and Lifestyle Questionnaire

By providing the information requested in this form we will be able to consider a lifetime mortgage application that best reflects your personal circumstances. For example, if you are a smoker and/or have certain health conditions we may be able to offer you a higher loan. If you think this may apply to you please answer the following questions.

Name of first applicant:

Name of second applicant:

It's important that the details you give us on this form are accurate. These details will tell us if you qualify for an enhanced lifetime mortgage. If anything you have told us is inaccurate we may amend your offer. We may ask your doctor for a medical report to confirm the details you give us, but it's your responsibility to give us the correct information.

	1st Applicant	2nd Applicant
What is your height?	<input style="width: 40px; height: 20px;" type="text"/> ft <input style="width: 40px; height: 20px;" type="text"/> ins or <input style="width: 40px; height: 20px;" type="text"/> cms	<input style="width: 40px; height: 20px;" type="text"/> ft <input style="width: 40px; height: 20px;" type="text"/> ins or <input style="width: 40px; height: 20px;" type="text"/> cms
What is your weight?	<input style="width: 40px; height: 20px;" type="text"/> st <input style="width: 40px; height: 20px;" type="text"/> lbs or <input style="width: 40px; height: 20px;" type="text"/> kg	<input style="width: 40px; height: 20px;" type="text"/> st <input style="width: 40px; height: 20px;" type="text"/> lbs or <input style="width: 40px; height: 20px;" type="text"/> kg
Body Mass Index Score (to be completed by adviser)	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

Please tick all boxes that apply

	1st Applicant	2nd Applicant
1. Have you smoked more than 10 cigarettes per day or 3oz (85g) of rolling tobacco per week on a regular basis for the last 10 years or more?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have high blood pressure (hypertension) which requires prescribed daily medication?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been diagnosed with diabetes which is controlled by tablets or insulin?	<input type="checkbox"/>	<input type="checkbox"/>
4. a) Have you had a heart attack, coronary artery bypass graft or coronary angioplasty? or b) Have you been diagnosed with angina which requires prescribed medication?	<input type="checkbox"/>	<input type="checkbox"/>
5. a) Have you had a stroke (CVA) or b) Have you had a mini stroke (TIA) within the last 5 years that requires prescribed medication?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been diagnosed with multiple sclerosis that requires the use of walking sticks or similar aids?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been diagnosed in the last 5 years with any of the following that required chemotherapy or radiotherapy; cancer, leukaemia, Hodgkin's disease, lymphoma, any malignant growth or tumour?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you been diagnosed with Parkinson's disease that requires the use of walking sticks or similar aids?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been advised by a medical professional to take early retirement due to ill health?	<input type="checkbox"/>	<input type="checkbox"/>
Do not tick if early retirement was due to:		
– Anything disclosed above or		
– Musculoskeletal disorder (e.g. osteoarthritis, rheumatoid arthritis, back, neck, shoulder or joint pains) or		
– Mental health disorder (e.g. anxiety, stress, depression or any mental or nervous illness)		
10. Have you been diagnosed with any of the following? – Please tick which applies:		
– Dementia (including Alzheimer's Disease)	<input type="checkbox"/>	<input type="checkbox"/>
– Chronic kidney failure	<input type="checkbox"/>	<input type="checkbox"/>
– Heart, kidney, liver or lung transplant	<input type="checkbox"/>	<input type="checkbox"/>
– Cirrhosis of the liver	<input type="checkbox"/>	<input type="checkbox"/>
– Motor Neuron Diseases	<input type="checkbox"/>	<input type="checkbox"/>
– Heart valve replacement	<input type="checkbox"/>	<input type="checkbox"/>
– Peripheral Vascular disease (including Intermittent Claudication)	<input type="checkbox"/>	<input type="checkbox"/>
– Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>
– HIV	<input type="checkbox"/>	<input type="checkbox"/>

Consent to obtain a medical report

To consider your application, we may obtain a report from your doctor. We need your consent to do this and by signing the declaration at the end of the form you are giving us your consent.

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

- If you do not wish to see the report, your doctor will return it to us immediately on completion. You can still ask to view the report at any time within 6 months of it being issued. You should contact your doctor directly and your doctor may charge a fee for this.
- If you wish to see the report, you have 21 days to make the necessary arrangements with your doctor to view it before it is returned to us. If you do not view the report within those 21 days, your doctor can send it back to us. Please note that asking to see the report is likely to result in a delay to your application.
- If you have viewed the report within the 21 day period it will not be returned to us without your agreement.
- If you disagree with the contents of the report or think it is misleading, you may ask for it to be amended. If your doctor refuses, you may add your own written comments.
- Your doctor may withhold all or part of the report from you if, in his or her opinion, it would be detrimental to your health or would reveal information about somebody else or reveal the identity of a third party.

Consent to use health information

How we use your information

To assess the terms of your application for a lifetime mortgage, when we deal with changes to your policy, Aviva and its agents may need to collect and use health information about those applying.

We need to use this particularly sensitive information to make decisions about whether we can provide a lifetime mortgage to you and on what terms. This may also be done by way of automated decision making.

By proceeding with this application:-

- **You are providing your specific consent to your information being provided for these purposes.**

NOTE: If you do not wish to, or cannot provide this consent and confirmation you should not proceed with this application.

You have various rights in relation to your personal data including accessing your data, and in some limited circumstances objecting to processing or having your data erased.

To find out more about your rights and how we collect and use your personal information, please read the Privacy Notice in the Important Information for this product and see our full Privacy Policy or request a copy by contacting us at Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD.

Applicant 1

Signature

[by person entering
the lifetime mortgage
contract]

Date

Applicant 2

Signature

[by person entering
the lifetime mortgage
contract]

Date

Please note that you may contact us at any time to withdraw your consent to process your health information. If you choose to withdraw this consent we will still process your non-health data as described in our fair processing notice, in order to provide you with a lifetime mortgage.

Declaration

- I declare that the information about me on this form is true and complete to the best of my knowledge and belief.
- I consent to the processing of my personal and medical information by Aviva and third parties providing services to it for the purposes of assessing my eligibility for this enhanced lifetime mortgage.
- I have read the section headed Data Protection on my lifetime mortgage application which provides information on how Aviva will use my personal information.
- I have read my rights as outlined above under the Access to Medical Reports Act 1988 and I consent to the provision of a report to Aviva in connection with this application.
- I consent to Aviva releasing medical information about me to the company that provides the funding for this lifetime mortgage.
- I agree that a copy of this consent shall be as valid as the original.
- I consent to Aviva sharing medical information about me with my financial adviser.

Please tick one of the following boxes below:

	1st Applicant	2nd Applicant
I wish to see any report before it is returned to Aviva	<input type="checkbox"/>	<input type="checkbox"/>
I do not wish to see any report before it is returned to Aviva	<input type="checkbox"/>	<input type="checkbox"/>

	1st Applicant	2nd Applicant
Doctor's name	<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"/>
	Postcode	Postcode
Telephone number	<input type="text"/>	<input type="text"/>
Fax number	<input type="text"/>	<input type="text"/>

	1st Applicant	2nd Applicant
Name (BLOCK CAPITALS)	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

