

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 type="text"/> ft <input type="text"/> ins or <input type="text"/> cms	<input type="text"/> ft <input type="text"/> ins or <input type="text"/> cms
What is your weight?	<input type="text"/> st <input type="text"/> lbs or <input type="text"/> kg	<input type="text"/> st <input type="text"/> lbs or <input type="text"/> kg
Body Mass Index Score (to be completed by adviser)	<input type="text"/>	<input 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? 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)	<input type="checkbox"/>	<input type="checkbox"/>
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

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.

Signature

[by person entering the
lifetime mortgage contract]

Date

DD	MM	YYYY
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Please note that you may contact us at any time to withdraw consent provided above. If you choose to withdraw consent we may still process your data if legally entitled to do so, for example if permitted by applicable law for the purposes of carrying on a lifetime mortgage business.

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 consent to the use of my personal information as set out in the section headed 'Data Protection' of my lifetime mortgage application.
- I have read and understood my rights as outlined above under the Access to Medical Reports Act 1988 and I consent to the provision of a report and/or any or all of my medical records 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 the giving of a report or medical information to Aviva.

Declaration - Continued

Please tick one of the following boxes below:

I wish to see any report before it is returned to Aviva

1st Applicant

2nd Applicant

I do not wish to see any report before it is returned to Aviva

	1st Applicant
Doctor's name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>

	2nd Applicant
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>

Telephone number	<input type="text"/>
Fax number	<input type="text"/>

	<input type="text"/>
	<input type="text"/>

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

	2nd Applicant
	<input type="text"/>

Signature	<input type="text"/>
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	<input type="text"/>
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Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>
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