

1. Adviser details

Adviser Name _____ Company name _____

Email address _____ FCA number _____

Telephone number _____ Network name & FCA _____

Adviser Fee £ _____

When is the fee payable? Upfront On application On completion

2. Which Providers would you like a KFI from?

Please give the product name in the space provided.

<input type="checkbox"/> Aviva _____	<input type="checkbox"/> more 2 life _____
<input type="checkbox"/> Hodge Lifetime _____	<input type="checkbox"/> OneFamily _____
<input type="checkbox"/> Just Retirement _____	<input type="checkbox"/> Pure Retirement _____
<input type="checkbox"/> L&G Home Finance <i>**please see notes at the bottom</i>	<input type="checkbox"/> Retirement Advantage _____
<input type="checkbox"/> LV= _____	<input type="checkbox"/> The Family BS* _____
<input type="checkbox"/> Marsden BS* <i>Please see page 4 for more info.</i>	<i>*Please also state the term of the mortgage.</i>

3. Client Details

Title _____

First name _____

Surname _____

Gender Male / Female

Date of birth _____

Client 2 (if applicable)

Title _____

First name _____

Surname _____

Gender Male / Female

Date of birth _____

Are the above applicant(s) the sole occupants of the property? Yes No

Have the applicant(s) ever had a CCJ / IVA / Bankruptcy? Yes No

4. Property details

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Property Value: £ _____

Postcode _____



Which of the following best suits the description of the property?

House Bungalow Flat Maisonette

What is the tenure of the property?

Freehold Leasehold Commonhold Absolute

Is the property of standard construction? Yes No

Is the property a retirement/age restricted property? Yes No

Is the property used wholly for residential purposes? Yes No

Is the property an ex-local authority property? Yes No

Is the property a listed property? Yes No

For Flats and Maisonettes only

How many floors does the building have? _____

If over 4 floors, does it have a lift? Yes No

Which floor is the property on? _____

Is the property over retail Premises? Yes No

Is the block wholly privately owned? Yes No

**** To obtain a KFI for L&G Home finance, please visit <https://kfi.landghomefinance.com/web/login>. Please ensure you select "Equity Release Club" for the mortgage club.**

5. Loan details

Is it a re-mortgage or a purchase?

Re-mortgage
Additional Borrowing

Purchase Rate Switch
Transfer of Equity

If Additional Borrowing, what is it for? _____

Initial Loan Amount £ _____

How are the lenders fees being paid?

Reserve Facility Amount £ _____

Added to the loan

Deducted from the loan

Paid separately by cheque

Do you want the inheritance guarantee? Yes No What percentage? _____ %

Do you want the cashback*? Yes No How much? £ _____

Do you want the free valuation*? Yes No

**may have an effect on the interest rate*

Does your client wish to make monthly interest payments? Yes No

If yes, What amount?

Retirement Advantage (Interest Select Products) - from 50% £ _____

OneFamily (Lump Sum Interest Payments) - from £25 £ _____

Is this a medically enhanced quote*? Yes No

If yes, please fill in the medical questionnaire on the next page.

**only Aviva, Just Retirement and more 2 life offer medically enhanced products.*

If there is anything else you feel we need to know, please fill in the comments box below.

6. Log in details

Please note: for more 2 life, OneFamily, Pure Retirement and Retirement Advantage, we will need your log in details in order to obtain KFIs on your behalf. Please provide these below:

more 2 life

Username: _____ Password: _____

OneFamily

Username: _____ Password: _____

Memorable word: _____

Pure Retirement

Username: _____ Password: _____

Retirement Advantage

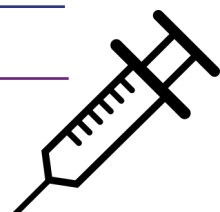
Username: _____ Password: _____

7. Medical Questionnaire

You do not need to fill in this section if it is not a medically enhanced quote.

Please write when they were diagnosed next to the tick box (*options: less than 1 year, 1-5 years, 5+ years*).

	Client 1	Client 2
What is your height?	_____	_____
What is your weight?	_____	_____
1. Have you smoked more than 10 cigarettes per day on a regular basis for the last 10 years or more?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
2. Have you smoked more than 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"/> _____
3. What is your average alcohol consumption per week? (Just Retirement Only)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
4. Do you have high blood pressure (hypertension) which requires prescribed daily medication?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
5. Have you been diagnosed with diabetes which is controlled with tablets or insulin?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
6. Have you been diagnosed as having a heart attack that required hospital admission?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
7. Have you been diagnosed with any of the following which requires prescribed medication?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
8. Have you had a stroke (CVA)?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
9. Have you had a mini stroke (TIA) within the last 5 years that requires prescribed medication?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
10. Have you been diagnosed with multiple sclerosis that requires the use of walking sticks or similar aids?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
11. Have you been diagnosed 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"/> _____
12. Have you been diagnosed with Parkinson's disease that requires; medication or walking sticks or similar aids?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
13. Have you been diagnosed with a chronic respiratory disease requiring daily medication or inhalers?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
14. Have you been advised by a medical professional to take early retirement due to ill health for any reason other than: Anything disclosed above, Musculoskeletal disorder (for example osteoarthritis, rheumatoid arthritis, back, neck, shoulder, or joint pains) or Mental health disorder (for example anxiety, stress, depression or any mental or nervous illness)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
15. Have you received surgery for a heart condition?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
16. Have you been diagnosed with Dementia (including Alzheimer's disease)?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
17. Have you been diagnosed with Chronic Kidney Failure?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
18. Have you been had a Heart, Kidney, Liver or Lung transplant?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
19. Have you been diagnosed with Cirrhosis of the liver?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
20. Have you been diagnosed with Motor Neuron Diseases?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
21. Have you been diagnosed with Peripheral Vascular Disease (including Intermittent Claudication)?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
22. Have you been diagnosed with Hepatitis C?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
23. Have you been diagnosed with HIV?	<input type="checkbox"/> _____	<input type="checkbox"/> _____



7. Marsden Building Society Additional information

You do not need to fill in this section if you are not requesting a KFI from Marsden Building Society.

Your company address: _____	Product name & Rate _____
Address Line 2: _____	Product end date _____
Address Line 3: _____	Repayment or Interest Only?
Postcode: _____	Repayment <input type="checkbox"/> Interest Only <input type="checkbox"/>
Fees:	Term _____
Booking fee _____	Total amount £ _____
Arrangement fee _____	Interest only repayment vehicle UK asset Yes <input type="checkbox"/> No <input type="checkbox"/>

Client employment details:	Client 1	Client 2
What is your employment type?	Employed <input type="checkbox"/> Self Employed <input type="checkbox"/>	Employed <input type="checkbox"/> Self Employed <input type="checkbox"/>
What is your Employment Status?	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contract <input type="checkbox"/> Other <input type="checkbox"/> <i>Please state if other:</i> _____	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contract <input type="checkbox"/> Other <input type="checkbox"/> <i>Please state if other:</i> _____
Gross annual Salary	£ _____	£ _____
Length of service	_____	_____
What is currency paid in? If Stirling is this pegged to a foreign currency?	_____	_____

Client Credit history:	Client 1	Client 2
Have you personally, or as a company director been bankrupt, insolvent or entered into an arrangement with your creditors, including debt relief orders or Individual Voluntary Arrangements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any member of your family or any person living with you ever been convicted or charged (but not yet tried) in respect of any criminal offence (excluding motoring convictions) or been given a police caution?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had a County Court Judgement against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever failed to keep up payments under a mortgage or other loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been refused any credit including a mortgage or taken out a payday loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had any property repossessed by a lender either voluntarily or otherwise?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you applied elsewhere for a loan on this property within the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered yes to any of these questions, please provide additional information below: