

# **Lifestyle Lump Sum Max and Lifestyle Flexible Option**

Key Features Illustration Request Form

**Client 1**

Title	<input type="text"/>
First Name	<input type="text"/>
Surname	<input type="text"/>
DOB	<input type="text"/>
Gender	<input type="text"/>

**Client 2**

Title	<input type="text"/>
First Name	<input type="text"/>
Surname	<input type="text"/>
DOB	<input type="text"/>
Gender	<input type="text"/>

**Property**

Postcode	<input type="text"/>
House Name / Number	<input type="text"/>
Property Value	<input type="text"/>
House /Flat (If the property is a flat, please fill in and include the 'Flat enquiry template form' if this hasn't been done so already)	<input type="text"/>

**Adviser**

Your reference (if applicable)	<input type="text"/>
Mortgage Club Affiliation	<input type="text"/>
Adviser Fee £	<input type="text"/>
Agency code (if known)	<input type="text"/>

**Loan options**

Rebroke case (Y/ N)	<input type="text"/>
Initial Loan Amount Required (or maximum)	<input type="text"/>
Reserve Amount Required (or maximum)	<input type="text"/>
Valuation type; physical valuation, remote valuation or both	<input type="text"/>
Cashback Required £0/ £500 / £1000	<input type="text"/>
Inheritance Guarantee % (if applicable)	<input type="text"/>

# Health and Lifestyle Questions

The health and lifestyle questions are contained within the Personal Quote Summary. This document can be used with your client prior to completing the Personal Quote Summary to understand whether they have certain health conditions which might mean we can offer a higher loan.

Name of first applicant:

Name of second applicant:

It's important that the details you give us 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.

	<b>1st Applicant</b>	<b>2nd Applicant</b>
What is your height?	<input style="width: 40px; height: 20px;" type="text"/> ft <input style="width: 40px; height: 20px;" type="text"/> ins <b>or</b> <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 <b>or</b> <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 <b>or</b> <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 <b>or</b> <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"/>

<b>Please tick all boxes that apply</b>	<b>1st Applicant</b>	<b>2nd Applicant</b>
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 <b>medical professional</b> to take early retirement due to ill health? <b>Do not tick if early retirement was due to:</b>	<input type="checkbox"/>	<input type="checkbox"/>
– 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)		

## Health and Lifestyle Questions continued

Please tick all boxes that apply

1st Applicant 2nd Applicant

10. Have you been diagnosed with any of the following? – Please tick which applies:

– Dementia (including Alzheimer’s Disease)

– Chronic kidney failure

– Heart, kidney, liver or lung transplant

– Cirrhosis of the liver

– Motor Neuron Diseases

– Heart valve replacement

– Peripheral Vascular disease (including Intermittent Claudication)

– Hepatitis C

– HIV

By requesting this quote you confirm that you have authority from your client(s) to provide their personal data to us and have obtained any necessary consents.

**In particular, you confirm that:**

- **your client(s) understand and authorise use of their personal information for the purposes set out in our fair processing notice;**
- **any other person (e.g. an occupant of the property) whose information is being provided understands and has no concerns about their information being used in this way;**
- **where relevant you have the explicit consent of the client(s) to provide their health information for the purpose of underwriting an application;**
- **if your client(s) have/has any concerns about our use of their information then they should not proceed with the application;**
- **that your client(s) is/are aware that they can ask us to cease using their information but this may require the policy to be cancelled (which could incur redemption fees). This would also apply to joint policies if any one of the policyholders asks us to cease using their information.**