

# 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 <b>or</b> <input type="text"/> cms	<input type="text"/> ft <input type="text"/> ins <b>or</b> <input type="text"/> cms
What is your weight?	<input type="text"/> st <input type="text"/> lbs <b>or</b> <input type="text"/> kg	<input type="text"/> st <input type="text"/> lbs <b>or</b> <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**

	<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> – 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

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.

## 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.

**Please tick one of the following boxes below:**

	<b>1st Applicant</b>	<b>2nd Applicant</b>
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 <input type="text"/>	Postcode <input type="text"/>

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"/>

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