

LIFETIME MORTGAGES

QUOTE REQUEST FORM



YOUR DETAILS

Please tick how you'd like this quote sent to you:

Email Post Fax

Contact name

Postcode

Network /
marketing /
support group
name

Financial
services
register
number

Company
name

Financial
services
register
number

Phone

Fax

Email

Initial
commission Standard or

Fee £

Fee %

If you want a
separate broker
fee shown on
the KFI, please
put the
amount here:

£

CLIENT DETAILS**First applicant**Full name Gender Address Postcode Date of birth **Second applicant (if applicable)**Full name Gender Address Postcode Date of birth

QUOTE REQUEST FORM

Type of lifetime mortgage

- Drawdown
 Lump Sum Plus Lifetime Mortgage (standard LTV)
 Lump Sum Plus Lifetime Mortgage (enhanced LTV)

Set up fee

- To be paid upfront To be added to advance

Type of property

- House Bungalow Flat Maisonette
 Detached Semi Terraced

Number of bedrooms

Amount the client wishes to release

Regular payment amount
(Drawdown Lifetime
Mortgages only)

Number of years

Estimated property value

Is the property the client's
main residence?

- Yes No

Is there an existing mortgage
or loan secured on the property?

- Yes No

If **yes**, what's the amount of the
mortgage / loan outstanding?Are the applicants the sole
occupants of the property?

- Yes No

Please note, joint applicants must jointly own the property.Is the property used wholly
for residential purposes?

- Yes No

If **no**, please give details

What is the construction of the property?

Brick Stone Other

If other, please specify

Was the property previously owned by a Local Authority?

Yes No

When was the property built?

Is the property part of a sheltered housing development or are there any age restrictions placed on occupants of the property?

Yes No

Is the property:

Freehold Leasehold Commonhold

If leasehold, when does the lease expire?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

If the property is a flat or maisonette, please answer the following questions.

Is the property:

Purpose-built Conversion

Is it over a retail or business premises?

Yes No

Is the block wholly privately owned?

Yes No

How many storeys?
(Ground floor = 1)

If over seven storeys, is it served by lifts?

Yes No

If the client is applying for an enhanced LTV Lump Sum Plus Lifetime Mortgage, please answer the following health and lifestyle questions.

	First applicant	Second applicant (if applicable)
Age	<input type="text"/>	<input type="text"/>
Weight	<input type="text"/>	<input type="text"/>
Height	<input type="text"/>	<input type="text"/>
Alcohol consumption each week	<input type="radio"/> 0-49 units <input type="radio"/> 50-69 units <input type="radio"/> 70+ units	<input type="radio"/> 0-49 units <input type="radio"/> 50-69 units <input type="radio"/> 70+ units
1. Have they smoked 10 or more cigarettes a day or 2.5 ounces (71 grams) or more of rolling tobacco a week for the last 10 years?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. Have they been diagnosed with high blood pressure?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes , please enter their most recent reading:	Systolic <input type="text"/>	Systolic <input type="text"/>
	Diastolic <input type="text"/>	Diastolic <input type="text"/>
3. Have they been diagnosed with coronary artery disease / ischaemic heart disease / angina and are prescribed medication (not including aspirin or sprays)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes , how long ago this was diagnosed:	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years
4. Have they been diagnosed as having suffered a heart attack which required hospital admission?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes , how long ago this was diagnosed:	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years

	First applicant	Second applicant (if applicable)
5. Have they had surgery for a heart condition?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, please indicate the nature of the surgery and when it was. Please tick all that apply or if none apply, please leave blank.		
Heart bypass, stent or angioplasty	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years
Valve replacement	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years
Pacemaker or ICD	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years
6. Have they been diagnosed with diabetes mellitus, controlled with tablets or insulin?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes , how long ago this was diagnosed:	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years
7. Have they been diagnosed as having suffered a stroke (CVA)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes , how long ago this was diagnosed:	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years
8. Have they been diagnosed as having suffered a mini-stroke (TIA)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes , how long ago this was diagnosed:	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years

	First applicant	Second applicant (if applicable)
9. Have they been diagnosed with malignant cancer (excluding skin cancer), requiring radiotherapy or chemotherapy?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes , how long ago this was diagnosed:	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years
10. Have they been diagnosed with Parkinson's disease, requiring medication?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes , how long ago this was diagnosed:	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years
11. Have they been diagnosed with multiple sclerosis, requiring the use of mobility aids?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes , how long ago this was diagnosed:	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years
12. Have they been diagnosed with dementia (including Alzheimer's disease)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes , how long ago this was diagnosed:	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years
13. Have they been diagnosed with chronic kidney failure?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes , how long ago this was diagnosed:	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years

	First applicant	Second applicant (if applicable)
14. Have they been diagnosed with chronic respiratory disease, requiring daily medication or inhalers?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes , how long ago this was diagnosed:	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years
15. Have they had a heart, kidney, liver or lung transplant?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes , how long ago was this?	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years years <input type="radio"/> More than 5 years
16. Have they been diagnosed with cirrhosis of the liver?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes , how long ago this was diagnosed:	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years years <input type="radio"/> More than 5 years
17. Have they been diagnosed with motor neurone disease?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes , how long ago this was diagnosed:	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years years <input type="radio"/> More than 5 years
18. Have they been diagnosed with peripheral vascular disease (including intermittent claudication)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes , how long ago this was diagnosed:	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years years <input type="radio"/> More than 5 years

	First applicant	Second applicant (if applicable)
19. Have they been diagnosed with hepatitis C?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes , how long ago this was diagnosed:	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years
20. Have they been diagnosed with HIV?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes , how long ago this was diagnosed:	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years	<input type="radio"/> Less than one year <input type="radio"/> 1-5 years <input type="radio"/> More than 5 years

USE OF INFORMATION AND THE DATA PROTECTION ACT 1998

We need to collect personal information about your client (and any other applicant, if applicable). We need to do this to understand their circumstances, requirements and for certain other specified purposes. This section tells you why we ask for information, who we provide it to and the purposes for which it may be used. It also explains how we'll protect their privacy.

Compliance with data protection law

We're conscious of our responsibilities under the Data Protection Act. And we'll ensure that the information you provide to us is processed and transferred to comply with all applicable data protection laws and regulations.

Your client's personal information that you've provided on this form – including their sensitive medical information – will be used by us to provide your client with a quotation.

We'll process your client's personal information fairly and securely in accordance with the Data Protection Act 1998 ('the Act').

Your client's rights

The Data Protection Act gives your client the right to see any personal data that we hold about them. We may charge your client a small fee for providing this information but it won't exceed any prescribed statutory limit.

Your client has the right to require any inaccuracies in personal data relating to them to be corrected. They also have the right to prevent processing of personal data (including sensitive personal data) for the purposes of direct marketing.

Sharing and use of your client's personal information

We'll only use the personal information you provide to us for the following purposes:

- underwriting and pricing purposes;
- to provide your clients with a quote;
- for market research and statistical purposes; and
- to comply with legal and regulatory obligations.

USE OF INFORMATION AND THE DATA PROTECTION ACT 1998 (CONT)

Personal information held for research and statistical purposes will be held securely and separate from other operational personal information. It'll be anonymised, where possible, and will only be used by staff authorised to produce generic market research to inform our pricing and underwriting process. Market research and statistical data won't be used to support any decisions about your client - or used in any way to cause them damage or distress.

We may share personal information that you provide or make available to us with our group companies for the following purposes:

- i. for general administrative purposes, including the storage and backup of data;
- ii. for business and analysis purposes; and
- iii. to comply with legal and regulatory obligations.

Data protection declaration

By submitting this information I / we agree that we've obtained our customer's explicit consent to process their personal (including sensitive personal) data for the purpose of obtaining a quote for an equity release product from Just.

Adviser

Signature(s)

Date(s)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

FOR MORE INFORMATION

Call: **0345 302 2287**

Lines are open Monday to Friday, 8.30am to 5.30pm

Email: support@wearejust.co.uk

Or visit our website for further information: justadviser.com

Please contact us if you would like this document in an alternative format.

Just is a trading name of Just Retirement Money Limited. Registered Office: Vale House, Roebuck Close, Bancroft Road, Reigate, Surrey RH2 7RU. Registered in England and Wales Number 09415215. Just Retirement Money Limited is authorised and regulated by the Financial Conduct Authority. Calls may be monitored and recorded, and call charges may apply.

