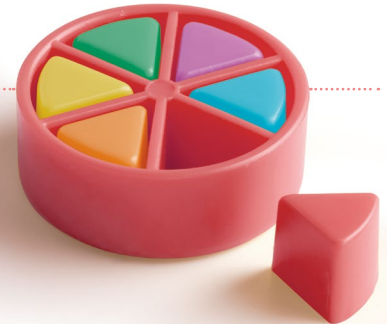


**JUST FOR YOU LIFETIME MORTGAGE****APPLICATION FORM**

**Please save this document before completion to enable the e-signature functionality.**

**About this application form**

This is an application form for a Just For You Lifetime Mortgage.

Just is a trading name of Just Retirement Money Limited. Where you see 'Just', 'we' or 'us' in this document it means Just Retirement Money Limited.

To avoid delays in processing, please make sure all relevant sections of this form are completed in black ink and by printing in capitals. It's important this form is fully complete, as accurate as possible and that all necessary attachments are included with it.

If you run out of space, or need to provide additional information, please use section 14 'Additional information'.

There's a checklist inside this cover that'll help make sure you submit everything needed to support this application.

Please note, if the application doesn't proceed to offer within three months of us receiving this signed and completed application form, you'll have to get a new quote.

## APPLICATION CHECKLIST

Application checklist (for use by financial adviser)

We're committed to processing this application as quickly and smoothly as possible. This checklist will help make sure we've got all the information we need to do this.

Key Facts Illustration (KFI reference number)

Please make sure all applicants complete and sign all relevant sections of this application form.

### Lifetime mortgage application

| Section   | Page | Instructions                                 | ✓ |
|---|------|--|---|
| 1. Your personal details                            | 2    | To be completed by all applicants            |   |
| 2. Power of attorney                                | 3    | Only complete if a power of attorney applies |   |
| 3. Other people living in the property              | 4    | To be completed by all applicants            |   |
| 4. Buying a property                                | 4    | Only complete when buying a property         |   |
| 5. Information about the property                   | 5    |  |   |
| 6. Property ownership                               | 6    |  |   |
| 7. Your existing borrowing                          | 6    |  |   |
| 8. Title deeds                                      | 6    |  |   |
| 9. Buildings insurance                              | 7    |  |   |
| 10. Your lifetime mortgage requirements             | 7    | To be completed by all applicants            |   |
| 10. Your lifetime mortgage requirements (continued) | 8    |  |   |
| 11. Your legal adviser                              | 9    |  |   |
| 12. Payment of fees                                 | 9    |  |   |
| 13. Your financial history                          | 10   |  |   |
| 14. Additional information                          | 11   |  |   |
| 15. Data Protection and privacy policy              | 12   |  |   |

Complete this section if you'd like us to take into account your health and lifestyle conditions, which could impact on the maximum amount you can borrow, or offer a lower interest rate (than our 'standard' option)

| Section                       | Page | Instructions   | ✓ |
|-------------------------------|------|--|---|
| 16. Your health and lifestyle | 14   | Complete if you want us to take into account your health and lifestyle conditions when calculating the maximum amount you can borrow |   |
| 17. Your medical declaration  | 17   |  |   |

### Declarations

| Section                                | Page | Instructions                                       | ✓ |
|--|------|--|---|
| 18. Your declaration and authorisation | 18   | To be read, completed and signed by all applicants |   |
| 19. Adviser's declaration              | 18   | To be read and completed by the financial adviser  |   |
| 20. Adviser's verification of identity | 19   |  |   |
| 21. DD mandate                         | 22   |  |   |

Please tick the boxes to confirm you have attached the documentation we need to process this application.

**Proof of date of birth**

**First applicant  
(see section 1)**

**Second applicant  
(if applicable)**

Certified copy of original passport

**OR**

Certified copy of original photo driving licence

**OR**

Certified copy of birth certificate

**AND if applicable**

Certified copy of marriage certificate

**OR**

Certified copy of civil partnership certificate

**Power of attorney**

**First applicant  
(if applicable, see section 2)**

**Second applicant  
(if applicable)**

Original power of attorney  
or copy certified by  
a solicitor, on every page

**Buildings insurance  
(see section 9)**

**Attached**

**To follow**

Certified copy of the policy schedule

## 1. YOUR PERSONAL DETAILS

If you're joint applicants but your property is currently registered in one name only, it'll have to be transferred to you jointly during the legal process. You should take legal advice on this and instruct your legal adviser accordingly.

|   | First applicant   | Second applicant (if applicable)  |
|---|---|---|
| Title   | <input type="text"/>  | <input type="text"/>  |
| Forename(s)   | <input type="text"/>  | <input type="text"/>  |
| Surname   | <input type="text"/>  | <input type="text"/>  |
| Marital status  | <input type="radio"/> Single <input type="radio"/> Married<br><input type="radio"/> Civil partners <input type="radio"/> Separated<br><input type="radio"/> Divorced <input type="radio"/> Widowed  | <input type="radio"/> Single <input type="radio"/> Married<br><input type="radio"/> Civil partners <input type="radio"/> Separated<br><input type="radio"/> Divorced <input type="radio"/> Widowed  |
| Previous / former name used within the last three years | <input type="text"/>  | <input type="text"/>  |
| Gender  | <input type="radio"/> Male <input type="radio"/> Female   | <input type="radio"/> Male <input type="radio"/> Female   |
| Date of birth   | <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> | <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> |
| Current employment status                               | <input type="radio"/> Employed <input type="radio"/> Self-employed<br><input type="radio"/> Retired <input type="radio"/> Other (please specify)<br><input type="text"/>  | <input type="radio"/> Employed <input type="radio"/> Self-employed<br><input type="radio"/> Retired <input type="radio"/> Other (please specify)<br><input type="text"/>  |
| Home phone number                                       | <input type="text"/>  | <input type="text"/>  |
| Mobile number   | <input type="text"/>  | <input type="text"/>  |
| Email address   | <input type="text"/>  | <input type="text"/>  |
| Nationality   | <input type="text"/>  | <input type="text"/>  |
| Are you a permanent UK resident?                        | <input type="radio"/> Yes <input type="radio"/> No  | <input type="radio"/> Yes <input type="radio"/> No  |

As proof of date of birth, we'll need to see the original (or certified copies) of your passport, photo driving licence or birth certificate for both applicants. If married and a birth certificate has been provided, we will also require the marriage or civil partnership certificate.

|   |  |  |
|---|--|--|
| Home address (where we can contact you) | <input type="text"/><br><input type="text"/><br><input type="text"/> | <input type="radio"/> Same address as first applicant, or:<br><input type="text"/><br><input type="text"/> |
| Postcode                                | <input type="text"/>   | <input type="text"/>   |
| Time at this address                    | <input type="text"/>   | <input type="text"/>   |

If less than three years, please provide details of address(es) within last three years (use section 14 'Additional information', if required).

|                      |  |  |
|----------------------|--|--|
|                      | <input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/> | <input type="radio"/> Same address as first applicant, or:<br><input type="text"/><br><input type="text"/> |
| Postcode             | <input type="text"/>   | <input type="text"/>   |
| Time at this address | <input type="text"/>   | <input type="text"/>   |

## 2. POWER OF ATTORNEY

Only fill in this section if you're an attorney completing this application on behalf of an applicant. Otherwise please go to the next section.

Power of attorney held for  First applicant  Second applicant

Please note, we don't accept applications from joint applicants where one applicant has power of attorney over the other applicant.

Type of attorney held  Enduring power of attorney  Lasting power of attorney

### First Attorney

### Second Attorney (if applicable)

|                        |                      |                      |
|------------------------|----------------------|----------------------|
| Title                  | <input type="text"/> | <input type="text"/> |
| Forename(s)            | <input type="text"/> | <input type="text"/> |
| Surname                | <input type="text"/> | <input type="text"/> |
| Correspondence address | <input type="text"/> | <input type="text"/> |
|                        | <input type="text"/> | <input type="text"/> |
|                        | <input type="text"/> | <input type="text"/> |
| Postcode               | <input type="text"/> | <input type="text"/> |

Please tick if you'd like any correspondence sent to an attorney's address – rather than the applicants address

Phone number

Relationship to applicant(s)

Certified copy of the power of attorney attached?

Reason for attorney:  
please specify why the application is being made under a power of attorney. If the applicant is not able to act for themselves please tell us why.

If there are more than two attorneys, please provide additional details in section 14 'Additional information'.

### 3. OTHER PEOPLE LIVING IN THE PROPERTY

Apart from the applicant(s), will anyone else aged 17 and above live in the property?

Yes  No

If **yes**, please give details below, otherwise go to the next section. If you need more space, please use section 14 'Additional information'.

| Name of other occupier | Date of birth (or age) | Relationship to the applicant(s) |
|------------------------|------------------------|----------------------------------|
| <input type="text"/>   | <input type="text"/>   | <input type="text"/>             |
| <input type="text"/>   | <input type="text"/>   | <input type="text"/>             |
| <input type="text"/>   | <input type="text"/>   | <input type="text"/>             |
| <input type="text"/>   | <input type="text"/>   | <input type="text"/>             |

Other occupiers – for example, relatives, friends or carers – won't be able to carry on living in the property when you die or move out permanently. It's important they understand this and that we might ask them to sign an occupier consent form with the help of a legal adviser.

### 4. BUYING A PROPERTY

Only complete this section if you're buying the property to be mortgaged. If you're releasing equity on your current home, please go to the next section.

Address of the property you're buying

Postcode

Please provide details as to where the deposit is coming from, e.g. equity, savings

Purchase price

£

Estimated completion date (if you have one)

As part of your application we will need to value the property. To avoid any delays in this, please provide contact details for the estate agent selling the property or the seller if it's a private sale.

Contact name

Estate agent

Address   
  
 Postcode

Phone number

Email address

## 5. INFORMATION ABOUT THE PROPERTY

We'll instruct an independent, qualified valuer to do a valuation report for mortgage purposes only. The report will be used to get an independent valuation of the property. The report is based on a limited inspection and isn't a structural or building survey. You shouldn't rely on the valuation report when making your own decisions regarding the condition or value of the property.

Is the property to be mortgaged  Your current home in section 1  The property you're buying in section 4

Estimated property value

Property description  House  Bungalow  Maisonette  Flat

Property type  Detached  Semi-detached  Terraced  Purpose built  Conversion

Flats or maisonettes only How many floors does the building have?  (Ground floor = 1)

If four floors or over, is it served by lifts?  Yes  No

Number of bedrooms  Approximate year built

Construction of building  Brick  Stone  Other (please specify)

Will the property be your main residence?  Yes  No

If **no**, please provide additional details in section 14 'Additional information'

Energy Performance Certificate (EPC) – Remortgages Only

Please confirm if you would like a free EPC carried out on your property.  Yes  No

To receive a link to the completed EPC, please provide an email address in section 1 'Your personal details'. If you do not have an email address please let us know and we can discuss other available options.

Following completion of your EPC, the report will be available on the Government public EPC register [www.gov.uk/find-energy-certificate](http://www.gov.uk/find-energy-certificate) (England, Wales & Northern Ireland) or [www.scottishepcregister.org.uk/](http://www.scottishepcregister.org.uk/) (Scotland).

Will any part of the property be used for a trade or business activity?  Yes  No

Was the property previously owned by a local authority or housing association?  Yes  No

Is the property over – or adjacent to – retail or business premises?  Yes  No

Is the property part of a sheltered housing or retirement development?  Yes  No

Do age restrictions apply to occupants of the property?  Yes  No

Does the property have agricultural restrictions or other limitations on use?  Yes  No

Is the property subject to a trust?  Yes  No

Has the property, outbuildings or garden been flooded within the last five years?  Yes  No

If you've ticked **yes** to any of the above questions, please provide additional details in section 14 'Additional information'.

## 6. PROPERTY OWNERSHIP

On what basis is the property owned?

Freehold  Leasehold  Commonhold  Absolute

### If leasehold property

#### Freeholder/landlord

#### Management agent (if applicable)

Name

Address

Postcode

Date the lease expires

Please confirm the amount of the annual ground rent charge

Is this currently paid up to date?  Yes  No

Does the ground rent escalate?  Yes  No

If **yes**, please provide further information on the rate of escalation and terms in section 14 'Additional Information'.

Please confirm the amount of the annual service charge

Is this currently paid up to date?  Yes  No

Please confirm the amount of the annual estate charge

Is this currently paid up to date?  Yes  No

## 7. YOUR EXISTING BORROWING

Do you have an existing mortgage and/or loan secured on the property?  Yes  No

If **yes**, please give details below. Otherwise go to the next section. If you need more space, please use section 14 'Additional information'.

Name of lender

Account reference

Approximate amount outstanding

Please note, any outstanding mortgage or loan secured on the property must be repaid on (or before) completion of the lifetime mortgage. Our legal advisers will arrange repayment for you and will deduct the amount repaid from the initial advance you get on completion. Please don't cancel any direct debit due to the lender(s) as this'll be taken into account when the loan is repaid.

## 8. TITLE DEEDS

Current location of title deeds  With existing lender  In a bank  With legal adviser

At home  Other (please specify)

Address where deeds are held

Postcode

Are the title deeds in joint names?  Yes  No



## 9. BUILDINGS INSURANCE

Under the terms of the lifetime mortgage, you're responsible for ensuring that the property is fully insured against loss or damage. The sum insured must be index-linked and will need to meet the cost of rebuilding.

Please detail any exclusion or premium loadings to your building insurance

Please enclose the current buildings insurance policy schedule for your property.

Buildings insurance policy schedule attached?  Yes  To follow

## 10. YOUR LIFETIME MORTGAGE REQUIREMENTS

Please provide details of the lifetime mortgage you're applying for.

Key Facts Illustration that you're applying for (KFI reference number)

Please note, if the application doesn't proceed to offer within three months of us receiving this signed and completed application form, you'll need to ask for a new quote and confirm any changes to your circumstances.

Cash facility option  Yes  No

Access to the cash facility is not guaranteed. Please refer to your Key Facts Illustration for more information.

If known, please provide further details of approximate dates, amounts and the purpose of additional advances from the cash facility (the information provided here is purely for information purposes and will not be acted upon or you won't be held to it):

| Approximate date of additional advance | Approximate amount | Proposed purpose |
|--|--------------------|------------------|
|  | £                  |                  |
|  | £                  |                  |
|  | £                  |                  |

Medically Underwritten option  Yes  No

If yes, please ensure section 16 is completed

Initial advance amount that you're applying for

or maximum available

Interest servicing option  Yes  No

If yes, please confirm the monthly amount you wish to service

Please confirm which date you would like the monthly payment to be taken  1st of the month  15th of the month

Early Repayment Charge option  Fixed  Variable

## 10. YOUR LIFETIME MORTGAGE REQUIREMENTS (CONTINUED)

Please provide an estimated amount and any additional information requested for each box ticked. If your lifetime mortgage will only be used to repay an existing mortgage or to purchase your new home please ignore this section.

| ✓   | Reason for the Lifetime Mortgage                                  | Estimated amount |
|---|---|------------------|
|   | <b>Total Advance Required</b>                                     | £                |
|   | <b>Remortgage</b>   | £                |
|   | <b>Home improvements</b>  | £                |
| Please provide details of the improvements you are making and the estimated cost of each:                                     |   |                  |
|   | <b>Purchasing an additional property</b> (such as a holiday home) | £                |
| Please provide details of the intended use of the property you are purchasing:  |   |                  |
|   | <b>Car purchase</b>   | £                |
|   | <b>Repay debts</b> (other than your current mortgage)             | £                |
| Please provide details of the debts you are repaying - the approximate amounts outstanding and whose name the debt(s) are in: |   |                  |
|   | <b>Holiday</b>  | £                |
|   | <b>Gift to family</b>   | £                |
| Please provide details of the gifts you are making including the amount and who you are making the gift to:                   |   |                  |
|   | <b>Other</b>  | £                |
| Please provide details. If you need more space please use section 14  |   |                  |

## 11. YOUR LEGAL ADVISER (PLEASE MAKE SURE THIS SECTION IS COMPLETED)

For your protection, you must take independent legal advice. Your legal adviser will act solely for you and will explain the legal implications of the lifetime mortgage to you.

|                       |                      |                               |
|-----------------------|----------------------|-------------------------------|
| Name of legal adviser | <input type="text"/> |                               |
| Name of company       | <input type="text"/> |                               |
| Address               | <input type="text"/> |                               |
|                       | <input type="text"/> |                               |
|                       | <input type="text"/> |                               |
|                       | <input type="text"/> | Postcode <input type="text"/> |
| Phone number          | <input type="text"/> |                               |
| Email address         | <input type="text"/> |                               |

## 12. PAYMENT OF FEES

Please refer to your Key Facts Illustration, section 11 'What fees must you pay?' for fee information.

|                 |                                |                                    |  |
|-----------------|--------------------------------|------------------------------------|--|
| Arrangement fee | <input type="text" value="£"/> | <input type="radio"/> Paid upfront | <input type="radio"/> Added to the lifetime mortgage |
| Valuation fee   | <input type="text" value="£"/> | <input type="radio"/> Paid upfront |  |

Adding fees to your lifetime mortgage will increase the amount you owe and interest will be charged on the fees added for the duration of the lifetime mortgage.

Please pay any fees you've agreed to pay upfront by bank transfer (as specified in your Key Facts Illustration).

### 13. YOUR FINANCIAL HISTORY

We can reject an application if a credit search highlights information you haven't disclosed in this application form.

#### First applicant

#### Second applicant (if applicable)

Have you had an application for a mortgage declined within the last six years?

Yes  No

Yes  No

Have you been declared bankrupt within the last six years?

Yes  No

Yes  No

Have you entered into an individual voluntary arrangement (IVA) or Protected Trust Deed with creditors within the last six years?

Yes  No

Yes  No

If you've ticked **yes** to any of the questions, please provide additional details below.

Additional Details

Have you had County Court Judgements or Sheriff's Court Judgements recorded against you, within the last six years?

Yes  No

Yes  No

If **yes**, please provide details below.

Date

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

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

Amount

£

£

Has this judgment been repaid in full and confirmed to be satisfied?

Yes  No

Yes  No

If there is a judgment outstanding, this will need to be satisfied either before completion or as a condition of the additional advance completing.

Have you ever had any convictions that are unspent or pending prosecutions for acts of dishonesty, theft or fraud?

Yes  No

Yes  No

If **yes**, please provide details below

If **yes**, please provide details below

## 14. ADDITIONAL INFORMATION

---

**Section**

**Additional information**

---

## 15. DATA PROTECTION AND PRIVACY POLICY

### Who are we?

Just Retirement Money Limited is part of the Just group of companies\* and is registered under the data protection laws in the United Kingdom. We take all reasonable care to prevent any unauthorised access to your personal data.

We respect the privacy of every individual and have developed this policy because we want you to feel confident about the privacy and security of your personal information.

### What is personal information?

Personal information means any information about you which is personally identifiable, including your name, age, gender, address, telephone number, email address, financial details, relevant employment history, your marital status and details of any dependant such as a spouse/partner (for example their name, date of birth and gender) where relevant and any other information from which you can be identified.

### What types of personal information do we collect from you?

We may collect any of the following information about you, your dependants and beneficiaries where relevant (this includes someone you appoint under a power of attorney), when you use our services or we may collect it indirectly from our business partners, such as financial intermediaries:

**Personal data:** your name, date of birth, telephone number, address, email address, dependants, marital status.

**Sensitive/special categories of personal data:** gender and other sensitive information such as information about your physical and mental health.

**Financial information:** information that may relate to your financial circumstances (for example your pension values, income and existing investments), bank account details and details of product options you may consider.

\*Just Group of Companies comprising: Just Retirement Limited, Just Retirement Money Limited, HUB Financial Solutions Limited, Just Retirement Management Services Limited, Just Re 1 Limited, Partnership Home Loans Limited, Paying for Care Limited, Partnership Services Limited, Partnership Life Assurance Company Limited and Partnership Group Holdings Limited.

### How we process your personal information

The personal information we collect may be used in any of the following ways:

**Personal data (including, where relevant, any medical data and your dependant's or beneficiaries' personal and medical data):** this information helps us in our legitimate interests (where those interests are not overridden by your interests and rights) and, in the case of any special categories of personal data (for example health or medical data) with your express consent:

- a) for the administration and continuing review of your lifetime mortgage;
- b) to medically underwrite your lifetime mortgage where relevant;
- c) to help our understanding of mortality;
- d) to share with our third party reinsurer (an insurance company that shares part of the life expectancy risk) for the purposes of evaluating and allocating risk;
- e) to help us calculate our reserves accurately allowing for your specific health profile;
- f) to provide you with information about the products you have purchased;
- g) to perform credit checks and verify your identity;
- h) to comply with legal and regulatory obligations;
- i) for business and analysis purposes including for product development and pricing and for protecting your data through secure storage and backups and research;
- j) to notify you of important changes or updates to our services;
- k) to maintain a record of your communications with us and for training and service improvement services;
- l) for the prevention and detection of fraud;
- m) to invite you to take part in customer and specialist market research;
- n) for general administrative purposes; and
- o) for the purposes of automated decision making.

**Financial information:** where relevant, this information is necessary for the performance of our contract with you and facilitates the provision of our services.

### Consent

The Just group of companies provide an extensive range of different products and services. We may be required to obtain your consent in order to:

- send you marketing literature covering our range of products and services;
- obtain your marketing preferences to communicate through email, telephone or sms; and
- use your personal data for automated decision-making, including profiling for research and marketing purposes as well as actuarial and statistical analysis.

We will seek to obtain your explicit consent where we are required to process any special categories of your personal data.

In the event that we intend to process your personal data for new purposes requiring your consent, we will contact you to obtain your consent for such new purposes.

### Who we may share your personal information with

The personal information we hold about you may be shared with the following recipients subject to security, contractual and transfer adequacy safeguards as appropriate:

- a) our group affiliate including Just Retirement Limited, Just Re 1 Limited and Partnership Life Assurance Company Limited;
- b) third party funders;
- c) our agents; and
- d) business partners/service providers who assist us in providing the services we offer through our website applications and third party comparison portal(s).

The following categories of agents, business partners and close affiliations assist us in the provision of ancillary services and only use your personal information to the extent necessary to perform their functions:

- Providers for pricing/underwriting purposes: these providers may share your personal information with their group companies for the same purpose.
  - Service providers: for the provision of support services such as reinsurance, product administration, receiving and sending marketing communications, data analysis and validation, IT support services, archiving, auditing, business administration and other support services and tasks, from to time.
  - Business partners who may have referred you to us: to provide them with relevant management information.
  - Other companies in the event we undergo a re-organisation or are sold to a third party.
  - Regulators and public authorities who have a legal right to request and process your personal information.
  - Other companies in the Just group, where relevant, for management information purposes and;
- a) for underwriting purposes in respect of Partnership Life Assurance Company Limited; and
  - b) financing purposes in respect of Just Retirement Limited and Just Re 1 Limited.

A list of Just Group companies can be found earlier in this section\*

In addition, we may disclose your personal information if legally entitled or required to do so, for example if required by law or by a court order or if we believe that such action is necessary to prevent fraud or the right, property or personal safety of any person.

### Data retention and anonymisation

Where we have provided you with a service, we will keep your personal information for as long as is necessary for the purposes described in this policy (in line with the data minimisation principle), after which your personal information will be deleted from our systems or anonymised in compliance with our established data protection policy.

Anonymised personal information will not be considered as personal since no individual can be identified by that information. We use anonymised information for further actuarial and business analysis, business research and reporting to help us to develop our products and services.

## 15. DATA PROTECTION AND PRIVACY POLICY (CONTINUED)

### Monitoring our communications with you

We may monitor or record your calls and text messages and other communications, such as emails, in accordance with UK law, and in particular for business purposes such as:

- a) quality control and training;
- b) processing necessary for the entering into or the performance of a contract;
- c) to prevent unauthorised use of our telecommunications systems and web sites and/or services;
- d) to ensure effective systems operation;
- e) to meet our legal obligations;
- f) in your vital interests;
- g) to prevent or detect crime; and
- h) in relation to our legitimate interests.

### Transmission and security of your personal information

We have security measures in place to protect against the loss, misuse and alteration of personal information under our control as required by UK current data protection laws.

For example, our security and privacy policies are periodically reviewed and enhanced as necessary and only authorised personnel have access to personal information. Whilst we cannot ensure or guarantee that loss, misuse or alteration of information will never occur, we use all reasonable efforts to prevent it.

### Transfers of personal data outside of the UK and EEA

Your personal data is sent to and stored on secure servers located in the UK or countries within the European Economic Area (EEA). In the event that your information is transferred outside of the UK or EEA (eg. Because any of our advisers or service providers have IT systems located in other jurisdictions), we will ensure that your data is subject to appropriate safeguards, including relying on a recognised legal adequacy mechanism that it is treated securely and in accordance with our privacy policy.

### Notification of changes to our privacy policy

We reserve the right to amend or modify the privacy policy at any time and in response to any changes in applicable data protection and privacy legislation.

If we decide to change our privacy policy, we may place notices on pages of our website so that you are aware of the information we collect and use it at all times.

If at any point we decide to use or disclose information we have collected in a manner different from that stated at the time it was collected, we will notify you.

### Your rights to your personal information

You have options and choices over how we use your personal information. We may provide you with the tools to manage your account or to change your marketing communication preferences at any time. We may retain a record of your stated objection to the processing of your personal information, including in respect of an objection to receiving marketing communications, for the sole legitimate purpose of ensuring that we can continue to respect your wishes and not contact you further during the term of your objection.

In terms of your rights, you can:

- request to see the personal information we hold on you;
- request your data to be corrected or erased where appropriate;
- restrict/object to the processing of your personal data whilst we investigate your concern;
- in certain circumstances, where your request relates to data you provided to us and where technically possible, request to receive your personal data in a commonly used electronic format or send the data in that format to another provider; and
- withdraw your consent to certain processing activities at any time, for example, to object to direct marketing or profiling for market research and marketing purposes.

Requests for your personal information shall be provided free of charge. However, where requests are repetitive, or manifestly unfounded or excessive, we may charge you a reasonable fee to cover the administrative costs of providing the information, or may refuse to act on the request.

If you have any questions or comments about this privacy policy or our practices, or if you wish to make a request or exercise any of your rights, you can write to us at the below address.

Data Protection Officer

Just Group plc  
Enterprise House  
Bancroft Road  
Reigate  
Surrey  
RH2 7RP

If you remain unhappy with a response you receive from us, you can also refer the matter to the Information Commissioner's Office at [www.ico.org.uk](http://www.ico.org.uk).

Just is a trading name of Just Retirement Money Limited. Registered Office: Enterprise House, Bancroft Road, Reigate, Surrey, RH2 7RP. Registered in England and Wales Number 09415215. Just Retirement Money Limited is authorised and regulated by the Financial Conduct Authority.

### Marketing consent

Please tick if you'd like to receive information about our products and services from us, or any of our group companies.

by post    by phone    by email

## 16. YOUR HEALTH AND LIFESTYLE

Only complete this section if you'd like us to take into account your health and lifestyle conditions which could impact on the maximum amount you can borrow or offer a lower interest rate (than our 'standard' option).

Please be as honest and open as possible in disclosing your health and lifestyle factors. The more we know about you, the more likely we are to be able to offer you an enhanced terms based on your individual circumstances.

We rely on the information you've given us in this form to calculate the maximum amount that we can offer you and the interest rate we can offer you. If the information you've given us is found to be inaccurate, we could cancel the lifetime mortgage/reject your application or adjust the amount of the advance or interest rate agreed.

|   | First applicant  | Second applicant (if applicable)   |
|---|--|--|
| 1. What is the applicant's weight?  | <input type="text"/>   | <input type="text"/>   |
| 2. What is the applicant's height?  | <input type="text"/>   | <input type="text"/>   |
| 3. Has the applicant smoked 10 or more cigarettes per day on a regular basis for the last 10 years?   | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| 4. Has the applicant smoked 2.5oz (70g) or more of rolling tobacco per week on a regular basis for the last 10 years?                       | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| 5. What is the applicant's average alcohol consumption per week?  | <input type="radio"/> 0-49 units <input type="radio"/> 50-69 units<br><input type="radio"/> 70+ units      | <input type="radio"/> 0-49 units <input type="radio"/> 50-69 units<br><input type="radio"/> 70+ units      |
| 6. Has the applicant been diagnosed with high blood pressure (hypertension), requiring prescribed daily medication?                         | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| 7. Has the applicant been diagnosed with diabetes which is controlled with tablets or insulin?  | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| Please enter the date of diagnosis:   | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |
| 8. Has the applicant been diagnosed with a heart attack that required hospital admission?   | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| Please enter the date of diagnosis:   | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |
| 9. Has the applicant been diagnosed with angina, ischaemic heart disease or coronary artery disease, requiring prescribed daily medication? | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| Please enter the date of diagnosis:   | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |



## 16. YOUR HEALTH AND LIFESTYLE (CONTINUED)

|  | First applicant  | Second applicant (if applicable)   |
|--|--|--|
| 10. Has the applicant had surgery for a heart condition?   | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| If Heart Bypass, Stent or Angioplasty, please enter your date of <b>initial</b> surgery:   | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |
| If Valve Replacement, please enter your date of <b>initial</b> surgery:  | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |
| If Pacemaker or ICD (Implantable cardioverter defibrillator), please enter your date of <b>initial</b> surgery:  | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |
| 11. Has the applicant 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   |
| Please enter the date of diagnosis:  | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |
| 12. Has the applicant been diagnosed with a major stroke (CVA)?  | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| Please enter the date of <b>first occurrence</b> :   | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |
| 13. Has the applicant been diagnosed with a mini-stroke (TIA)?   | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| Please enter the date of <b>first occurrence</b> :   | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |
| 14. Has the applicant been diagnosed with cancer, leukaemia, Hodgkin's disease, lymphoma or any malignant growth or tumour that required chemotherapy or radiotherapy? | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| Please enter the date of diagnosis:  | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |
| 15. Has the applicant 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   |
| Please enter the date of diagnosis:  | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |

**16. YOUR HEALTH AND LIFESTYLE (CONTINUED)**

|  | <b>First applicant</b>   | <b>Second applicant (if applicable)</b>  |
|--|--|--|
| 16. Has the applicant been diagnosed with Parkinson's disease requiring prescribed daily medication?                       | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| Please enter the date of diagnosis:  | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |
| 17. Has the applicant been diagnosed with dementia (including Alzheimer's disease)?  | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| Please enter the date of diagnosis:  | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |
| 18. Has the applicant been diagnosed with motor neurone disease?   | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| Please enter the date of diagnosis:  | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |
| 19. Has the applicant been diagnosed with a chronic respiratory disease requiring prescribed daily medication or inhalers? | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| Please enter the date of diagnosis:  | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |
| 20. Has the applicant been diagnosed with chronic kidney failure?  | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| Please enter the date of diagnosis:  | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |
| 21. Has the applicant been diagnosed with cirrhosis of the liver?  | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| Please enter the date of diagnosis:  | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |
| 22. Has the applicant had a heart, kidney, liver or lung transplant?   | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| Please enter the date of surgery:  | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |

## 16. YOUR HEALTH AND LIFESTYLE (CONTINUED)

|  | First applicant  | Second applicant (if applicable)   |
|--|--|--|
| 23. Has the applicant been diagnosed with hepatitis C? | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| Please enter the date of diagnosis:                    | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |
| 24. Has the applicant been diagnosed with HIV?         | <input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No   |
| Please enter the date of diagnosis:                    | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years | <input type="radio"/> Less than one year<br><input type="radio"/> 1-5 years <input type="radio"/> 5+ years |

In certain circumstances, we may need to ask your doctor for a General Practitioner's Report (GPR). We need your consent to do this. By signing the declaration at the end of this form you're giving us your consent.

Under the Access to Medical Reports Act 1988, you have certain rights.

These include:

- the right to see the GPR before it's sent or during the six months after that by writing to your GP
- the right to stop your doctor sending a GPR to us, and
- the right to ask your doctor to change any parts of the GPR you think are inaccurate or misleading. (If your doctor doesn't agree with the changes, you can add your own comments to the GPR.)

If you don't give your consent, your health and lifestyle conditions won't be taken into account when we calculate the maximum amount you can borrow.

## 17. YOUR MEDICAL DECLARATION

**Only complete this section if you want us to take into account your health and lifestyle conditions when calculating the maximum amount you can borrow.**

We may verify the medical information you provided in section 16 with your GP. By signing this declaration, you're giving us consent to get a medical report from your GP.

|   | First applicant                                    | Second applicant (if applicable)                   |
|---|--|--|
| I don't want to see the GPR before it's sent to Just<br>OR<br>I do want to see the GPR before it's sent to Just   | <input type="radio"/>                              | <input type="radio"/>                              |
| GP name   | <input type="text"/>                               | <input type="text"/>                               |
| GP address  | <input type="text"/>                               | <input type="text"/>                               |
| Postcode  | <input type="text"/>                               | <input type="text"/>                               |
| GP phone number(s)  | <input type="text"/>                               | <input type="text"/>                               |
| Power of attorney application?  | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| I've been advised of my rights under the Access to Medical Reports Act 1988. And I consent to Just seeking medical information concerning my physical or mental health from any doctor who's treated me at any time. I consent to the release of this information to Just. I agree that a copy of this consent shall have the validity of the original. |  |  |
| Signature(s)  | <input type="text"/>                               | <input type="text"/>                               |
| Date(s)   | <input type="text"/>                               | <input type="text"/>                               |

## 18. YOUR DECLARATION AND AUTHORISATION

I / We declare that the information given in this application form is true and complete to the best of my / our knowledge and belief, whether it is completed in my/our handwriting or not, and that I / we have disclosed all material facts. (A material fact is one which a prudent lender would regard as likely to influence the assessment and acceptance of your application. If you are in any doubt as to whether a fact is material, it should be disclosed.)

I / We understand that Just rely on the information provided by me / us in this application form to calculate the amount of the lump sum cash advance that Just can offer me / us and if the information provided on my / our medical and lifestyle conditions is found to be inaccurate, then Just may be entitled to cancel the Just Lifetime Mortgage / reject my / our application, or adjust the amount of the lump sum cash advance agreed.

I / We hereby apply to Just for the Lifetime Mortgage indicated in section 10 of this application form. I / We confirm that I / we have received and read the Key Facts Illustration.

I / We confirm that my / our property is as stated above and understand that if the valuation does not confirm this for any reason my / our application may be rejected. I / We understand that if I / we fail to disclose a material fact, this may result in my / our Just Mortgage becoming void. I / We instruct Just to proceed with the legal aspects through my / our solicitor. I / We authorise you or your representatives to inspect my / our title to the property detailed in this application at HM Land Registry.

I / We understand that I / we are not contractually bound until all the necessary documents have been approved and executed. I / We give permission for Just or an agent acting on their behalf to request redemption statements on any outstanding mortgage, request title deeds, and pay off any outstanding mortgage from the lump sum cash advance.

I / We understand that I / we may be required to repay all or some of the legal charge if I / we move to another property of lower value. I / We understand that if someone else takes up permanent residency in the property, I / we may be required to repay all or part of the legal charge.

I / We understand that Just may make searches at credit reference agencies who will supply credit information as well as information from the electoral register. The agencies will record details of the search whether or not the application proceeds. Just may use credit-sourcing methods to assess this application and to verify my / our identity.

I / We authorise Just to pay commission to my / our financial adviser as outlined in the Key Facts Illustration or personal quotation accepted as detailed in this application form.

If any aspect of this application form is unclear or additional information is required, or my / our agreement to any change to this application is required, I / we authorise Just to seek authorisation on my / our behalf direct from my / our financial adviser. I / We consent to my / our financial adviser providing the required signed authority in their own handwriting direct to Just on my / our behalf for my / our application to proceed to conclusion. I / We understand that once the contract is concluded it cannot be changed.

I / We give permission to Just and the third parties listed in the application form (including my/our GPs, my/our financial adviser, reinsurers and third party funders) to process my / our sensitive personal data (including medical health data) as part of this application.

First applicant signature

Date

Second applicant signature (if applicable)

Date

A copy of the Just lifetime mortgage terms and conditions, and your completed application form, are available on request.

Please note that this application form is only valid for six months from the date of signature. If the Just lifetime mortgage hasn't completed in this time, you'll be asked to complete this form again.

## 19. ADVISER'S DECLARATION

This section is to be completed by the financial adviser. Just only accept business from financial advisers who hold a suitable lifetime mortgage qualification.

Name of adviser / supervisor

Name of firm / network

Financial services register number

Are you also submitting this application as a member of a mortgage club?

I confirm that:

I've passed an appropriate approved examining board's specialist examination in equity release and that I have provided the equity release advice and recommendation (if you have only supervised in the advice and recommendation please note in section 14)

I've provided advice on this lifetime mortgage in accordance with Mortgage Conduct of Business (MCOB) rules.

To the best of my knowledge, this application meets Just's current lending criteria and acceptable property guide.

I've submitted this application under Just's Terms of Business.

The terms of business can be found at [justadviser.com/tob](http://justadviser.com/tob) and will be periodically updated and amended. Accordingly, you should satisfy yourself of the terms because they contain important information about how we make payments, together with our respective rights, obligations, and assumptions of responsibility. By submitting this application to Just you agree that these terms will apply (unless a separate written agreement has been entered into in respect of the introduction of Lifetime Mortgage business).

I confirm that I have the correct authority to consent to Just processing the personal data of the customer(s).

I've submitted this application on behalf of the applicant(s) named in section 1 of this application form. I confirm they're fully aware of the content of, and have authorised me to confirm their agreement to, the declarations and authorisations in Section 18.

By checking this box, I agree that I have fully read and understood the terms of this declaration and that all of the statements contained within the declaration are true.

## 20. ADVISER'S VERIFICATION OF IDENTITY

This section is to be completed by the financial adviser. This form is to be used by an FCA-regulated firm to confirm they've verified the identity of the applicants. For power of attorney cases, please copy and complete this form to confirm the identity of the attorneys

### Full name of advisers firm (or sole trader)

### Financial services register number

### First applicant details (see explanatory notes below)

Full name of customer

Date of birth

Current address

Previous address, if individual has changed address in the last three months

### Second applicant details (if applicable)

Full name of customer

Date of birth

Current address

Previous address, if individual has changed address in the last three months

### Confirmation

I confirm that:

- the information in the section above was obtained by me in relation to the customer , and
- the evidence I have obtained to verify the identity of the customer (tick one only):
  - meets the standard evidence set out within the guidance for the UK financial sector issued by Joint Money Laundering Steering Group (JMLSG), or
  - exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).

Name

Position

### Confirmation

I confirm that:

- the information in the section above was obtained by me in relation to the customer , and
- the evidence I have obtained to verify the identity of the customer (tick one only):
  - meets the standard evidence set out within the guidance for the UK financial sector issued by Joint Money Laundering Steering Group (JMLSG), or
  - exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).

Name

Position

### Explanatory notes

1. A separate confirmation must be completed for each customer (for example, joint holders, trustee cases and joint life cases). Where a third party is involved – for example, a payer of contributions who is different from the customer – the identity of that person must also be verified, and a confirmation provided.
2. This form cannot be used to verify the identity of any customer that falls into one of the following categories:
  - those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification
  - those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations, or
  - those whose identity has been verified using the source of funds as evidence.
3. The separate confirmation(s) must carry original customer signatures, or electronic equivalents.

## OUR SERVICE – WHAT YOU CAN EXPECT

We aim to progress your client's application as quickly and smoothly as possible.

The key stages of the process and typical timescales – from application to completion – are outlined below.

If the Medically Underwritten option is chosen and a General Practitioners Report (GPR) is required, this will increase the number of days from application to offer.

| Stages of the equity release process  | Receipt of application form | Offer issued  | Completed legal documents returned   |
|---|-----------------------------|---|--------------------------------------|
| <b>Working days</b>   | <b>1 2 3 4 5 6 7 8 9</b>    | <b>10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</b> | <b>25 26 27 28 29 30 31 32 33 34</b> |
| Acknowledge application and instruct valuation  | 2 days                      |   |                                      |
| Valuation carried out and approved  | 7 days                      |   |                                      |
| Estimated time for applicant's solicitors to provide Early Repayment Charge advice and obtain client's signature on legal documents |                             | 15 days   |                                      |
| Funds issued after receipt of legal documents<br>Registered properties <sup>1</sup>   |                             |   | 3 days                               |
| Or<br>Encumbered <sup>2</sup> and / or unregistered properties <sup>3</sup>   |                             |   | 10 days*                             |

For a registered property<sup>1</sup> the total number of working days to release funds (including allocation of 15 days for client's own solicitors) is approximately 27 days. (12 days spent by Just plus 15 by client's own solicitors.)

For an encumbered<sup>2</sup> and / or unregistered property<sup>3</sup> the total number of working days to release funds (including allocation of 15 days for client's own solicitors) is approximately 34 days. (19 days spent by Just plus 15 by client's own solicitors.)

<sup>1</sup> If property is registered, the title to the property is registered at the Land Registry and is guaranteed by the State.

<sup>2</sup> Encumbered – there is an outstanding mortgage or loan, or legal charge on the property.

<sup>3</sup> If property is unregistered, ownership is not guaranteed by the State. The title can only be proved by a copy of the title deeds and your title insurer will check back the property's documentation over at least 15 years to certify it.

\* For encumbered properties this timescale is dependent on provision of a redemption statement and can be reduced if advance notice of client's completion of legal documents is provided. For unregistered properties this timescale can be significantly reduced if title deeds are received early in the process.

## NEXT STEPS

We like to keep things simple. One of the things we pride ourselves on is offering you an easy and transparent application process. This document explains this process, as well as some simple things you can do to help speed up your client's application.

| Our application process                    |  | What you can do to help  |
|--|--|--|
| <b>Step 1:<br/>Application</b>             | <ul style="list-style-type: none"> <li>When we receive the application, we'll review it and contact you if we have any queries.</li> </ul>   |  |
| <b>Step 2:<br/>Valuation</b>               | <ul style="list-style-type: none"> <li>Our panel of valuers will contact your client to arrange an appointment to view the property.</li> </ul>  | <ul style="list-style-type: none"> <li>Please make sure your client will be available, so the valuer can gain access quickly.</li> </ul>   |
| <b>Step 3:<br/>Title search</b>            | <ul style="list-style-type: none"> <li>To speed up the application, we use a third party company. This means your client's solicitor(s) doesn't need to carry out any searches. This third party company will conduct a Land Registry search to check that the property is registered and that the title matches the application.</li> </ul>   |  |
| <b>Step 4:<br/>Unregistered properties</b> | <ul style="list-style-type: none"> <li>If the search shows that the property isn't registered, our conveyancers will ask your client's solicitor for the full title deeds. The application may not be able to proceed until the deeds have been checked. However, an offer will be issued, subject to the title deed being acceptable.</li> <li>If the search shows that the title isn't in the same name(s) as the application, we'll ask you to arrange a transfer of the title.</li> </ul>  | <ul style="list-style-type: none"> <li>You can pre-warn your client that our conveyancers may ask them to provide authorisation to obtain the title deeds, to clarify their whereabouts or to provide other information on the deeds.</li> </ul>   |
| <b>Step 5:<br/>Offer</b>                   | <ul style="list-style-type: none"> <li>Once the application is accepted, we'll send an offer letter to you and your client. Your client's solicitor will also get written confirmation of the offer, together with the relevant legal documents. This letter will set out details of anything else we need before completion.</li> </ul> <p>Note – If the property is unregistered and the title deeds haven't been reviewed and confirmed as acceptable, we'll issue an offer subject to receiving acceptable title deeds. If the title deeds prove unacceptable, we'll revoke the offer.</p> <ul style="list-style-type: none"> <li>Your client will need to make an appointment to sign the necessary legal documents.</li> </ul> | <ul style="list-style-type: none"> <li>Ask your client to make an appointment with their solicitor(s) as soon as possible after the offer's been issued to sign the legal documents and provide any information required.</li> <li>It may help us complete the transaction more quickly if you let us know when the legal documents will be signed.</li> </ul> |
| <b>Step 6:<br/>Completion</b>              | <ul style="list-style-type: none"> <li>Once your client's solicitor has returned the completed paperwork, our conveyancers will carry out a final check. If there's an existing mortgage, we'll need a redemption statement.</li> <li>Once we have all the information we need, we'll send the money to your client's solicitor by BACS, less any balance required to clear any existing charges.</li> <li>If your client is making monthly payments to serve interest, the direct debit will be set up to take the payment on the agreed payment date of either 1st or 15th of each month following completion.</li> </ul>  | <ul style="list-style-type: none"> <li>If you're aware that the solicitor is sending the documents and you can let us know in advance, we can request the statement earlier to reduce any delays.</li> <li>Unfortunately, we can't request the statement prior to receiving this confirmation.</li> </ul>  |

Once this application is completed:

- detach this page and keep it, for your information; and
- send the main application, with attachments to: the Administration Manager, Just, Enterprise House, Bancroft Road, Reigate, Surrey, RH2 7RP.

## 21. DIRECT DEBIT MANDATE



# JUST.

### Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

Just Retirement Money Ltd  
Enterprise House  
Bancroft Road  
Reigate  
Surrey  
RH2 7RP

Service user number

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 4 | 4 | 9 | 0 | 3 | 1 |
|---|---|---|---|---|---|

Name(s) of account holder(s)

|  |
|--|
|  |
|  |

Reference

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**Instruction to your bank or building society**

Please pay Just Retirement Money Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Just Retirement Money Ltd and, if so, details will be passed electronically to my bank/building society.

Bank/building society account number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Branch sort code

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Name and full postal address of your bank or building society

|                 |                       |
|-----------------|-----------------------|
| To: The Manager | Bank/building society |
| Address         |                       |
|                 |                       |
| Postcode        |                       |

Signature(s)

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Date

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Banks and building societies may not accept Direct Debit Instructions for some types of account

DD12

This guarantee should be detached and retained by the payer.

### The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Just Retirement Money Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Just Retirement Money Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Just Retirement Money Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when Just Retirement Money Ltd asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



# JUST.

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## FOR MORE INFORMATION

Call: **01737 233297**

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

Email: **mortgage.newbiz@wearejust.co.uk**

Or visit our website for further information: **wearejust.co.uk**

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

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**FT** ADVISER



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