

Lifetime Mortgage

Online application data capture form



Lifetime mortgage account number

Adviser name

Here's an example of the application information you'll need to complete online.

Personal details (first applicant)

Client's full name as it appears on their property deeds

• Title

• First name

• Middle name

• Last name

Date of birth

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

Current age

Would you like the illustration based on the client's age at their next birthday?

Yes No

Email address

Mobile phone number

Additional phone number

Address

Postcode

Country

Date moved to this address

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

Has your client lost mental capacity?

Yes No

Sex at birth

Female Male Prefer not to say

Nationality

Marital status

Co-habiting Divorced Married/Civil Partnership

Separated Single/widowed

If the client's marital status is 'separated':

• Is the other person living in any part of the property?

Yes No

• Is the other person's name still on the property title?

Yes No

• Is there a formal separation agreement in place?

Yes No

Please tick if relevant

Applicant has been subject to a bankruptcy order in the last 5 years

Applicant would prefer not to hear about Aviva products, services and promotions via

Email

Letter

Phone

SMS

Applicant requires correspondence in an accessible format
If yes: Accessible format required

Audio

Braille

Large Font

Medical details (first applicant)

We may be able to offer a better interest rate and/or loan to value if we have details of your client's health and lifestyle. Does your client want to provide this information?

If 'no', the following fields will be blank.

Weight st lbs Or kg

Height ft in Or cm

Please tick if relevant

- Have they smoked more than 10 cigarettes per day or 2.5oz (70g) of rolling tobacco per week on a regular basis for the last 10 years or more?
- Do they have high blood pressure which requires them to take prescribed daily medication?
- Do they have diabetes which is controlled by tablets or insulin?
- Have they had a heart attack, coronary artery bypass graft or coronary angioplasty?
- Have they been diagnosed with angina which requires prescribed daily medication?
- Have they had a Cerebrovascular Accident (CVA), often called a major stroke?
- Have they had a Transient Ischaemic Attack (TIA), often called a mini stroke, within the last 5 years that requires prescribed medication?
- Do they need to use mobility aids (such as the need for a walking stick) because they have multiple sclerosis?
- Have they been diagnosed in the last five years with any of the following that required chemotherapy or radiotherapy: cancer, leukaemia, Hodgkin's disease, lymphoma or any malignant growth/tumour?
- Do they need to use mobility aids (such as the need for a walking stick) because they have Parkinson's disease?
- Has a medical professional advised them to retire early due to ill health?

Do not answer yes if early retirement was due to:

- (a) A condition already disclosed above
- (b) Musculoskeletal disorder (eg osteoarthritis, rheumatoid arthritis, back, neck, shoulder or joint pains)
- (c) Mental health disorder (eg anxiety, stress, depression or any mental or nervous illness)

Have they been diagnosed with any of the following?

- Chronic kidney failure
- Cirrhosis of the liver
- Dementia (including Alzheimer's disease)
- Heart valve replacement
- Heart, kidney, liver or lung transplant
- Hepatitis C
- HIV
- Motor Neuron Diseases
- Peripheral Vascular disease (including Intermittent claudication)

GP Name	<input type="text"/>
Name of Practice	<input type="text"/>
GP email address	<input type="text"/>
GP phone number	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>

Personal details (second applicant)

Client's full name as it appears on their property deeds

- Title
- First name
- Middle name
- Last name

Date of birth

Current age

Would you like the illustration based on the client's age at their next birthday? Yes No

Email address

Mobile phone number

Additional phone number

Address

Postcode

Country

Date moved to this address

Has your client lost mental capacity? Yes No

Is either client in long term care? Yes No

Sex at birth Female Male Prefer not to say

Nationality

Marital status

Co-habiting Divorced Married/Civil Partnership

Separated Single/widowed

If the client's marital status is 'separated':

- Is the other person living in any part of the property? Yes No
- Is the other person's name still on the property title? Yes No
- Is there a formal separation agreement in place? Yes No

Please tick if relevant

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Email

Letter

Phone

SMS

Applicant requires correspondence in an accessible format
If yes: Accessible format required

Audio Braille Large Font

Medical details (second applicant)

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If 'no', the following fields will be blank.

Weight **st** **lbs** Or **kg**

Height **ft** **in** Or **cm** **Please tick if relevant**

- Have they smoked more than 10 cigarettes per day or 2.5oz (70g) of rolling tobacco per week on a regular basis for the last 10 years or more?
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Have they been diagnosed with any of the following?

Please tick if relevant

- Chronic kidney failure
- Cirrhosis of the liver
- Dementia (including Alzheimer's disease)
- Heart valve replacement
- Heart, kidney, liver or lung transplant
- Hepatitis C
- HIV
- Motor Neuron Diseases
- Peripheral Vascular disease (including Intermittent claudication)

GP Name

Name of Practice

GP email address

GP phone number

Address

Postcode

Country

Power of Attorney (first)

Is this application being made under a Power of Attorney (PoA)?

Yes No

Attorney/Deputy/Receiver details

Name

Date of Birth

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

Email address

Address

Postcode

Country

Who is the Attorney/Deputy/Receiver acting for?

How have the Attorneys/Deputies/Receivers been appointed to act?

Jointly

Jointly & Severally

If jointly:

Please note that jointly appointed PoAs, where there is more than one then all need to be involved in the advice

- Who did you give advice to?

What type of order is the application being made under?

Court of Protection Order (CPO)

Enduring Power of Attorney (EPA)

Lasting Power of Attorney (LPA)

Scottish Power of Attorney (SPA)

Is the order registered with the Office of the Public Guardian or with the Court of Protection?

Yes

No

Power of Attorney (second)

Is this application being made under a Power of Attorney (PoA)?

Yes No

Attorney/Deputy/Receiver details

Name

Date of Birth

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

Email address

Address

Postcode

Country

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Lasting Power of Attorney (LPA)

Scottish Power of Attorney (SPA)

Is the order registered with the Office of the Public Guardian or with the Court of Protection?

Yes

No

Main property details

Estimated value of the property or Purchase Price

Property type

Bungalow

Flat or Maisonette

House

Property sub-type

Detached

End-of-terrace

Mid-terrace

Semi-detached

Property address

Postcode

Country

Has the property previously been owned by a Local Authority, Housing Association or similar body?

Yes

No

If property type is a flat: Is there a lift in the block?

Yes

No

Is the property subject to any trust?

Yes

No

Does the property comprise more than one title?

Yes

No

● *If the property doesn't comprise more than one title:* Is the lifetime mortgage to be secured on the whole title?

Yes

No

Will there be any changes to the names on the title on completion?

Yes

No

● *If yes:* What is the reason for the change to the names on the title on completion?

Both

Deceased Co-owner

Transfer of Equity

Does the property have any occupancy restrictions?

Yes

No

Does the property have gardens/land extending to more than 5 acres?

Yes

No

Is any part of the property or land on which the lifetime mortgage is to be secured to be used for any commercial activity?

Yes

No

● *If yes:* Details of the commercial use

● Is this commercial activity carried out on more than 50% of the total land and property to be secured?

Yes

No

Does any part of the property on which the mortgage is to be secured comprise an annexe or similar separate living space?

Yes

No

● *If yes:* Does anyone live in this part of the property or do you propose to allow anyone to live in this part of the property at the time your lifetime mortgage completes?

Yes

No

Approximate year property was built or converted to residential use

● *If within the last 10 years:* Does the property have a Building Warranty or Professional Consultant's Certificate (PCC) in place?

Yes

No

● *If yes:* Please state the Building Warranty or PCC which is in place

How is the property owned?

Commonhold Former Feuhold Freehold Leasehold

If leasehold:

• What is the annual service charge?

• What is the annual ground rent?

• How many years are left on the lease?

• Do you intend to extend the lease as part of the application?

Yes No

If yes: Confirm the number of years on the lease once extended

Contact name to arrange valuation

Primary contact telephone number

Alternative contact telephone number

Property condition

Has spray foam insulation treatment been applied to the underside of the roof?

Yes No

Only applicable for purchase applications

Other occupants

Upon completion, will there be any other occupants living at the property who are aged 17 or over?

Yes No

If yes:

Number of occupants aged 17 or over who are not named on the application form

	Forename	Surname	Relationship to the applicant(s)
First occupant			
Second occupant			
Third occupant			
Fourth occupant			
Fifth occupant			
Sixth occupant			
Seventh occupant			
Eighth occupant			

Product Selection

Inheritance guarantee required

 %

Maximum loan amount

Yes No

Initial loan amount

 £

Maximum reserve

Yes No

Reserve amount

 £

Branch

Application submitted via a mortgage club?

Yes No

Mortgage club

Early Repayment Charge (ERC) Type:

Fixed Gilt

Broker charges

How much do you charge?

How much needs to be paid upfront?

How much can be refunded?

Loan details

Reason for loan	Sub reason	Amount
		£
		£
		£
		£
		£
		£
		£
		£
		£
	Total	£

Reason for reserve	Sub reason	Amount
		£
		£
		£
		£
		£
		£
		£
		£
		£
	Total	£

Anticipated timescale to access reserve

Less than 6 months 6 months - 1 year 1 year - 2 years

2 years - 3 years After 3 years

Solicitor's details

Name of firm	<input type="text"/>
Firm's SRA/License registration number	<input type="text"/>
Solicitor acting	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>

Client declaration

Please read the client declaration below:

The lifetime mortgage should not be used to raise cash for the short term. If the client(s) can think of a time when they may want to repay the lifetime mortgage (other than on death or long term care) alternative types of finance should be considered.

If the client(s) decide to repay the lifetime mortgage early, they may have to pay a substantial early repayment charge.

Client declaration

The following statements must be read to the client (or both clients if this is a joint application) and the client (or both clients if this is a joint application) must indicate their clear verbal agreement.

- You confirm that all of the information you have provided as part of your application for a lifetime mortgage, detailing your loan details and medical conditions (if applicable) is truthful, accurate and complete. You understand that this information will be used by Aviva to assess your eligibility for a Lifetime Mortgage and to determine the terms it is prepared to offer you. If any of the information you have provided is not truthful, accurate and complete, then this could result in cancellation of your lifetime mortgage application, or withdrawal of, or amendment to any offer of a lifetime mortgage made to you.
- You understand that you will be responsible for all valuation fees, regardless of whether Aviva approves your lifetime mortgage application or whether your application proceeds to completion.
- You understand that the valuation report is prepared solely for Aviva and has been based on a limited inspection undertaken to allow Aviva to assess the property as a suitable loan security. No warranty as to the condition of the property is given or implied within the valuation report or from Aviva's decision to lend.
- You have read the full Privacy Notice within this application form and understand how your personal data will be used.
- Your financial adviser has explained what the maximum early repayment charge may be and how this charge is calculated and if applicable; circumstances when the cash reserve may be decreased or cancelled.
- You understand that the lifetime mortgage is not designed to be repaid early and you accept that you are making a lifetime commitment.
- The lifetime mortgage is subject to the terms and conditions which apply at the time Aviva make the lifetime mortgage offer.
- Aviva will provide terms and conditions with all lifetime mortgage offers. If you would like to see the terms and conditions before offer stage, your financial adviser can provide these.

Financial Crime Statement

To verify your identity and prevent financial crime, your information may be used by any company within the Aviva group and may be shared with third parties who provide services to us, as well as other organisations where required to by law and regulatory requirements.

A record may be kept of any searches carried out and any suspicions of financial crime and related details may be retained and used to assist other companies for verification and identification purposes. The search is not a credit check and your credit rating should not be affected.

We strongly recommend that the client(s) discuss their plans to take out a lifetime mortgage with their family before they complete an application.

Please confirm which of the following statements apply:

Are there any beneficiaries to the estate?

Yes No

The client(s) has discussed/intends to discuss their plans with family/beneficiaries

Yes No

| Retirement | Investments | Insurance | Health |

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