


Octopus Lifestyles



**Octopus Lifestyles
Estate Transfer Trust
Application Form**

octopus

Introduction

How to complete this form

This form allows you to apply for the Estate Transfer Trust as part of the Family Wealth Plan. Here's how to complete it:

- First please ensure you've read the relevant Octopus Lifestyles brochure & Estate Transfer Trust factsheet
- Please make sure you answer all the required questions marked with an '*'. Please note that any mandatory boxes that are not completed will delay the progress of the application
- Tick all the boxes that apply
- Leave boxes blank where they don't apply to you
- If you require additional space for any sections please use the space provided in section 6 for additional information.

Please send this application form to the following address:

Octopus Lifestyles
33 Holborn
London
EC1N 2HT

When you have completed the form, tick the following to confirm:

You've read and understood the relevant Octopus Lifestyles brochure as available from your adviser/intermediary.

You've answered all the questions that apply to you.

Applicant 1

Applicant 2

About you

Applicant one

Title*

First name*

Last name*

Applicant two

Title*

First name*

Last name*

**Please enter your Key Facts Illustration Reference Number
(this can be found on the front of the Key Facts Illustration document):**

1. About the Estate Transfer Trust

This section will be used to calculate your discount based on current information. Amounts can be altered prior to instruction of the trust and once underwriting has been completed.

Income Required: Monthly* £ or Annually* £ Inflation protected* Y N

Amount to be settled in trust* £

Requirements for the Trust*
e.g. indexing payments

2. Charges for Estate Transfer Trust

What fees have you agreed to pay your adviser?

Depending on the underlying investment, there may be adviser charging and management fees, paid from the investment itself.

If you are investing in Octopus Investments products our management fees will be displayed clearly on the relevant product literature. If investing externally, please request information on the fees from them.

Any adviser charges need to be agreed with your adviser. We need to know what fees will be applied so we can factor this in when designing the trust.

Ongoing adviser charges*

Fixed amount per year £ OR Percentage %

If no option is selected from the above no ongoing adviser charge will be applied.

This is an annual charge, accrued each day. If you choose to pay on a percentage basis, this will be calculated on the value of your portfolio. We will pay your adviser quarterly by selling assets from your portfolio.

3. Tax residency status

We are legally required to collect information about the tax residency and classifications of each customer which may be shared with HM Revenue & Customs, and may be transferred to the government of another territory in accordance with a relevant agreement.

Y N Are either of you a tax resident, or do you complete tax returns in any country other than the UK?*

If no, please go straight to **section 4.1**.

If you do pay tax elsewhere, please enter the relevant countries below, along with your personal taxpayer identification numbers for each. If the country does not provide a TIN, please mark 'N/A'

| Customer name | Country | Taxpayer identification number |
|----------------------|----------------------|--------------------------------|
| <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"/> |

4.1a Medical questionnaire: Applicant one

Your adviser needs an estimate of your life expectancy to design the trust. To provide this our medical underwriting partner Capita require the following information. All sections should be completed to allow your application to be processed without delay. It is important you answer these questions as accurately as possible. All information will be used to determine the size of discount available to your estate. Capita will contact your General Practitioner (GP), if required, to request clarification or further evidence.

You must tell us all the facts which are likely to influence Capita's decision making. If you are in doubt as to the importance of any information, you should tell us, as failure to do so might affect the suitability of a Estate Transfer Trust. If you answer 'Yes' to any question(s) please give full details in section 6- additional information, including dates and the name of the doctor who treated you, if not your usual doctor.

- Y N Have you consulted a doctor for anything other than trivial ailments (cough, cold, flu) within the last five years, or have you ever undergone any hospital investigations or tests?*
- Y N Have you ever suffered any nervous or mental disorders? *
- Y N Are you currently receiving any treatment, or are you under any review or follow up for any illness or disability?*
- Y N Have you tested positive for HIV/AIDS or Hepatitis B or C? Or have you been tested/treated for other sexually transmitted diseases or are you awaiting the results of such a test?*
- Y N Are you receiving any medical treatment or drugs from a doctor or other source and/or have you suffered from heart disease, stroke, cancer, diabetes, kidney disease, MS or other significant illnesses?*
- Y N Are there any risks or dangers connected with your work, hobbies or sporting activities?*

If you have answered 'Yes' to any of the above, please provide details in **Section 6** - extra space. For confidentiality these may, if you wish, be sent directly to Capita's underwriting division - Medicals Direct Group. If you wish to do this please address your letter to: The Chief Medical Officer, Medicals Direct Group, Underwriting Dept, Buckingham House East, The Broadway, Stanmore, Middlesex, HA7 4EB including your KFI reference number and noting you are an Octopus Lifestyles customer:

What is your height and weight (in indoor clothing, without shoes)?*

Height ft in or m cm Weight st lbs or kg

What is your **daily** consumption of tobacco/alcohol?*

Tobacco

Alcohol

Applicant one*

General Practitioner (GP)*

Title*

First name*

Last name*

Address Line 1*

Address Line 2*

Address Line 3

Postcode*

Date of birth*

Title*

First name*

Last name*

Address Line 1*

Address Line 2*

Address Line 3

Postcode*

GP's Telephone Number*

4.1b Medical declaration: Applicant one

I am in good health, apart from what I have told you, and I agree to the underwriters asking for information from any other company to which I have applied for insurance. I agree that this declaration and any other statement made by me will be used in the calculation of the discounted gift element of the ETT.

Signature*

Date*

4.2a Medical questionnaire: Applicant two

Your adviser needs an estimate of your life expectancy to design the trust. To provide this our medical underwriting partner Capita require the following information. All sections should be completed to allow your application to be processed without delay. It is important you answer these questions as accurately as possible. All information will be used to determine the size of discount available to your estate. Capita will contact your General Practitioner (GP), if required, to request clarification or further evidence.

You must tell us all the facts which are likely to influence Capita's decision making. If you are in doubt as to the importance of any information, you should tell us, as failure to do so might affect the suitability of a Estate Transfer Trust. If you answer 'Yes' to any question(s) please give full details in section 6 - additional information, including dates and the name of the doctor who treated you, if not your usual doctor.

- Y** **N** Have you consulted a doctor for anything other than trivial ailments (cough, cold, flu) within the last five years, or have you ever undergone any hospital investigations or tests?*
- Y** **N** Have you ever suffered any nervous or mental disorders? *
- Y** **N** Are you currently receiving any treatment, or are you under any review or follow up for any illness or disability?*
- Y** **N** Have you tested positive for HIV/AIDS or Hepatitis B or C? Or have you been tested/treated for other sexually transmitted diseases or are you awaiting the results of such a test?*
- Y** **N** Are you receiving any medical treatment or drugs from a doctor or other source and/or have you suffered from heart disease, stroke, cancer, diabetes, kidney disease, MS or other significant illnesses?*
- Y** **N** Are there any risks or dangers connected with your work, hobbies or sporting activities?*

If you have answered 'Yes' to any of the above, please provide details in **Section 6** - extra space. For confidentiality these may, if you wish, be sent directly to Capita's underwriting division - Medicals Direct Group. If you wish to do this please address your letter to: The Chief Medical Officer, Medicals Direct Group, Underwriting Dept, Buckingham House East, The Broadway, Stanmore, Middlesex, HA7 4EB including your KFI reference number and noting you are an Octopus Lifestyles customer:

What is your height and weight (in indoor clothing, without shoes)?*

Height ft in or m cm Weight st lbs or kg

What is your **daily** consumption of tobacco/alcohol?*

Tobacco

Alcohol

Applicant two*

Title*

First name*

Last name*

Address Line 1*

Address Line 2*

Address Line 3

Postcode*

Date of birth*

General Practitioner (GP)*

Title*

First name*

Last name*

Address Line 1*

Address Line 2*

Address Line 3

Postcode*

GP's Telephone Number*

4.2b Medical declaration: Applicant two

I am in good health, apart from what I have told you, and I agree to the underwriters asking for information from any other company to which I have applied for insurance. I agree that this declaration and any other statement made by me will be used in the calculation of the discounted gift element of the ETT.

Signature*

Date*

4.3 Access to medical reports

Rights and declaration

The Underwriters may wish to approach your doctor for a medical report concerning your health. Before this is done you will be notified so that you can, if you wish, exercise your rights under the Access to Medical Reports Act 1988.

Guidance Notes for Applicants

With reference to your application for an Estate Transfer Trust we may require the completion of a Medical Report by any doctor(s) who has cared for you. To enable us to obtain this report, we require your consent by signing in the space provided at the end of this section. Before doing so, however, you should **read these notes carefully**, as they set out your rights under the above Act and the procedures for dealing with the reports we apply for and receive.

You do not have to give your consent to the underwriters being provided with the report but if consent is not given, we may be unable to proceed with your Application. If you do give your consent, then you have the right to tell the doctor that you wish to see the report before it is sent to us, in which case the doctor cannot send it to us unless they have either shown it to you, or 21 days have passed without you having contacted your doctor about arrangements for you to see it. We would point out that the quicker you act, the quicker your Application can be considered.

If you say that you do not wish to see the report before it is sent to us, the doctor must keep a copy for a period of up to six months after it is supplied to us for you to see if you subsequently change your decision. If you ask your doctor to see a copy of the report they may charge you a reasonable fee to do so.

Once you have seen the report and before it is sent to us, the doctor cannot send it to us until you have given your consent to do so. You can write to your doctor asking them to amend any part of the report you consider inaccurate or misleading and attach to the report a statement of your views on any part where you and the doctor are not in agreement and which the doctor is not prepared to alter.

The doctor is not obliged to show you any part of the report if, in their opinion, would be likely to cause serious harm to your physical or mental health or that of others, or would indicate the doctor's intentions to you, or if disclosure would be likely to reveal information about, or the identity of, another person who has revealed information about you unless that person has consented or the information relates to or has been supplied by a health professional involved in

caring for you. In such cases, the doctor must notify you and you will be allowed to see the remainder of the report. If it is the whole report that is affected, the doctor must not send it to us unless you give your consent.

Your Rights

- You may arrange to see the report before it is sent to Capita or their agent or during the 6 months after that;
- You may withhold your consent to your doctor sending the report to Capita;
- You have the right to ask your doctor to change parts of the report that you consider inaccurate or misleading. (If your doctor is not in agreement with the changes you may add your own comments to the report).
- You should be aware that your doctor is able to withhold the report (or part of it) from you if they believe you would be harmed by seeing it.

Declaration

I have read the notes describing my rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and I consent to the underwriters seeking information from any doctor who has attended me concerning my physical or mental health and I authorise the giving of that information. I understand I will be notified if such a report is requested.

Unless I have ticked the box below, I confirm that I do not wish to see a copy of the report before it is sent to the underwriters. I am aware that I may approach my doctor with a request to see a copy within six months of its completion. I agree that a copy of this form shall have the same validity as the original.

Applicant one

| | |
|------------|-------|
| Signature* | Date* |
|------------|-------|

I wish to see the report before it is sent to the underwriters

Applicant two

| | |
|------------|-------|
| Signature* | Date* |
|------------|-------|

I wish to see the report before it is sent to the underwriters

Family Wealth Plan - next steps

You have a choice about the manner in which your Octopus Lifestyles Family Wealth Plan application progresses, depending on what would work best for you.

Please discuss this decision with your financial adviser.

This form is only to be completed alongside applications for the Estate Transfer Trust as part of the Family Wealth Plan.

Section 5.1 Option to proceed with conveyancing before the medical review is complete

When you settle money in the Trust, the amount which will be free of inheritance tax depends on your life expectancy. To calculate this amount we need to complete a medical review, and as part of this we would like a report from your GP (medical underwriting). Until we receive the report the illustration you have received is only an estimate.

Once you have the updated illustration you and your adviser may want to:

- Amend the value of the mortgage to suit your adjusted needs
- Amend the value and frequency of capital repayments from the Trust

Obtaining the GP report typically takes 2-4 weeks, and may therefore delay the mortgage process.

You can however choose to proceed with the conveyancing process without waiting for the results of the medical review.

Option 1: Wait for the medical review to be completed before proceeding with the mortgage application

Once we have received the medical underwriting results we will either confirm the initial discount calculation or recalculate the discount you are likely to receive on funds settled into the Trust. This information will allow your adviser to recommend that you either proceed with the original application, or request a new illustration based on a different loan amount or amended payout structure from the Trust.

There will be no solicitor fees incurred until the medical review is completed and you decide to proceed. This does however mean that the time before we make an offer is increased by an estimated 14-28 days, as that is how long it can take to receive the GP's report.

Option 2: Proceed with the mortgage application while waiting for the outcome of the medical review

Proceeding with conveyancing in parallel with medical underwriting can help decrease the time between application and completion.

Proceeding with the mortgage process will incur costs from your solicitor which you will be liable to pay even if you decide not to go ahead with the mortgage. If the medical underwriting requires any amendments to the discount amount, we will need to re-issue the illustration and receive approval to proceed based on the amended details. This will not cost extra.

Once conveyancing is complete we will not complete the mortgage until you confirm you are happy with the value of the loan based on the outcome of the medical review, and have discussed with your adviser any changes to the structure of the Trust and the value and frequency of capital repayments.

If you don't complete this section we will wait for the medical review results before issuing the offer

Section 5.2 Declaration

Applicant one:

Name*

Signature*

Date*

- I wish to wait for the result of the medical underwriting before proceeding with the offer and legal work.
- I would like to proceed with the mortgage application, offer and legal process before receiving the results of medical underwriting. I understand that there are costs involved with this and am happy to proceed despite the fact that the illustration may change and need to be reissued. I acknowledge that if I decide not to proceed after the medical underwriting is complete any legal fees I incurred during the process would still be payable.

Applicant two:

Name*

Signature*

Date*

- I wish to wait for the result of the medical underwriting before proceeding with the offer and legal work.
- I would like to proceed with the mortgage application, offer and legal process before receiving the results of medical underwriting. I understand that there are costs involved with this and am happy to proceed despite the fact that the illustration may change and need to be reissued. I acknowledge that if I decide not to proceed after the medical underwriting is complete any legal fees I incurred during the process would still be payable.

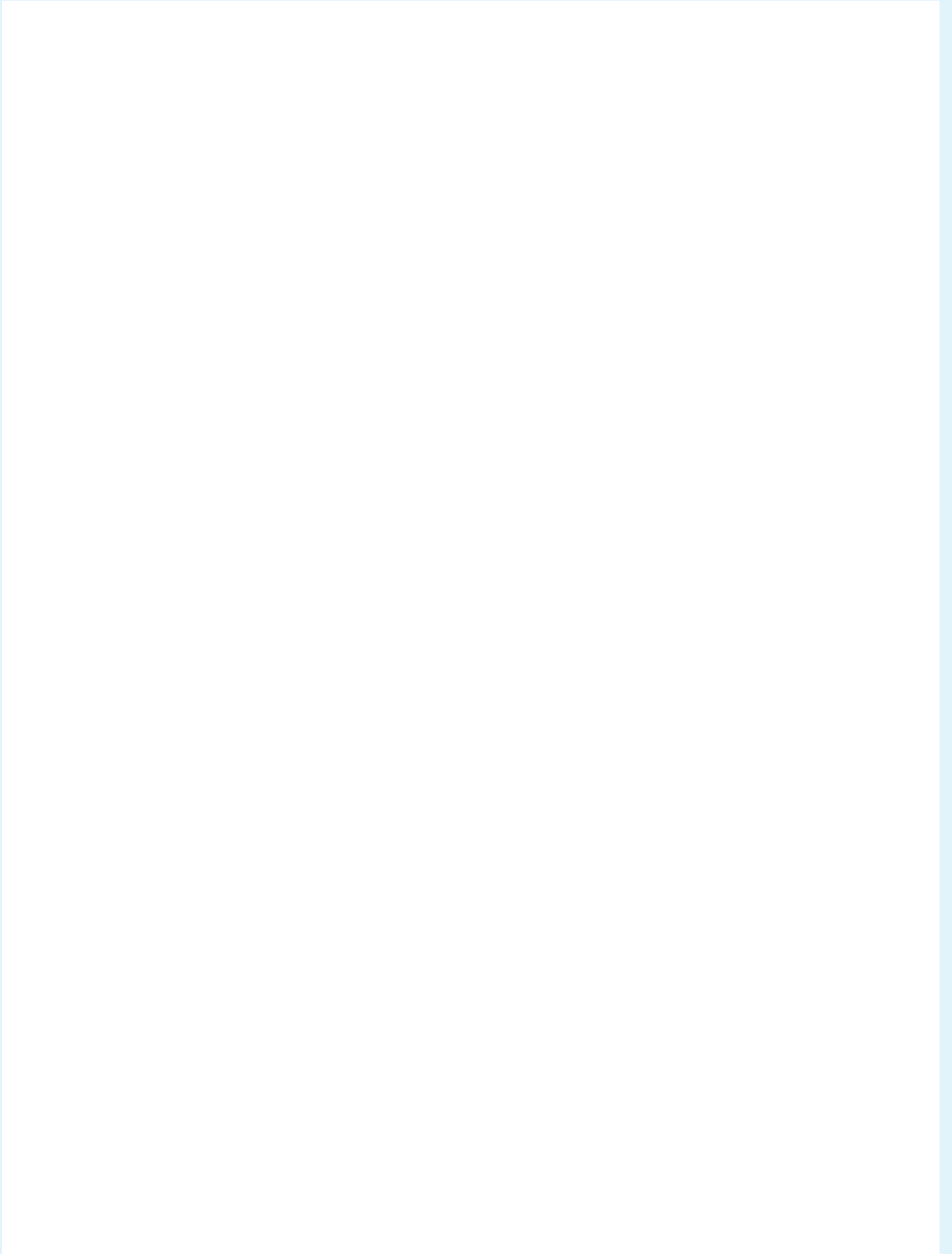
Adviser:

Name*

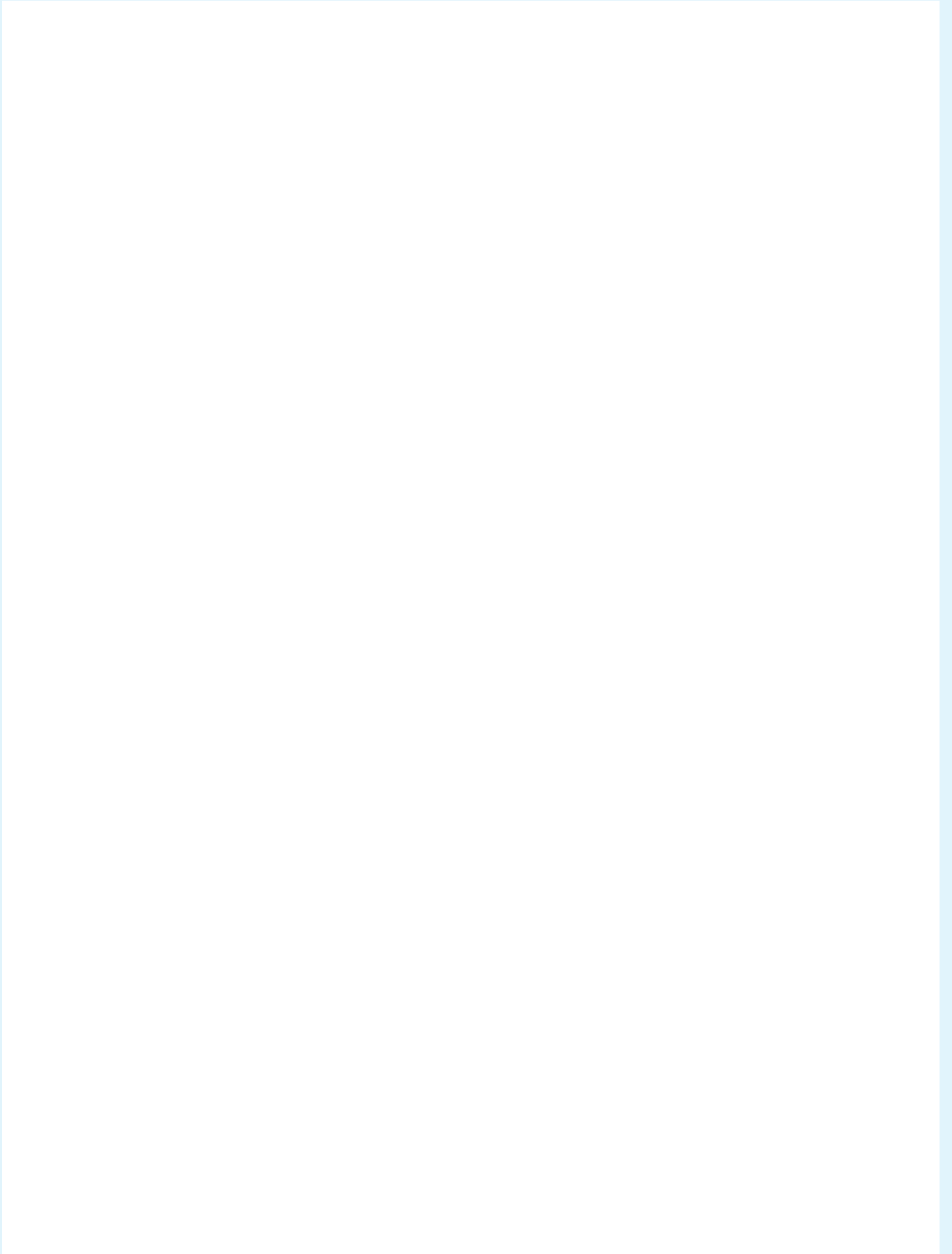
Signature*

Date*

Section 6: Extra space if required



Section 6: Extra space if required





Octopus Lifestyles



0800 294 6825
customer@octopuslifestyles.com
octopuslifestyles.com



Octopus Lifestyles,
33 Holborn,
London EC1N 2HT