

Octopus Lifestyles



**Octopus Lifestyles
Family Wealth Plan
Application Form**

octopus

Introduction

How to complete this form

This form allows you to apply for either the Later-life Mortgage by itself or the Family Wealth Plan. Here's how to complete it:

- First please ensure you've read the relevant Octopus Lifestyles brochure & Later-life Mortgage 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
- To apply for the Later-life Mortgage only please complete sections (1-10);
- To apply for the Family Wealth Plan you will need to complete all sections
- 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 15 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.

You have enclosed the necessary verification of identity documentation. Please note that we are unable to process your application without the required identification:

- A certified copy of your passport; **and**
- A certified copy of your proof of address, dated in the last three months (driving licence, bank statement or utility bill – but not a mobile phone bill); **and**
- A copy of Power of Attorney if applicable

Applicant 1

Applicant 2

Payment for the valuation needs to be made directly to the surveyor who will contact you to arrange a convenient time and date for the visit at our request.

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

1. About you

Applicant one

Title* First name* Last name*

Email address (if you have one)

Address line 1*

Address line 2

Town/city* Phone number*

Postcode* Email*

If you have lived at this property for less than 3 years or you have a different correspondence address please complete this information in Section 15 – Additional information.

Date of birth* (DDMMYYYY) Country of birth*

Country(ies) of citizenship* Nationality*

NI number*

Gender*

Octopus may occasionally send you information that we believe to be of interest to you, e.g. newsletters. If you would not like to receive such information, please tick the box.

Applicant two

Title* First name* Last name*

Email address (if you have one)

Address line 1*

Address line 2

Town/city* Phone number*

Postcode* Email*

If you have lived at this property for less than 3 years or you have a different correspondence address please complete this information in Section 15 – Additional information.

Date of birth* (DDMMYYYY) Country of birth*

Country(ies) of citizenship* Nationality*

NI number*

Gender*

Octopus may occasionally send you information that we believe to be of interest to you, e.g. newsletters. If you would not like to receive such information, please tick the box.

2. Financial Details

Y N Do either of you have any outstanding mortgages or secured loans?*

If yes please provide details of any mortgages or loans secured against the property to be mortgaged with Octopus Lifestyles. Please note, if this application progresses, you will need to redeem any such mortgages/loans at completion of this loan.

Lender name	Approximate outstanding balance

Have either of you ever...

Y N Been declared bankrupt?*

Y N Entered into an agreement with creditors?*

Y N Been the subject of one or more County Court Judgements with a total value greater than £500 within the last 3 years whether satisfied or unsatisfied?*

Y N Been refused a mortgage or credit or defaulted on any loan agreement?*

Y N Incurred mortgage, rent of loan arrears?*

Y N Been party to a mortgage where the property has been repossessed?*

Y N Been convicted of (or have prosecutions pending relating to) any criminal offences? (excluding minor motoring offences and offences "spent" under the Rehabilitation of Offenders Act 1974)*

3. About the loan

Estimated property value* £

Size of loan requested* £

Reason for the loan*

e.g. inheritance tax
planning or care funding

4. About the property

Y N Is this mortgage for a house purchase?* If yes, what's the completion date?

Y N Is the property your main residence?*

Y N Is the property freehold?* If no, how many years are there remaining on the leasehold? years

Y N Is there an annual service charge?* If yes, please provide details £

What is the property?* House Flat Bungalow Other

Y N If a flat, is it a block with fewer than 5 floors?* Y N If it has more than 5 floors, does it have a lift?

What is the property made of?* Roof Walls

4. About the property (continued)

- Y N Is it over or adjacent to commercial premises?*
- Y N Are there any restrictions on who can live in the property?*
- Y N Is the property sheltered accommodation?*
- Y N Is the property or any part of it, used for commercial activity?*

Please list any occupiers of the property, other than the applicant, in the spaces below:

Occupier's name	Relationship to you	Age (if a dependent)

5. About the intermediary (to be completed by the intermediary)

Title* First name* Last name*

Company name* Telephone*

Email address*

Address line 1*

Address line 2

Town/city* Postcode*

Company FCA number Personal FCA number

Y N Are you part of a network or service provider? If yes, which?

6. About the solicitor

Title* First name* Last name*

Company name* Telephone*

Email address* DX number

If you do not yet have a Solicitor, please leave blank and provide these details as soon as possible.

7. Charges for Later-Life Mortgage

Octopus charges: £1,500 to be paid from the cash advanced by the loan.

Adviser fees: Any advisor fees need to be agreed with your adviser. We need to know what fee will be paid by you to the advisor so that it can be included in the Key Facts Illustration, as a regulatory requirement. If no amount is entered it will be assumed no fee applied

£

Please see section 11 of the Key Facts Document for more information on Octopus charges. For information relating to adviser fees, please see section 16 of the Key Facts Document.

8. Using your information

1. Meaning of words used in this document:

- “you” and “your” means each person indicated in this form as being an applicant, and
- “we”, “us” and “our” means Octopus Property Lending Limited (via the product name of Octopus Lifestyles) and anyone who at any time in the future is entitled (as legal or beneficial owner) to all or any of the lender’s rights under any agreement with you (including as a result of a transfer referred to in section 4 below); and
- “information” means the information provided to or received by us (whether or not by, or from and/or relating to, you or any other person) in or in connection with your application (including enquiries or searches made by or on behalf of us).

2. Using your personal information

We may hold information in our records or with persons providing storage facilities and use and disclose information:

- to process, obtain and check other information, manage your account and administer any product or services that we provide you with or at your request or otherwise;
- to perform obligations or exercise rights that we may have under any agreement with you;
- for the purposes of market research, statistical and business analysis and creating and maintaining a customer profile;
- to assess this and further applications from you on this and other products and/or services and make decisions on questions about any such application(s), any agreement or correspondence which you may have with us; and/or
- with the intention of preventing, detecting, prosecuting or mitigating the consequences of fraud and money laundering or other crimes, trace debt and recover debt and to comply with applicable law and regulations.

2.1 We may disclose any information to and make enquiries to:

- any person (including any actual or potential party, that party’s professional advisers and any rating agency) in connection with any actual or potential transfer (see section 4 below) and each such person may also rely upon the truth, completeness and accuracy of the information and may use the information for the purposes and as otherwise described in this document;
- any other party to any agreement with you and/or

any other person with whom we have entered into or made and/or consider entering into or making any other arrangement in connection with any agreement with you (including in connection with the provision of funding to us);

- insurers of any asset securing or proposed to secure your liabilities;
- financial and other organisations involved in fraud prevention to prevent or detect fraud and protect themselves and their customers or to assist in verifying your identity;
- agents or contractors appointed to administer or operate your account or any agreement with you on behalf of us or otherwise to provide services to or on behalf of us for which such agents or contractors will have access to information;
- persons (including but not limited to advisers, agents and solicitors) assisting you from time to time in connection with any agreement with you;
- market research organisations for the purpose of confidential market research conducted on behalf of us;
- the Electoral Register, any relevant legal and regulatory authorities and any other body having a legal right to access the information and anyone you authorise us to give information to;
- any credit reference agencies, debt recovery agencies, tracing agencies and fraud prevention agencies (any of whom may keep a copy of such enquiry whether or not your application proceeds and this will be seen by other organisations that make searches).

By signing the declaration below you will be consenting to us using your personal sensitive information for the purposes of assessing your application and putting this mortgage in place. You can request a copy of the information held by us by submitting a written request to: Octopus Lifestyles, 33 Holborn, London, EC1N 2HT. We may charge a fee for this.

3. Assessment and indications

We will use a credit scoring provider, other automated decision-making system, service provider or medical practitioners in assessing information and we may decline your application or withdraw or revise any indication to you that we are willing ‘in principle’ to enter into a loan agreement, or propose to enter into a loan agreement, without giving any reason whatsoever. These providers will not use your information for any other purposes.

8. Using your information

4. Consent to transfers

At any time and from time to time, we can enter into and make a transfer (being a transfer, assignment or assignation (whether absolute or by way of security), mortgage, charge, creation of trust over, agreement to sell or other disposal (in law or in equity or beneficially) of all or any of our rights, title, interests, benefits and obligations in respect of your loan, our security, or all or any of the information – whether by way of securitisation or otherwise- without any further consent from or notice to you. A transfer will not change your rights in relation to your loan and will not change the terms and conditions relating to your loan, the mortgage or any other document relating to your loan and mortgage.

5. Applicable law

This document and our dealings with you with a view to entering into this document, the loan and other related agreements, and any non-contractual aspects arising in connection with this document or those dealings, are governed by English law subject to the exclusive jurisdiction of the English courts

6. Your confirmations in relation to information

By signing this document you confirm that:

6.1 All of the information is true, accurate and complete and is not ambiguous or misleading.

You have not withheld or concealed anything

which adversely affects and/or is reasonably likely to adversely affect those things or our assessment and/or any information. Any non-disclosure or mis-information may result in legal action and/or repayment of the lifetime mortgage.

6.2 You shall let us know at once (and provide us with full details) if you become aware that any information is or becomes wrong or out of date or if anything changes in any way which adversely affects and/or is reasonably likely to:

- render any information ambiguous and/or misleading; or
- adversely affect the truth, accuracy and/or completeness of the information or our assessment of you and/or any information.

6.3 You are entitled to, and have the consent of, each person to disclose information relating to that person that you have provided in, or in connection with, this application, or which you otherwise provide to us.

6.4 Where you have asked a person for advice and/or a recommendation about a loan or similar product, that person (not us) is responsible to you for any advice which that person gives or any recommendation which that person makes.

You must notify that person of any material changes to the information in order that such person can provide you with updated advice and recommendations.

9. Family

Y N In the process of making the decision to take out this product, have you discussed this with your heirs?*

If yes, please list:

Heir's name	Relationship to you

10. Declarations

Adviser declaration

By signing this form, I confirm that:

- I have read and understood the Terms of Business for Intermediaries.
- As an Appointed Representative, I warrant and represent that my principal also accepts the Terms of Business for Intermediaries.
- I confirm this application has been made in accordance with the Octopus Terms of Business for Intermediaries with which I comply. The information in this application is a reflection of that given to me by the applicant and to the best of my knowledge is correct. I have assessed the suitability of this product to the applicant. I have advised the applicant of the risks, benefits and features of the family wealth plan and considered the impact on the tax position and the eligibility for benefits.
- I have passed (and currently hold) an appropriate approved examining board's specialist examination in equity release as prescribed by the Financial Conduct Authority.
- I enclose all necessary documentation as stated on page 2.

Print name*

Signature*

Date*

Customer declaration

By signing this form, I confirm that:

- I have read and understood the relevant Octopus Lifestyles brochure and the risk factors explained within.
- I have read and understood the Illustration document and agree to be bound by it.
- I have provided accurate information, to the best of my knowledge.
- I consent to Octopus providing information to my adviser/intermediary until notified otherwise.
- I consent to Octopus facilitating my adviser's fees and charges as set out above and in Section 12 where applicable.
- I enclose all necessary documentation as stated on page 2.

Applicant one

Print name*

Signature*

Date*

Applicant two

Print name*

Signature*

Date*

Additional sections

Only to be completed if applying for the Estate Transfer Trust

11. 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

12. 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.

13. 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 14.1**.

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"/>

14.1a 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 13- 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 15** - 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*

14.1b 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*

14.2a 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 13- 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 15** - 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*

14.2b 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*

14.3 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

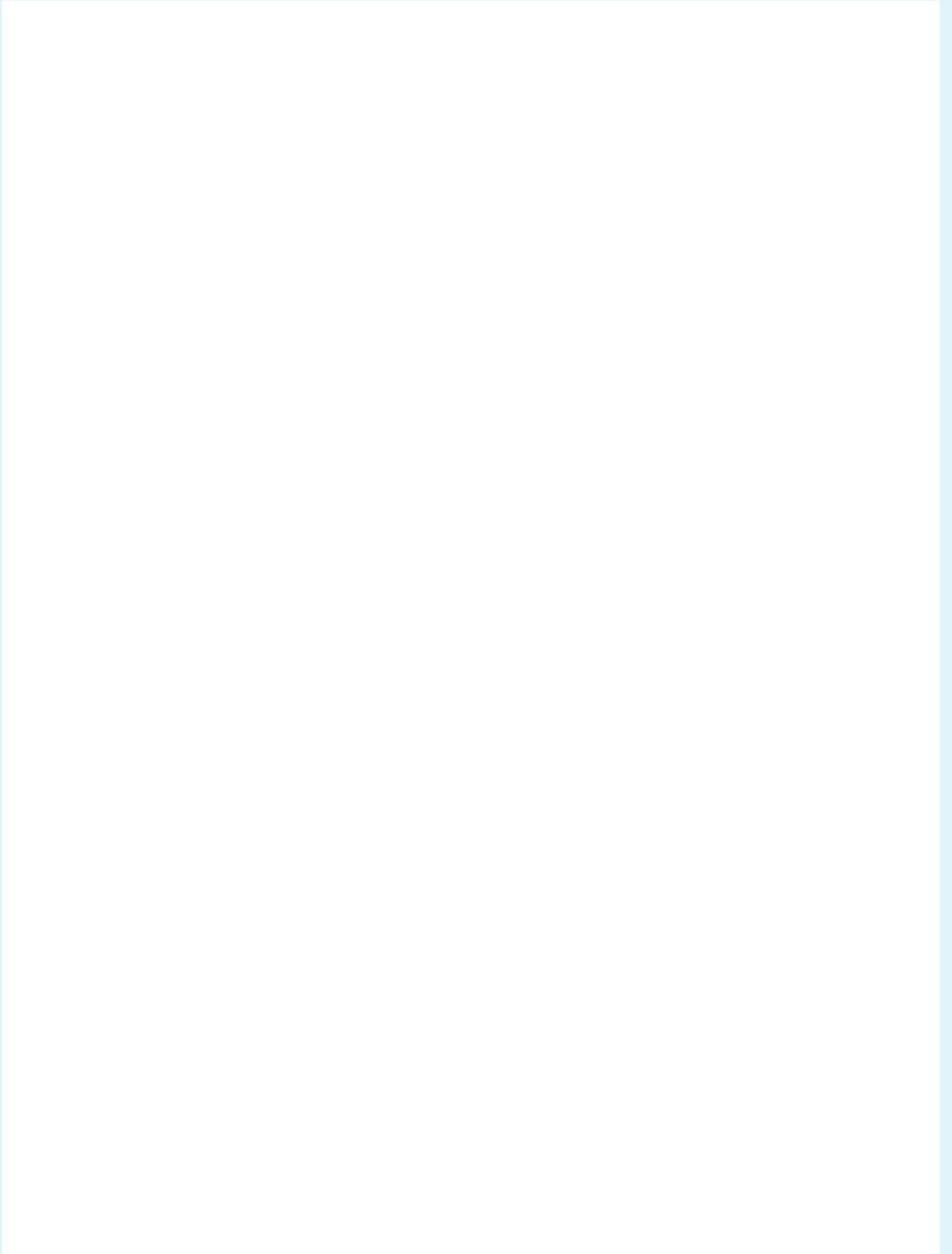
Signature*	Date*
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I wish to see the report before it is sent to the underwriters

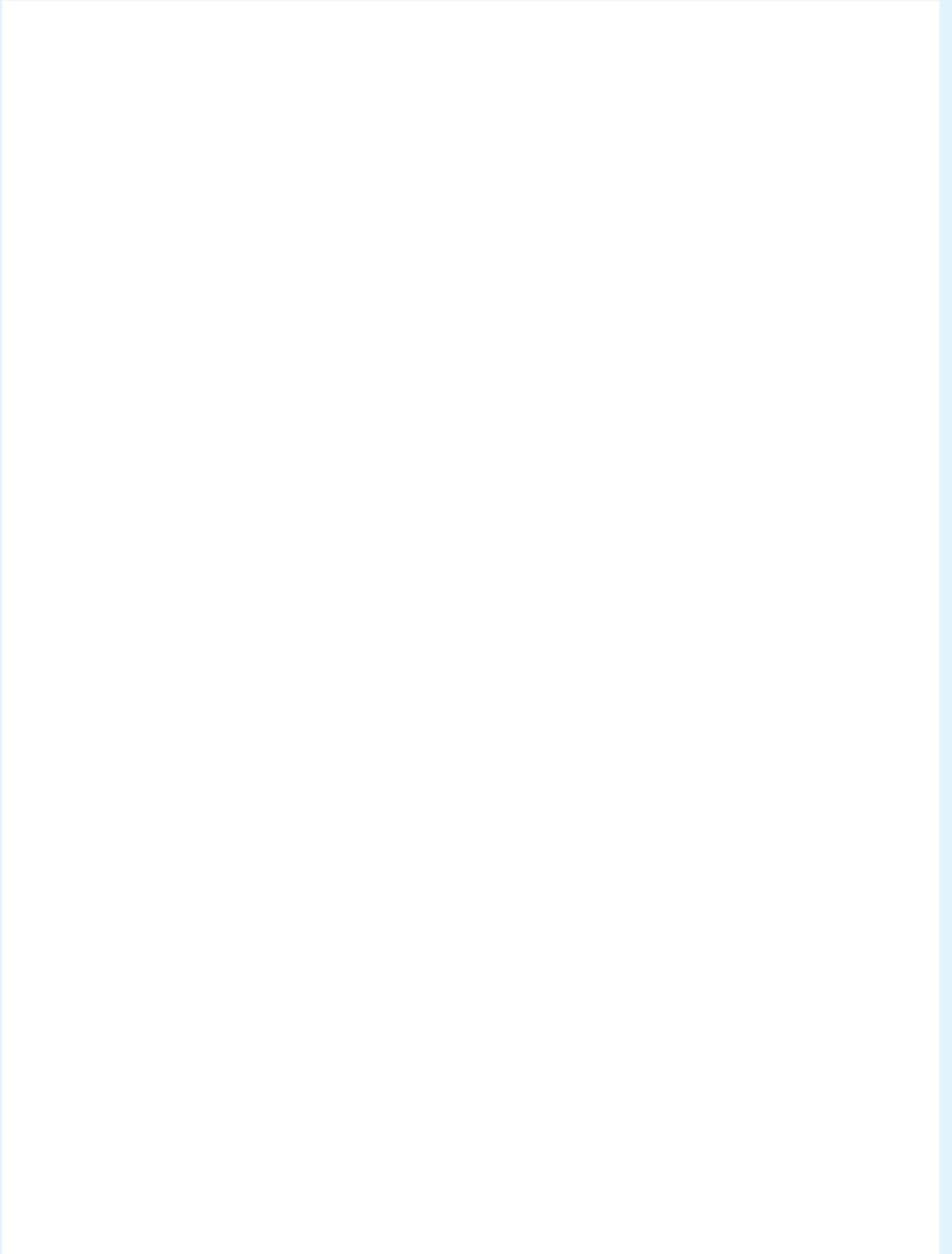
Applicant two

Signature*	Date*
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I wish to see the report before it is sent to the underwriters



Section 15: Extra space if required





Octopus Lifestyles



0800 294 6825
customer@octopuslifestyles.com
octopuslifestyles.com



Octopus Lifestyles,
33 Holborn,
London EC1N 2HT