

# Shared Growth Option



## Application Form

Before completing and signing this application form, please be sure to read the contents of our main brochure, and Key Facts Illustration provided.

Please tick the appropriate box

NEW APPLICATION

ADDITIONAL BORROWING APPLICATION

Quotation Reference

FIRST APPLICANT	SECOND APPLICANT (if applicable)
Surname Mr / Mrs / Miss / Ms	Surname Mr / Mrs / Miss / Ms
Forename(s)	Forename(s)
Marital Status Single / Married / Widower / Widow / Other	Marital Status Single / Married / Widower / Widow / Other
Date of Birth	Date of Birth

Address

Postcode

Telephone

Please indicate how the title to your property is held:

1. In one name only

2. As beneficial joint tenants

3. As tenants in common

Does anyone else occupy the property?  Yes  No

(If so, please give full name/s)

Is there any mortgage or any other charge against the property?

Yes

No

If so, please give the total amount outstanding and name(s) of mortgagee(s):

£

\*

\*This must be less than the Home Reversion Plan amount released, unless repaid from your own resources.



## ABOUT YOUR PROPERTY

Please tick all appropriate boxes, giving brief details where appropriate (use an additional sheet if necessary).

Completion of the following section will help us assess whether your property is likely to be eligible for a Julian Hodge Bank Equity Release Plan. If so, you will be asked to contribute in advance to the cost of an inspection by a Chartered Surveyor from your area to confirm your property value. If we are satisfied with all matters relating to the property, the Surveyor's valuation will be used in the preparation of a formal offer to you.

**N.B. Commercial property, flats, sheltered/retirement housing, park homes and non traditional concrete/steel framed dwellings are not acceptable. Please ask for advice if you are unsure about property eligibility.**

## PROPERTY DESCRIPTION

House  Bungalow

Detached  Semi-detached  Terrace/Linked

Age of property  Date purchased  Purchase price

Freehold  Shared Freehold  Leasehold  No. of years to run

No. of bedrooms  No. of bathrooms  Garage

Condition: Excellent  Good  Reasonable  Poor

**So far as you know**, is the property directly connected to all mains services?  
If not, please provide details.

Yes  No

**So far as you know**, are the services directly connected to the mains without the pipes or wires crossing another property? If not, please provide details.

Yes  No

Please provide details of any building work carried out at the property within the last 4 years and confirm that the appropriate planning permission and building regulations approval were obtained.

Do you use any private right of way to get to the property or to a garage at the property?  
If so, please provide details.

Yes  No

Whilst you have lived at the property, have there been any disputes regarding the boundaries, your use of the property or any other matter in relation to the property?  
If so, please provide details.

Yes  No

## CONSTRUCTION

Main building	Roof
Brick <input type="checkbox"/>	Tile <input type="checkbox"/>
Stone <input type="checkbox"/>	Slate <input type="checkbox"/>
Timber Frame <input type="checkbox"/>	% Flat Roof <input type="checkbox"/> (e.g. Felt/Bitumen)
Other <input type="checkbox"/> (please give details)	Other <input type="checkbox"/> (please give details)

## PLEASE COMPLETE

Current estimated property value

Percentage of value you wish to sell

## BUILDINGS INSURANCE

To safeguard our interests as well as yours, we must ensure that adequate insurance cover continues to be maintained on all scheme properties. Please let your financial or legal adviser have your policy details as soon as possible so that these can be passed to us for consideration.

Tick box if the policy schedule is enclosed

## PAYMENT OF YOUR CASH SUM

Payment will be made via your own Solicitor.

Completion of this form will not commit you in any way and the information you give will be treated in confidence. As your replies will influence our acceptance of your application, you should ensure that no relevant facts have been omitted. A separate sheet may be used if needed. Key Facts Illustrations are also provided without obligation.

## PERSONAL DATA

Personal information that you disclose on this form will be subject to the provisions of the Data Protection Act 1998 (the Act). The information will be retained by Julian Hodge Bank Limited (the Bank) who is the data controller, and may be stored on computer, microfilm, or in paper form. The information about you will be used for the following purposes(s) and may be shared with:

- Other members of the Julian Hodge Bank Group (the Group)\*:- to provide you with the service applied for; to assist in servicing your other relationships with the Group; to make lending and credit related decisions about you; for underwriting and claims handling purposes; to assist in fraud prevention, money laundering checks and regulatory reporting; for audit or debt collection purposes; for purposes of market and product analysis.
- Other third parties:- to provide you with the service applied for; for underwriting and claims handling purposes; to assist in fraud prevention, money laundering checks and regulatory reporting; for audit or debt collection; to help resolve a complaint; so that services may be processed on behalf of the Group; where the Bank transfers or may transfer its rights and duties under its terms and conditions; where the Group is required or permitted to do so by law.

\* Julian Hodge Bank Group means Julian Hodge Bank Limited, its subsidiaries and its associated companies.

The Bank may also use your information to contact you about its products and services and those of companies within the Group, and third party providers that it believes may be of interest to you. If you would prefer not to receive marketing promotions please tick the appropriate box(es) below;

No marketing promotions:  by mail  by telephone

You have the right of access to your personal information held on the Bank's files by written request and upon payment of a fee.

## DECLARATION ON APPLICATION – TO BE SIGNED BY ALL APPLICANTS

I/We authorise and request you to send information relating to this application to the interested parties specified on this form.

I/We have been provided by the Financial Advisers with their Initial Disclosure Document.

I/We have received, read and understood the Key Facts Illustration for the home reversion plan or further release applied for.

I/We have read and understood the Personal Data statement and consent to the use of my/our information for the purposes stated.

Signed (1)		Signed (2)	
Date		Date	
Changes to your Financial Adviser and/or Solicitor must be advised to Hodge Lifetime without delay. Hodge Lifetime will not be deemed liable for disclosure of any information in connection with this form and/or the home reversion plan applied for to either of the above named parties unless and until we receive notification in writing, signed by all parties to the application, of changes to these professionals acting on your behalf.			
FINANCIAL ADVISER DETAILS (To be completed by the adviser)		SOLICITOR DETAILS	
Company Name *		Company Name *	
Name of Adviser *		Name of Solicitor *	
Address *		Address *	
Telephone		Telephone	
Fax		Fax	
FSA Firm reference No. *		<b>*Important, these fields must be completed.</b>	
Date of Advice *			
Declaration I confirm that I have passed an appropriate approved examining board's specialist examination in equity release and that I have provided/supervised† the equity release advice and recommendation. † Delete as appropriate.		<h1>Freephone</h1> <h1>0800 731 4076</h1> <p>Hodge Lifetime, 29 Windsor Place, Cardiff CF10 3BZ www.hodgelifetime.com</p>	
Signature			
Print Name			
Mortgage Club/Network (if applicable)			
Broker Fee (if applicable) £	*		



A member of SHIP  
(Safe Home Income Plans)