

CARE FEES PLAN QUESTIONNAIRE

Please complete all relevant sections in BLOCK CAPITALS.

Where you see 'we' or 'us' in this document it means Aviva or Just or both where relevant.
Just is a trading name of Partnership Life Assurance Company Limited.

Please sign and date the form in Section 5 and return the whole questionnaire to your Financial Adviser.

This form should be completed by the person requiring care. The legal representatives of the person needing care may complete the form if they have the legal authority to take out a Care Fees Plan on the customer's behalf.

Please note that if the person needing care has become, or is becoming, mentally incapable of managing their own affairs, the Power of Attorney must be registered with the appropriate authority before it can be accepted.

We will not be able to process the questionnaire, or request the necessary medical reports without a valid signature and Power of Attorney.

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Note for Financial Advisers:

Please check and confirm that you have:

1. Completed the Financial Adviser section details ☐
2. Obtained the annuitant's or legal representative's signature on both the remuneration and declaration sections ☐
3. Enclosed the Power of Attorney form (if appropriate) ☐

Then send the completed form(s) to:

For Aviva:

- email: lrc@aviva.com
- Phone: 0845 145 5745
- Fax: 0800 158 2350
- Post: Aviva
PO Box 520
Norwich
NR1 3WG

For Just:

- email: icp@medicalsdirectgroup.co.uk
- Fax: 0844 443 5234
- Post: MDG
Premiere House
5th Floor Elstree Way
Borehamwood
Hertfordshire
WD6 1JH



Section 1: Personal details

1.1. Details of the person needing care (the annuitant)

Title	<input type="text"/>
Surname	<input type="text"/>
Forenames	<input type="text"/>
Gender (please tick as appropriate)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Marital Status	<input type="text"/>

1.2 Care Details:

Please confirm where the care is being provided / expected to be provided:

A Care Home (with nursing care)	<input type="checkbox"/> Hospital	<input type="checkbox"/>
A Care Home (with no nursing care)	<input type="checkbox"/> Your own home	<input type="checkbox"/>
A PWD (Person with Dementia) Home	<input type="checkbox"/> Other (please provide details)	<input type="text"/>

If the care is expected to be provided in a Care Home, please confirm the date you entered the Care Home / expect to enter the Care Home:

If you have care at home, please confirm the date when you first started receiving care from a Registered Care Provider:

Please confirm where the care is being provided / expected to be provided or home address if not yet known:

Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone Number (including code)	<input type="text"/>
Fax number (if available)	<input type="text"/>
Email address (if available)	<input type="text"/>
Contact Name	<input type="text"/>

If you are receiving care in your own home, please provide full details of the carer and/or agency details

Full name and address (if different from above)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone Number (including code)	<input type="text"/>
Fax number (if available)	<input type="text"/>
Email address (if available)	<input type="text"/>

Contact Name

Is care currently being provided by a friend or family member? ☐ Yes ☐ No

Please confirm the current (or expected) level of fees payable:

£ ☐ per calendar month ☐ 4 weekly ☐ per annum

1.3 Details of the legal representative, if applicable

(Please complete this section only if you are acting in a legal capacity for the person requiring care – i.e. a valid Power of Attorney is in place.)

If you are funding the care of the annuitant, but are not their legal representative, please do not complete this form and discuss this further with your Financial Adviser.

This form should only be completed by the person requiring care or the legal representatives of the person needing care, if they have the legal authority to take out a Care Fees Plan on their behalf. Please note that if the person needing care has become, or is becoming, mentally incapable of managing their own affairs, the Power of Attorney must be registered with the appropriate authority before it can be used as authority to act.

Please enclose a copy of the Power of Attorney with this application. A properly certified copy of the document or the original must be provided. Please do not send any birth or marriage certificates with this questionnaire.

Subject to medical evidence the insurance provider reserves the right to request that a Power of Attorney is appointed to act on behalf of the annuitant and/or that any existing Power of Attorney is registered.

Title

Surname

Forenames

Gender (please tick as appropriate) ☐ Male ☐ Female

Address

Postcode

Telephone Number (including code)

Are you acting as Attorney? ☐ Yes ☐ No

Are you acting as court appointed deputy for the Court of Protection? ☐ Yes ☐ No

Please Note: If you are acting on behalf of the care recipient we will not be able to process this application unless a copy of the Power of Attorney document is provided.

Section 2: Product Details & Requirements

2.1. Insurance Provider Choice

Please indicate which insurance providers you require Care Fees Plan terms from.

Aviva ☐

Just ☐

2.2. Payment Options

Please indicate which benefits you would like terms to be provided on.

Please note that not all insurance providers are able to offer capital protection, guaranteed payment periods and payment options on the same basis. Therefore, please ensure you check details within each provider's Key Features for full information on the benefits available.

Please also note that all providers make payments from their plans in advance.

Please confirm the:

- a) Amount of benefit required
by the care recipient

£

☐ per calendar month ☐ 4 weekly ☐ per annum

(4 weekly is available with Just only.)

OR

- b) Amount of single premium

£

- c) Escalation of benefits

Nil ☐

RPI ☐

RPI + 2% ☐ (available with Aviva only)

Fixed Rate - please state percentage* %

% (a maximum of 8% applies for Just)
(a minimum of 3% and a maximum of 10% apply for Aviva)

*Please state a whole number. Aviva and Just will round up to the next whole number if decimal places are requested.

Increases are normally applied on the anniversary of the contract although you can choose the month in which the annual escalation would apply.

If you would like the escalation to be applied on a specific date, please confirm the month this should be applied:

- d) Deferred Period (please tick the relevant box if you would like payments to be deferred for a specified period)

None ☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years ☐

- e) Death Benefits

Please indicate whether you would like terms to be provided with the following death benefits

Please note that:

- All Just plans automatically include 6 months' premium protection of 100% protection in month 1, 50% protection in months 2-3 and 25% protection in months 4-6
- All Aviva plans automatically include 1 months premium protection at 100%
- Please refer to each provider's Key Features Document for full information.

Would you like a quote with no death benefits included:

☐ Yes ☐ No

Short Term Premium / Capital Protection

- This option is only available from Aviva
- If you select 4-6 months cover, you must also select 1-3 months cover
- The 4-6 months cover must not be greater than the 1-3 months cover

1-3 month's cover: ☐ 25% ☐ 50% ☐ 75%

4-6 month's cover: ☐ 25% ☐ 50% ☐ 75%

Long Term Premium / Capital Protection (Decreasing Term Assurance)

- This option is available from both providers
- Please select the % of the total premium to be protected

☐ 25% ☐ 50% ☐ 75% % Other (1-75%)

Section 3: GP & Medical Details

3.1. General Practitioner's (GP) Details

Your GP's details are required to obtain a medical report. The insurance providers may also require a Care Home Manager's Report or other further details from the care provider.

Please provide the name and full postal address of the GP who holds the medical records of the person needing care:

GP's name	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Postcode	<input type="text"/>				
Telephone Number (including code)	<input type="text"/>				
Fax number (if available)	<input type="text"/>				
Email address (if available)	<input type="text"/>				
How long have you (the person needing care) been registered with this GP?	<table><tr><td><input type="text"/></td><td>Years</td><td><input type="text"/></td><td>Months</td></tr></table>	<input type="text"/>	Years	<input type="text"/>	Months
<input type="text"/>	Years	<input type="text"/>	Months		

If you have been registered with your GP for less than six months or you are expecting to change your GP, please provide the name and full postal address of the previous or new GP.

GP/Surgery name	<input type="text"/>
	<input type="checkbox"/> Previous GP OR <input type="checkbox"/> New GP
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone Number (including code)	<input type="text"/>
Fax number (if available)	<input type="text"/>
Email address (if available)	<input type="text"/>

3.2. Medical details of care recipient

Your answers to the questions in this section and section 3.3, together with the GP and care provider information, will be used by the insurance providers to confirm terms.

Therefore, please answer all the questions as fully and accurately as possible before signing and submitting this form. If it is subsequently found that any information provided is not accurate, the provider may be entitled to cancel the policy or adjust the amount of the benefit paid in connection with the plan.

If any of the answers given to the questions in this form change before the plan comes into force, you must notify the relevant insurance provider(s).

a) Have you consulted your current GP in the last 3 months? ☐ Yes ☐ No

b) Have you attended hospital within the last 12 months? ☐ Yes ☐ No

If 'Yes' please give dates and details

c) Have you had any falls in the last 6 months? ☐ Yes ☐ No

If 'Yes' please give dates and details

d) Have you consulted any doctor or other medical practitioner about memory loss or confusion or have you been diagnosed with dementia? ☐ Yes ☐ No

If 'Yes' please give dates and details

e) Have you suffered or are you suffering from any of the following illnesses: Cancer, neurological disease, respiratory disease, heart disease, arthritis or stroke? ☐ Yes ☐ No

If 'Yes' please give dates and details

3.3. Physical status of care recipient

Height	<input type="text"/> m/cm	<input type="text"/> ft/ins
Weight	<input type="text"/> kg	<input type="text"/> st/lbs

Please give details of your ability to perform the following activities of daily living:

Mobility:	<input type="checkbox"/> Independent	<input type="checkbox"/> Walk with verbal help of 1 person	<input type="checkbox"/> Walk with physical help of 1 person	<input type="checkbox"/> Wheelchair dependent	<input type="checkbox"/> Immobile
Stairs:	<input type="checkbox"/> Independent up and down	<input type="checkbox"/> Need help (verbal, physical or carry down)	<input type="checkbox"/> Unable		
Transfer:	<input type="checkbox"/> Independent	<input type="checkbox"/> Minor help (verbal, physical)	<input type="checkbox"/> Major help (1-2 people, physical)	<input type="checkbox"/> Immobile	
Toilet Use:	<input type="checkbox"/> Independent (on, off, dressing, wiping)	<input type="checkbox"/> Need some help but can do some things	<input type="checkbox"/> Dependent		
Bowels:	<input type="checkbox"/> Continent	<input type="checkbox"/> Needs pads	<input type="checkbox"/> Incontinent	<input type="checkbox"/> Stoma independent	<input type="checkbox"/> Stoma dependent
Bladder:	<input type="checkbox"/> Continent	<input type="checkbox"/> Needs pads	<input type="checkbox"/> Catheterised, independent	<input type="checkbox"/> Catheterised, dependent	
Grooming:	<input type="checkbox"/> Independent (with face, hair/teeth/shaving)	<input type="checkbox"/> Needs help			
Bathing:	<input type="checkbox"/> Independent	<input type="checkbox"/> Dependent			
Dressing:	<input type="checkbox"/> Independent	<input type="checkbox"/> Need verbal help	<input type="checkbox"/> Need physical help	<input type="checkbox"/> Dependent	
Feeding:	<input type="checkbox"/> Independent	<input type="checkbox"/> Need help (with cutting, spreading butter)	<input type="checkbox"/> Unable		

When was care first needed and why?

Please use this box to provide any further information continued from your previous answers, or that you would like us to take into account when assessing your application.

Section 4: Important Information

4.1: Notice of statutory rights

Under the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Access to Health Records and Reports (Isle of Man) Act 1993.

Each insurance provider will apply for a medical report from your current GP and may apply to any doctor who has at any time attended you. The declaration you provide in Section 5 gives us your consent to apply for such a report if we need to.

Your rights

- You do not have to give your consent but, without it, the insurance providers will not be prepared to accept your application.
- If you do give your consent, you can indicate whether or not you wish to see any report before it is sent to us.

If you indicate that you do not wish to see any report:

- The doctor can forward it to us immediately and we should be able to process your application without delay.
- You can, however, still change your mind at any time within six months of this declaration and notify the doctor that you wish to see the report.
- If the doctor has already forwarded the report to us, he/she will send you a copy and, if he/she has not, he/she will give you 21 days to arrange to see the report before it is forwarded to the insurance providers.

If you indicated that you do wish to see any report:

- This may delay the processing of your quotation/application.
- The doctor is allowed to charge you a fee to cover the cost of supplying you with the report.
- You should follow the procedures outlined below.

Procedures for access to reports

1. If you indicate now that you do wish to see any report, the relevant insurance provider will notify you if it requests a medical report and will inform the doctor of your wishes. You will then have 21 days to contact the doctor to arrange to see it.
2. If you do see a report, the doctor must obtain your consent to the report before sending it to the insurance providers.
3. You have the right to request that the doctor amend any part of a report you consider incorrect or misleading and you can attach your written views on any part the doctor refuses to amend.
4. The doctor does not have to let you see any part of a report that he/she considers would be likely to cause serious harm to the physical or mental health of yourself or others, or that would indicate his/her intentions towards you. The doctor also does not have to let you see any part that would be likely to disclose information about, or the identity of, another person who has supplied information about you, unless that person

has consented to the disclosure or the information relates to, or has been supplied by, a health professional caring for you. If the doctor does not let you see any part of the report he/she must notify you of that fact.

Care provider reports

If you are currently receiving care, your declaration in section 5 gives the selected insurance providers permission to request a report regarding your physical and mental health and welfare from the care provider.

Section 5: Declaration and Consent

5.1. Personal Information

AVIVA'S PRIVACY POLICY

We collect and use personal information about you so that we can provide you with a lifetime care plan quotation that suits your needs. This notice explains the most important aspects of how we use your information but you can get more information about the terms we use and view our full privacy policy at www.aviva.co.uk/privacypolicy or request a copy by writing to us at:

Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD

The data controller responsible for this personal information is Aviva Life & Pensions UK Ltd as the provider of the product.

Personal information we collect and how we use it

We will use personal information collected from you and obtained from other sources:

- To provide you with a lifetime care plan quotation: we need this to decide what terms we can offer
- To support legitimate interests that we have as a business:
 - We use personal information about you to help us better understand our customers and improve our customer engagement. This includes profiling and customer analytics which allows us to make certain predictions and assumptions and make correlations about our customers to improve our products
- To meet any applicable legal or regulatory obligations: we need this to meet compliance requirements with our regulators (e.g. Financial Conduct Authority), to comply with law enforcement and to manage legal claims; and
- To carry out other activities that are in the public interest: for example, we may need to use personal information to carry out anti-money laundering checks.

As well as collecting personal information about you, we may also use personal information about other people, for example your personal representatives who are applying on your behalf. **If you are providing information about another person we expect you to ensure that they know you are doing so, or have the appropriate authority to act on their behalf, and are content with their information being provided to us. You might find it helpful to show them this privacy notice and if they have any concerns please contact us in one of the ways described on the following page.**

The personal information we collect and use will include name, address, and date of birth. We will also need to ask for details relating to your health. We recognise that information about health is particularly sensitive information. Where appropriate, we will ask for consent to collect and use this information.

If we need consent to use personal information for a specific reason, we will make this clear to you when you complete an application. If you give us consent to using personal information, you are free to withdraw this at any time by contacting us. Please note that if consent to use this information is withdrawn we will not be able to continue to process the information you gave us for this purpose. This would not affect our use of the information where consent is not required.

Of course, you don't have to provide us with any personal information, but if you don't provide the information we need we may not be able to produce a quotation

Some of the information we collect as part of this quotation may be provided to us by a third party. This may include information already held about you within the Aviva group, including details from previous quotes or information from our trusted third parties

How we share your personal information with others

We may share your personal information:-

- With the Aviva group, our agents and third parties who provide services to us to help us administer our products and services;
- Your lifetime care intermediary and other third parties providing services to them;
- With regulatory bodies and law enforcement bodies, including the police, e.g. if we are required to do so to comply with a relevant legal or regulatory obligation;
- With other organisations including insurers, public bodies and the police (either directly or using shared databases) for fraud prevention and detection purposes;

Some of the organisations we share information with may be located outside of the European Economic Area ("EEA"). We'll always take steps to ensure that any transfer of information outside of Europe is carefully managed to protect your privacy rights. For more information on this please see our privacy policy or contact us.

How long we keep your personal information for

We maintain a retention policy to ensure we only keep personal information for as long as we reasonably need it, for the purposes explained in this notice.

Your rights

You have various rights in relation to your personal information, including

- the right to request access to your personal information,
- correct any mistakes on our records,
- erase or restrict records where they are no longer required,
- object to use of personal information where this use is based on our legitimate business interests, including for profiling
- ask not to be subject to automated decision making if the decision produces legal or other significant effects on you, and
- data portability.

For more details in relation to your rights, including how to exercise them, please see our full privacy policy or contact us.

Contacting us

If you have any questions about how we use personal information, or if you want to exercise your rights stated above, please contact our Data Protection Officer by writing to them at Data Protection Officer, Aviva, Level 4, Pitheavlis, Perth, PH2 0NH.

If you have a complaint or concern about how we use your personal information, please contact us in the first instance and we will attempt to resolve the issue as soon as possible. You also have the right to lodge a complaint with the Information Commissioner's Office at any time.

By proceeding with this request:

- **You understand that we will use this information about you including information about health for these purposes.**
- **You are confirming that any other person (e.g. a family member) whose information you are providing understands and has no concerns about their information being used this way.**

NOTE: if you have any concerns about use of information for these purposes, you should not provide us with this information, however we will not be able to take this information in to account when determining the level of income we can provide for your Lifetime Care Plan.

You have various rights in relation to your personal data including accessing your data, and in some limited circumstances objecting to processing or having your data erased.

JUST'S PRIVACY POLICY

We collect and use personal information about you so that we can provide you with a policy that suits your insurance needs. This notice explains the most important aspects of how we use your information but you can get more information about the terms we use and view our respective full privacy policy at <https://www.wearejust.co.uk/privacy-policy/> or request a copy by writing to us at:

Just, Enterprise House, Bancroft Road, Reigate, RH2 7RP.

The data controller responsible for this personal information is Just as the provider of the product. Additional controllers include any applicable reinsurers.

Personal information we collect and how we use it

We may collect this information when you use our services or we may collect it indirectly from our business partners, such as financial intermediaries (some of the information we collect as part of this application may be provided to us by other third parties for instance we could obtain the personal data from publicly available records, our trusted third parties and from industry databases, including fraud prevention agencies and databases):

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

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

How we use it

Personal data (including, where relevant, any medical data): this information helps us in our legitimate interests (as long as those interests are not overridden by your interests and rights):

- a) to provide you with your annuity policy: we need this to decide what terms we can offer and also to administer your policy;
- b) to medically underwrite your policy 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; and
- n) for general administrative purposes.

Where we process special categories of personal data (for example health or medical data) for the purposes set out above, this is based on Article 9.2(g) of the General Data Protection Regulation where processing is necessary for reasons of substantial public interest and conducted on the basis of applicable law where the only data processed will be that necessary for the aim specified in order to respect the data subject's rights and interests.

Just and their agents may need to collect and use information about health relating to you to assess the terms of your insurance contract, when we deal with changes to your policy and/or deal with claims that arise. We use this information to make decisions about the terms on which we can provide insurance to you.

Some of the information we collect as part of this application may be provided to us by a third party. This may include information we obtain from publicly available records, our trusted third parties and from industry databases, including fraud prevention agencies and databases.

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:

1. quality control and training;
2. processing necessary for the entering into or the performance of a contract;
3. to prevent unauthorised use of our telecommunications systems and web sites and/or services;
4. to ensure effective systems operation;
5. to meet our legal obligations; in your vital interests;
6. to prevent or detect crime; and in relation to our legitimate interests.

How we share your personal information with others

We may share your personal information:

1. With the Just group of companies*, our agents and third parties who provide services to us, and other insurers to help us administer our products and services;
- With regulatory bodies and law enforcement bodies, including the police, e.g. if we are required to do so to comply with a relevant legal or regulatory obligation;
- With other organisations including insurers, public bodies and the police (either directly or using shared databases) for fraud prevention and detection purposes;

*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.

- With the reinsurers who provide reinsurance services to Just. Reinsurers will use your data to decide whether to provide reinsurance cover, assess and deal with reinsurance claims and to meet legal obligations. They will keep your data for the period necessary for these purposes and may need to disclose it to other companies within their group, their agents and third party service providers, law enforcement and regulatory bodies.

Some of the organisations we share information with may be located outside of the European Economic Area ("EEA"). We'll always take steps to ensure that any transfer of information outside of Europe is carefully managed to protect your privacy rights. For more information on this please see our privacy policies or contact us.

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:

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

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.

How long we keep your personal information for

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.

Your rights

You have various rights in relation to your personal information, including:

- The right to request access to your personal information,
- Correct any mistakes on our records,
- Erase or restrict records where they are no longer required,
- Object to use of personal information where this use is based on our legitimate business interests, including for profiling and marketing,
- Ask not to be subject to automated decision-making if the decision produces legal or other significant effects on you, and
- Data portability

For more details in relation to your rights, including how to exercise them, please see our full privacy policy or contact us.

Contacting us

If you have any questions about how we use personal information, or if you want to exercise your rights stated above, please contact your insurance provider's Data Protection Officer by writing to them at Data Protection Officer, Just, Vale House, Roebuck Close, Bancroft Road, Reigate, Surrey, RH2 7RU

If you have a complaint or concern about how we use your personal information, please contact us in the first instance and we will attempt to resolve the issue as soon as possible. You also have the right to lodge a complaint with the Information Commissioners Office at any time, and can do so by calling their helpline on 0303 123 1113.

Tell us if you do not want to hear from us

How we keep you informed

Please tick if you would like to receive information about Just's products and services

- ☐ Post
- ☐ Email
- ☐ Telephone
- ☐ SMS/Text

By proceeding with this application:

- **You understand that we will use this information about you including information about health for these purposes.**
- **You are confirming that any other person (e.g. a family member) whose information you are providing understands and has no concerns about their information being used this way.**

NOTE: if you have any concerns about use of information for these purposes, you should not provide us with this information, however we will not be able to take this information in to account when determining the level of income we can provide under your annuity.

5.2. Declaration and consent – the Annuitant or Legal Representative must read, complete and sign this document

1. I request the insurance providers selected in this form to provide me with terms for their Care Fees Plan contract.
2. I confirm that all statements made in this form shall be deemed to have been made directly to the insurance providers selected on this form.
3. I confirm that the information provided in this form whether in my own handwriting or not is true and accurate and that I have answered the questions as fully as possible. I understand that in the event incorrect information is given, Just may be entitled to cancel the policy or adjust the amount of the benefit paid in connection with the plan.
4. I must inform the insurance providers without delay if there is a change to my health or circumstances before the commencement of the plan. Failure to do so may result in the amendment of the terms of the plan and may invalidate any future claim.
5. The Care Fees Plan will come into force when I have accepted the terms offered and the purchase price is received by the insurance provider.
6. I agree that a copy of this consent can be treated as the original.
7. I am aware the insurance providers are under no obligation to accept my application or provide me with a Care Fees Plan until a policy is issued.
8. I give permission for Just, as selected, to approach my care provider from time to time for confirmation that I am still entitled to benefit.
9. I acknowledge and agree that if I do not select all of the insurance providers in this form then my contact with regard to this application will only be with the insurance provider that I have selected.
10. I authorise my Financial Adviser to pass on a copy of this form to any insurance provider I select, and any third party working for the selected insurance provider, so that they are able to offer me terms for their Care Fees Plan.
11. I am aware of my rights under the Access to Medical Reports Act 1988 and have read my rights under the relevant legislation governing access to medical records.
12. Each insurance provider selected on this form may obtain medical and care information from any doctor and care provider who, at any time, has attended me, about anything that affects my physical or mental health and/or any insurance office to which an application has been made on my life and I authorise the giving of such information. This consent shall remain valid throughout the duration of any insurance that may be provided and after my death.
13. I give permission for my care home manager/care provider to disclose information to the insurance provider about my physical and mental health and welfare in order to obtain terms for a Care Fees Plan.

Signatures

By signing this form you are agreeing to the declarations set out in Section 5.

Do you wish to see the medical reports from your doctor before they are sent to Just & Aviva?

☐ Yes ☐ No

Annuitant Signature

Print Annuitant Name

Date

OR

Signature of
Annuitant's Legal
Representative*

Print Name of
Annuitant's Legal
Representative

Date

*Please enclose an original or certified copy of the legal authority to act on behalf of the Annuitant i.e. Power of Attorney.

A copy of this form is available on request.

This document is available in Braille, large type and audio tape.

Section 6: Financial Adviser Details and Remuneration

Financial Adviser Remuneration (to be completed
by the applicant or legal representative)

6.1. Adviser Charge

Please complete section a or b

a)

If you do not require an Adviser Charge to be applied to the premium please tick here: ☐

OR

b)

If you have agreed an Adviser Charge with your Financial Adviser that you wish to be included with the premium quoted, please indicate the amount below and sign the authorisation that follows. The Adviser Charge will be transferred to your Financial Adviser on your behalf when the policy has started.

Percentage of Premium included %

OR

Amount of Adviser Charge included £

c) Authorisation to deduct an Adviser Charge

If you have received financial advice, your Financial Adviser may have asked your provider to facilitate a payment for advising on and recommending your annuity. This is known as the adviser charge, and is the amount you will have agreed to pay the adviser from your single premium.

Please sign the box below to confirm your agreement to the Adviser Charge:

I authorise Just or Aviva to deduct the Adviser Charge from my total investment
as it relates to advice received in connection with this product. The amount of adviser charge will be shown in the quotation.

Signature of applicant

Date

6.2. Financial Adviser Details (for Financial Adviser use only)

Financial Adviser Name

Company Name

Company Address

Postcode

Telephone Number (including code)

Fax number (if available)

Email address (if available)

Financial Services Register Number

Do you hold CF8 or another FCA
approved Long Term Care Qualification? ☐ Yes ☐ No

Was financial advice given? ☐ Yes ☐ No

MDG

Tel: 0845 108 0445
Fax: 0844 443 5234
Email: icpapps@wearemdg.com
Medicals Direct Screenings Ltd (ICP)
Premiere House
Borehamwood
WD6 1JH

Aviva

Tel: 0345 303 0430 – calls may be recorded
Website: www.aviva.co.uk
email: lfc@aviva.com

Aviva Life & Pensions UK Limited, PO Box 582, Bristol BS34 9FX.
Telephone 0345 303 0430 – calls may be recorded.
Registered in England No. 3253947.
Registered office: Aviva, Wellington Row, York, YO90 1WR.
Authorised by the Prudential Regulation Authority and regulated
by the Financial Conduct Authority and the Prudential Regulation Authority.
Firm Reference Number 185896 .

Just

Tel: 0333 043 7040
Website: www.wearejust.co.uk
Email: lfc@wearejust.co.uk

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Company Limited is authorised by the Prudential Regulation Authority and
regulated by the Financial Conduct Authority and the Prudential Regulation
Authority. Part of the Just Group plc group of companies. The registered office
is 5th Floor, 110 Bishopsgate, London EC2N 4AY. Please note your call may be
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