

RIO/LATER LIFE SUPPLEMENTARY APPLICATION FORM

1. Applicants

2. Address of property
(please tick whether
purchase or remortgage)

Purchase

Remortgage

PENSIONS

3. Has the mortgage term extending beyond retirement section in the application form been completed? Yes/No

	Applicant 1	Applicant 2	Applicant 3	Applicant 4
4. Is part/all of your pension transferable in the event of death?	Yes/No	Yes/No	Yes/No	Yes/No

Who is the beneficiary of any such transfer?

	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Gross annual amount transferable

£	<input type="text"/>	£	<input type="text"/>	£	<input type="text"/>	£	<input type="text"/>
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Net monthly amount transferable

£	<input type="text"/>	£	<input type="text"/>	£	<input type="text"/>	£	<input type="text"/>
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INVESTMENTS

5. Please provide details below of any investments held by each applicant:

	Investment value	Are these transferable in the event of death?	Amount transferrable	Beneficiary in the event of death
Applicant 1	£ <input type="text"/>	Yes/No	£ <input type="text"/>	<input type="text"/>
Applicant 2	£ <input type="text"/>	Yes/No	£ <input type="text"/>	<input type="text"/>
Applicant 3	£ <input type="text"/>	Yes/No	£ <input type="text"/>	<input type="text"/>
Applicant 4	£ <input type="text"/>	Yes/No	£ <input type="text"/>	<input type="text"/>

SAVINGS

6. Please provide details below of any savings held by each applicant:

	Investment value	Are these accounts held in joint names?	Beneficiary in the event of death
Applicant 1	£ <input type="text"/>	Yes/No	<input type="text"/>
Applicant 2	£ <input type="text"/>	Yes/No	<input type="text"/>
Applicant 3	£ <input type="text"/>	Yes/No	<input type="text"/>
Applicant 4	£ <input type="text"/>	Yes/No	<input type="text"/>

LIFE COVER

7. Please provide details below of any life cover held by each applicant:

	Life cover policy in place?	Value of life cover	Beneficiary in the event of death
Applicant 1	Yes/No	£ <input type="text"/>	<input type="text"/>
Applicant 2	Yes/No	£ <input type="text"/>	<input type="text"/>
Applicant 3	Yes/No	£ <input type="text"/>	<input type="text"/>
Applicant 4	Yes/No	£ <input type="text"/>	<input type="text"/>

DECLARATIONS

Signature(s)
(all applicants to sign):

Date:

PRINCIPAL OFFICE

Upper Bond Street
Hinckley
Leicestershire
LE10 1NZ

Tel: 01455 251234
Fax: 01455 618506
Web: hrbs.co.uk

To help maintain service and quality, some telephone calls may be recorded and monitored.

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