

Sentinel Lifetime Loan Further Advance Application Form

Adviser Use Only

Adviser Code: _____ Adviser Name: _____

Company: _____



Please complete in ink using **BLOCK CAPITALS** and **Circle** or **Tick** where appropriate.

1 Loan Details

Initial Loan Amount: _____ Maximum Entitlement OR \$ _____
Express Top Up Facility: _____ Maximum Entitlement OR \$ _____
Equity Protect Option: Yes / No _____ If yes: 10% OR 20%
(property value will be reduced by 10% or 20% before calculating the maximum entitlement)

2 Nominated Residents (full names, people residing in the property)

Mr/Mrs/Miss/Ms _____ Date of Birth _____
Mr/Mrs/Miss/Ms _____ Date of Birth _____
Address: _____
Existing loan number if known STL: _____

3 Changes

Have there been any changes to the people we should contact such as the **property owners, anyone else living with you, or your solicitor**?

Have there been any major changes to the **condition** or **structure** of your property, including major damage (house or land) or additions or alterations since your last application to us?

4 Purpose of Loan

Personal, domestic, or household purposes

Investment or business related purposes

Home improvements

Healthcare

Providing extra income

Travel/holidays

Other _____

Gifts to family or friends

Paying off existing debt

Long term care

Purchases for the home

4 Fees

The fees for this further advance will be added on to your loan amount unless paid with this application

6 Declarations

I/We agree and declare that

1. At least one of the Nominated Residents is 60 or older and the youngest is 55 or older and are resident in the property.
2. Sentinel may arrange for a current value to be obtained on the property and this report is intended solely for the purpose of Sentinel in considering this application.
3. I/We apply for the loan according to the Terms and Conditions applicable and agree to meet the cost of the valuation, whether the loan proceeds or not.
4. The Sentinel Lifetime Loan will be available only on the approval of Sentinel.
5. Sentinel collects personal information about me/us for the purposes of assessing my/our eligibility for a lifetime loan. I/We consent to Sentinel collecting this information and passing it on to any other person it considers necessary or desirable for the purpose of considering this application, documenting, administering and funding the Lifetime Loan (if it is approved) - including any person in connection with any securitisation of Lifetime Loans.
6. The statements and particulars given in this application are, to the best of my/our knowledge and belief, true and complete.

You have rights to access the information and the right to correct it under section 29(1)(b) of the Privacy Act 1993, however this right does not apply to evaluation material we hold.

7 Signatures (including all Nominated Residents, Trustees, Owners)

Name: _____	Signature: _____	Date: ____ / ____ / ____
Name: _____	Signature: _____	Date: ____ / ____ / ____
Name: _____	Signature: _____	Date: ____ / ____ / ____
Name: _____	Signature: _____	Date: ____ / ____ / ____

Please send the completed application form to:
Sentinel Processing Centre, P O Box 3179, Shortland Street, Auckland 1140. Fax (09) 362 0685

Faxed If faxing, please post the original.

8 Additional Information (anything else we should know)

