

Fair Deal Application Form

Bank of Ireland – Life Loan. Request for a 2nd legal charge in favour of HSE Nursing Home Support Scheme, known as the ‘Fair Deal Scheme’.

Please note that not all parts of this form are to be filled in. More information is provided further down on which section will be relevant to you/the borrower.

We strongly recommend you get independent legal advice before you complete and send us this form.

If you need any help with this form, please contact our dedicated support line on: ROI 0818 200 423 or outside ROI +353 1 2500423.

Important Notices:

- ▶ Please only use this form if you are a Bank of Ireland Life Loan mortgage customer, or their representative, and you are seeking our consent for a 2nd legal charge (also known as a Charging Order) in favour of HSE Nursing Home Support Scheme, also known as the **‘Fair Deal Scheme’**.
- ▶ Please be aware that under the general terms and conditions of the Life Loan mortgage, the debt becomes repayable in full in the event that you/the borrower or the last surviving borrower permanently vacate your home (i.e. for a period of greater than six months).
- ▶ There are other events (known as ‘repayment events’) where the Life Loan mortgage also becomes repayable in full and these are listed in the Life Loan mortgage offer letter, a copy of which is available should you require it. If you are acting on behalf of a borrower, we will require their authority to send you a copy of the Life Loan mortgage offer letter. Please see sections ‘B’ to ‘E’ below in terms of the type of borrower authority required.
- ▶ When we refer to your home, we mean this to be the mortgaged property. If you/the borrower has already moved out of your home, a ‘repayment event’ may have already occurred.
- ▶ If you move out of your home into care for 6 months or longer (and if no borrower continues to live in your home) you will be required to repay the Life Loan mortgage in full. This can be from the sale of your home or from another source.
- ▶ Please be aware that the amount of debt owed to the Bank will impact the amount of equity in your home, and this may affect your application for nursing home care and specifically your application for a Nursing Home Loan (Ancillary State Support). For example if you owe €100,000 and your home is valued at €150,000, the equity in your home is €50,000.
- ▶ We strongly recommend that you seek independent financial and legal advice in relation to your application for the **‘Fair Deal scheme’**. You may also be required to advise the HSE of the amount of the equity in your home (i.e. the value of your home less the amount owed under the Life Loan mortgage), as part your application for the **‘Fair Deal scheme’**, and specifically your application for a Nursing Home Loan (Ancillary State Support). You may also be required to obtain an independent valuation of your home.
- ▶ In the event that we consent to a 2nd legal charge in favour of HSE Nursing Home Support Scheme we may contact you or your appointed person to establish if you have moved out of your home and into a nursing home.

What to do when you have completed this form:

If you wish to proceed with this request, Please send this form and any supporting documentation (see sections below) to Bank of Ireland Mortgages, Financial Review Team, Bank of Ireland Mortgages, PO Box 13298, Dublin 18.

You can find more information on the **‘Fair Deal scheme’** on our website – please go to www.bankofireland.com and search ‘nursing homes support’. You can also contact our support line on: ROI 0818 200 423 or outside ROI +353 1 2500423.

Consumer Protection Code Warning:

Warning: While no interest is payable during the period of the mortgage, the interest is compounded on an annual basis and is payable in full in circumstances such as death, permanent vacation of, or sale of the property.

We have a legal duty to set out the warning above with that exact form of words but we compound interest on the loan quarterly.

Instructions on completing this form:

- ▶ If you are making this request on your own behalf please complete Section A.
- ▶ If you are making this request on behalf of another person who has capacity to act for themselves but has chosen to have a 3rd party representative act on their behalf please complete Section B.
- ▶ If you are making this request on behalf of another person and you have been appointed as Attorney under an Enduring or General Power of Attorney please complete Section C.
- ▶ If you are making this request on behalf of another person who has been made a ward of Court please complete Section D.
- ▶ If you are making this request on behalf of another person and you have been appointed to act as Care Representative under the Nursing Home Support Scheme Act 2009 please complete Section E.

Section A – Please complete this section if you are making this request on your own behalf.

Your details

Life Loan account number(s) – If you have more than one life Loan mortgage with us, please provide the account numbers for each

Borrower 1 full name

Borrower 2 full name

Your correspondence address (address that you would like us to use to contact you)

Address of the mortgaged property (if different to your correspondence address)

Your telephone number

Your email address

Please provide the contact details of your solicitor

Solicitor name

Solicitor address

Solicitor telephone number

Please provide the contact details of the executors of your will

Executor 1 full name

Executor 1 telephone number

Executor 1 address

Executor 2 full name

Executor 2 telephone number

Executor 2 address

Executor 3 full name

Executor 3 telephone number

Executor 3 address

Please advise if you have already moved out of the mortgaged property into a nursing home

Yes No

Please advise the date on which you moved into the nursing home

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Please advise the name and address of the nursing home

If the Life Loan is held in joint names with a spouse/partner, please advise if that person is still living in the mortgaged property

Yes No

If your spouse/partner is no longer living in the mortgaged property, please confirm their address and the approximate date they moved out of the mortgaged property

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Additional Information (supporting documents) that we require

Please provide a copy of the HSE Nursing Home Loan (Ancillary State Support) letter seeking consent to a 2nd legal charge or Charging Order.

I declare that I have read and understand the content of this form.

1. Borrower

Sign
here 

Signature of Borrower

Date / /

2. Borrower

Sign
here 

Signature of Borrower

Date / /

Section B – Please complete this section if you are making this request on behalf of a person who has capacity to act for themselves but has chosen to have a 3rd party representative act on their behalf.

Borrower details

Life Loan account number(s) If the borrower has more than one life Loan mortgage with us, please provide the account numbers for each

Borrower 1 full name

Borrower 2 full name

Borrower(s) correspondence address (address that you would like us to use to contact the borrower. This may be a 'care of address')

Address of the mortgaged property (if different to the borrowers correspondence address)

Your details

3rd party name

3rd party representative correspondence address

3rd party representative telephone number

3rd party representative email address

Please provide the contact details of the borrower's solicitor

Solicitor name

Solicitor address

Solicitor telephone number

Please provide the contact details of the executors of borrower's will

Executor 1 full name

Executor 1 telephone number

Executor 1 address

Executor 2 full name

Executor 2 telephone number

Executor 2 address

Executor 3 full name

Executor 3 telephone number

Executor 3 address

Please advise if the borrower(s) have already moved out of the mortgaged property into a nursing home Yes No

Please advise the date on which the borrower moved into the nursing home / /

Please advise the name and address of the nursing home

If the Life Loan is held in joint names with a spouse/partner, please advise if that person is still living in the mortgaged property

Yes No

If the borrower's spouse/partner is no longer living in the mortgaged property, please confirm their address and the approximate date they moved out of the home mortgaged property


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Additional Information (supporting documents) that we require

Please provide a copy of the HSE Nursing Home Loan (Ancillary State Support) letter seeking consent to a 2nd legal charge or Charging Order.

As you are acting for the borrower(s), please provide an original letter of authority, appointing you as their 3rd party representative, which must be signed and dated by the Borrower(s).

I declare that I have read and understand the content of this form.

Sign here 

Signature of 3rd party

Date //

Section C – Please complete this section if you are making this request on behalf of a person and you have been appointed as their attorney under an Enduring or General Power of Attorney.

All requisite attorneys must sign this request in line with the specific requirements as stated in the Power of Attorney document.

Borrower details

Life Loan account number(s) If the borrower has more than one life Loan mortgage with us, please provide the account numbers for each

Borrower 1 full name

Borrower 2 full name

Borrower(s) correspondence address (address that you would like us to use to contact the borrower. This may be a 'care of' address)

Address of the mortgaged property (if different to the borrowers correspondence address)

Your details

Attorney 1 full name Attorney 1 telephone number

Attorney 1 address

Attorney 2 full name Attorney 2 telephone number

Attorney 2 address

Attorney 3 full name Attorney 3 telephone number

Attorney 3 address

Please provide the contact details of the borrower's solicitor

Solicitor name

Solicitor address

Solicitor telephone number

Please provide the contact details of the executors of borrower's will

Executor 1 full name Executor 1 telephone number

Executor 1 address

Executor 2 full name Executor 2 telephone number

Executor 2 address

Executor 3 full name Executor 3 telephone number

Executor 3 address

Please advise if the borrower(s) have already moved out of the mortgaged property into a nursing home Yes No

Please advise the date on which the borrower moved into the nursing home / /

Please advise the name and address of the nursing home

If the Life Loan is held in joint names with a spouse/partner, please advise if that person is still living in the mortgaged property

Yes No

If the borrower's spouse/partner is no longer living in the mortgaged property, please confirm their address and the approximate date they moved out of the home mortgaged property

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Additional Information (supporting documents) that we require

Please provide a copy of the HSE Nursing Home Loan (Ancillary State Support) letter seeking consent to a 2nd legal charge or Charging Order.

As you have been appointed to act under an enduring or general power of attorney, we will require the following information from you:

- ▶ a certified copy of the enduring or general power of attorney together with evidence of its registration (evidence of registration is only required for enduring power of attorney);
- ▶ a certified copy of your photo ID – e.g. current passport or driving licence
- ▶ a certified copy of one form of your address verification - e.g. a recent (not more than 6 months old) telephone, gas, electricity bill, or bank statement

Please bring your original photo ID and proof of address into your nearest Bank of Ireland branch so that we can take certified copies and complete the requisite checks to comply with Anti-Money Laundering legislation.

I declare that I have read and understand the content of this form.

1. Power of Attorney*

Sign here 

Signature of Attorney

Date / /

2. Power of Attorney

Sign here 

Signature of Attorney

Date / /

3. Power of Attorney

Sign here 

Signature of Attorney

Date / /

*If there is more than one Power of Attorney then all Attorneys are required to sign this document, with full contact details in the section above.

Section D – please complete this section if you are making this request on behalf of a person who has been made a Ward of Court. Where a person has been made a Ward of Court, the High Court will appoint somebody appropriate to act on their behalf – this person or persons becomes known as the “Committee”

All requisite committees must sign this request in line with the specific requirements as stated in the Ward of Court document.

Borrower details

Life Loan account number(s) If the borrower has more than one life Loan mortgage with us, please provide the account

numbers for each

Borrower 1 full name

Borrower 2 full name

Borrower(s) correspondence address (address that you would like us to use to contact the borrower. This may be a 'care of address')

Address of the mortgaged property (if different to the borrowers correspondence address)

Your details

Committee 1 full name Committee 1 telephone number

Committee 1 address

Committee 2 full name Committee 2 telephone number

Committee 2 address

Committee 3 full name Committee 3 telephone number

Committee 3 address

Please provide the contact details of the borrower's solicitor

Solicitor name

Solicitor address

Solicitor telephone number

Please provide the contact details of the executors of borrower's will

Executor 1 full name Executor 1 telephone number

Executor 1 address

Executor 2 full name Executor 2 telephone number

Executor 2 address

Executor 3 full name Executor 3 telephone number

Executor 3 address

Please advise if the borrower(s) have already moved out of the mortgaged property into a nursing home Yes No

Please advise the date on which the borrower moved into the nursing home / /

Please advise the name and address of the nursing home

If the Life Loan is held in joint names with a spouse/partner, please advise if that person is still living in the mortgaged property

Yes No

If the borrower's spouse/partner is no longer living in the mortgaged property, please confirm their address and the approximate date they moved out of the home mortgaged property

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Additional Information (supporting documents) that we require

Please provide a copy of the HSE Nursing Home Loan (Ancillary State Support) letter seeking consent to a 2nd legal charge or Charging Order.

As the borrower is a ward of court and you have been appointed to act as committee, we will require the following information from you:

- ▶ A certified copy of the court order that made the applicant a ward of court and appointed the committee must be provided, together with
- ▶ a certified copy of your photo ID – e.g. current passport or driving licence
- ▶ a certified copy of one form of your address verification - e.g. a recent (not more than 6 months old) telephone, gas, electricity bill, or bank statement.

Please bring your original photo ID and proof of address into your nearest Bank of Ireland branch so that we can take certified copies and complete the requisite checks to comply with Anti-Money Laundering legislation.

I declare that I have read and understand the content of this form.

1. Committee member*

Sign here 

Signature of Committee

Date / /

2. Committee member

Sign here 

Signature of Committee

Date / /

3. Committee member

Sign here 

Signature of Committee

Date / /

*If there is more than one Committee member then all Committees are required to sign this document, with full contact details in the section above.

Section E – Please complete this section if you are making this request on behalf of a person and you have been appointed to act as Care Representative under the Nursing Home Support Scheme Act 2009.

Borrower details

Life Loan account number(s) If the borrower has more than one life Loan mortgage with us, please provide the account

numbers for each

Borrower 1 full name

Borrower 2 full name

Borrower(s) correspondence address (address that you would like us to use to contact the borrower. This may be a 'care of address')

Address of the mortgaged property (if different to the borrowers correspondence address)

Your details

Care representative name

Care representative correspondence address

Care representative telephone number

Care representative email address

Please provide the contact details of the borrower's solicitor

Solicitor name

Solicitor address

Solicitor telephone number

Please provide the contact details of the executors of borrower's will

Executor 1 full name

Executor 1 telephone number

Executor 1 address

Executor 2 full name

Executor 2 telephone number

Executor 2 address

Executor 3 full name

Executor 3 telephone number

Executor 3 address

Please advise if the borrower(s) have already moved out of the mortgaged property into a nursing home

Yes

No

Please advise the date on which the borrower moved into the nursing home

Please advise the name and address of the nursing home

If the Life Loan is held in joint names with a spouse/partner, please advise if that person is still living in the mortgaged property

Yes No

If the borrower's spouse/partner is no longer living in the mortgaged property, please confirm their address and the approximate date they moved out of the home mortgaged property

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Additional Information (supporting documents) that we require

Please provide a copy of the HSE Nursing Home Loan (Ancillary State Support) letter seeking consent to a 2nd legal charge or Charging Order..

As you have been appointed to act as Care Representative under the Nursing Home Support Scheme Act 2009 we will require the following information from you:

- ▶ a certified copy of the court order of your appointment under the Act, together with;
- ▶ a certified copy of your photo ID – e.g. current passport or driving licence
- ▶ a certified copy of one form of your address verification - e.g. a recent (not more than 6 months old) telephone, gas, electricity bill, or bank statement.

Please bring your original photo ID and proof of address into your nearest Bank of Ireland branch so that we can take certified copies and complete the requisite checks to comply with Anti-Money Laundering legislation.

I declare that I have read and understand the content of this form.

Sign here 

Signature of Care representatives

Date / /