

Certificate of Compliance with the Product Standards for Mandatory Payment Products

For use by PROVIDER firms for any new products or adaptations to products. Please send to admin@equityreleasecouncil.com

Provider member name: _____

Name of product: _____

Variation names: _____

(please list all variations)

e.g. Lite, Max, Gold, Plus etc. _____

Product information

Section A - Please tick to confirm the standards this product (and any variations) meets. (Full details can be found within Rule 3.8 to 3.8.5 of the Council Rules and Guidance).

- | | |
|--|---|
| <input type="checkbox"/> Security of tenure | <input type="checkbox"/> Right to move to a suitable alternative property |
| <input type="checkbox"/> Fixed/capped rate | <input type="checkbox"/> No negative equity guarantee on each individual property |
| <input type="checkbox"/> Facility to make voluntary payments | |

We confirm that where the product features do not meet all the product standards in **Section A** above, this is stated prominently on all adviser and consumer facing materials, which states explicitly which standards are not met and illustrates the types of risk this may pose to the customer.

Section B - Please tick to confirm which features and options are available with this product.

- | | |
|---|---|
| <input type="checkbox"/> Cashback | <input type="checkbox"/> Inheritance protection |
| <input type="checkbox"/> Gilt linked early repayment charge | <input type="checkbox"/> Compassionate window |
| <input type="checkbox"/> Health enhanced terms | <input type="checkbox"/> Other - please describe here |
| <input type="checkbox"/> Downsizing protection | |
| <input type="checkbox"/> Non-gilt linked early repayment charge | |
| <input type="checkbox"/> Drawdown facility | |
| <input type="checkbox"/> Interest payments | |
| <input type="checkbox"/> Protected equity | |

Section C - *Please confirm the following:*

- As detailed above this product meets all the Council's rules and guidance (section 3.8 to 3.8.5) - any exceptions are noted below.
- A fair value assessment has been completed to ensure that the product/service is fair and reasonable.
- If the product does not meet the above requirements, please specify any shortfalls below.

Print name: _____ Date: _____

Signature: _____

Position: _____