

# Request for Financial Assistance (Personal Applicants Only)

## Section 1 Your Personal Contact Details & Circumstances

Please tick appropriate boxes

### Applicant 1

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	<input type="text"/>
Date of birth	<input type="text" value="D D / M M / Y Y Y Y"/>						
Full Name	<input type="text"/>						
Residential Address	<input type="text"/>						
	State		Postcode		Time There	<input type="text" value=" /"/>	
Postal Address	<input type="text"/>						
(if different from above)	State		Postcode				
No of Financial Dependents	<input type="text"/>		Age of Financial Dependents		<input type="text"/>		
Home Phone Number	<input checkbox"="" type="text" value="( )&lt;/input&gt;&lt;/td&gt;&lt;td&gt;&lt;input type="/>		Work Phone Number		<input checkbox"="" type="text" value="( )&lt;/input&gt;&lt;/td&gt;&lt;td&gt;&lt;input type="/>		
Mobile Phone Number	<input type="text"/>		<input type="checkbox"/>	Select check box for preferred contact			
Email	<input type="text"/>						

### Applicant 2

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	<input type="text"/>
Date of birth	<input type="text" value="D D / M M / Y Y Y Y"/>						
Full Name	<input type="text"/>						
Residential Address	<input type="text"/>						
	State		Postcode		Time There	<input type="text" value=" /"/>	
Postal Address	<input type="text"/>						
(if different from above)	State		Postcode				
No of Financial Dependents	<input type="text"/>		Age of Financial Dependents		<input type="text"/>		
Home Phone Number	<input checkbox"="" type="text" value="( )&lt;/input&gt;&lt;/td&gt;&lt;td&gt;&lt;input type="/>		Work Phone Number		<input checkbox"="" type="text" value="( )&lt;/input&gt;&lt;/td&gt;&lt;td&gt;&lt;input type="/>		
Mobile Phone Number	<input type="text"/>		<input type="checkbox"/>	Select check box for preferred contact			
Email	<input type="text"/>						

If more than two applicants, then attach separate request form.

### Suncorp Bank Loan Account Numbers

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Appointment of an Agent

I/We appoint the person below and any organisation under which the agent may operate or by whom the agent may be employed or their assigns, to be my/our agent for the purpose of exchanging information with Suncorp Bank in relation to my/our request for financial assistance.

### Agent Details

Accountant Name	<input type="text"/>	Telephone	<input text"="" type="text" value="( )&lt;/input&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Financial Counsellor Name&lt;/td&gt;&lt;td&gt;&lt;input type="/>	Telephone	<input text"="" type="text" value="( )&lt;/input&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Other Agent (Describe Role)&lt;/td&gt;&lt;td&gt;&lt;input type="/>	Telephone	<input 30="" 339="" 709="" 723"="" data-label="Section-Header" type="text" value="( )&lt;/input&gt;&lt;/td&gt;&lt;/tr&gt;&lt;/table&gt;&lt;/div&gt;&lt;div data-bbox="/> <h3>Do You Have Consumer Credit Insurance (CCI)</h3>
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If you have Consumer Credit Insurance, Life Insurance or any other type of personal insurance which may protect you in the event of illness, injury, loss of income or death, you may be covered for the event you are experiencing. This may have been taken out when your credit/loan facility was opened. For further information, please contact your insurance provider. For Suncorp Bank products, you can call 1800 024 812.

### Your Current Situation

Is your claim for assistance because of severe weather or other events (eg flood, fire) to your home, business or place of employment?

No (Go to Section 2)     Yes (If yes, have you made an insurance claim in relation to any of the following) (Please tick)

<input type="checkbox"/> No. I'm not insured.	<input type="text" value="NAME OF INSURER"/>	<input type="checkbox"/> Business/Commercial Insurance	<input type="text" value="NAME OF INSURER"/>
<input type="checkbox"/> Income Protection Insurance	<input type="text" value="NAME OF INSURER"/>	<input type="checkbox"/> Home/Motor Insurance	<input type="text" value="NAME OF INSURER"/>

Please note: Suncorp Bank may contact your Insurer and make enquiries it considers necessary regarding this claim/s.

Now go to **Section 2**.

## Section 2 Reason/s Why You Are Requesting for Financial Assistance

Please provide us details of your circumstances. If you have had previous assistance please provide reasons why your circumstances have not improved.


## Section 3 Employment and Income Details

Please tick appropriate boxes

What is the current employment status of your household?

- Employed
- Unemployment
- Underemployment (you are working less hours, or earning less income than usual)
- Other

What is your households main source of income at the moment?

- Employed (regular salary)
- Employed (reduced salary)
- Job Seeker payments
- Disability Support Pension
- Age Pension
- Carer Payment/Allowance
- Other Pension Payments
- Investment income
- No income

When do you foresee your repayments returning to a manageable position?

- 0-3 Months
- 3-6 Months
- More than 6 Months
- I don't know

What industry do you normally earn your income from?

- |   |  |
|---|--|
| <input type="checkbox"/> Accommodation & Travel   | <input type="checkbox"/> Tourism               |
| <input type="checkbox"/> Fitness and Recreation   | <input type="checkbox"/> Manufacturing         |
| <input type="checkbox"/> Entertainment/Media      | <input type="checkbox"/> Construction & Trades |
| <input type="checkbox"/> Aviation & Transport     | <input type="checkbox"/> Real Estate Services  |
| <input type="checkbox"/> Health & Beauty Services | <input type="checkbox"/> Retail                |
| <input type="checkbox"/> Hospitality              | <input type="checkbox"/> Arts & Recreation     |
| <input type="checkbox"/> Other                    | <input type="checkbox"/> Mining                |

Other information that might help us understand your circumstances (e.g. other bills or expenses that you are behind on, expected changes in your circumstances)


**Section 4 What Assistance Would You Like Us To Consider**

Please tick appropriate boxes

Please provide an outline of the assistance you'd like us to consider.

**Assistance Options**

**Specific details of requested assistance**

<input type="checkbox"/> Postponement of loan repayments	For how long?	<input type="text"/>
<input type="checkbox"/> Reduction in repayments	Reduced to?	<input type="text"/>
	For what period?	<input type="text"/>
<input type="checkbox"/> Interest Only repayments	For what period?	<input type="text"/>
<input type="checkbox"/> Other (Please describe what you are seeking, in detail)		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		

**Section 5 Monthly Budget**

Income and expenditure is to be in monthly figures only.

If applicants don't share income & expenses complete a separate page for each applicant.

Monthly Income			Monthly Expenditure	
	Before Tax Salary	After Tax Salary		Amount \$
+ Salary – attach salary slip				
Applicant 1 Ordinary income	\$	\$	Home loan/s repayments	\$
Applicant 1 Additional income (Overtime, Bonuses and or commission)	\$	\$	Home loan/s repayments	\$
Applicant 2 Ordinary income	\$	\$	Personal loan/s repayments	\$
Applicant 2 Additional income (Overtime, Bonuses and or commission)	\$	\$	Home loan/s repayments	\$
Other income (Centrelink / Family Assistance Child Support)	\$	\$	Credit/Store card/s repayments	\$
			Other loan/s repayments (finance co, Other bank)	\$
	\$	\$	Pay-later services repayments	\$
	\$	\$	Other debts repayments	\$
	\$	\$	Rent	\$
Before tax rental income	\$	\$	Insurance (Life, Health, Home, Car, etc)	\$
Rental income after expenses	\$	\$	School Fees & Childcare	\$
	\$	\$	Child Support	\$
	\$	\$	Electricity	\$
+ Self employed applicants	Net Profit	After tax profit	Gas	\$
<b>Profit</b> – attach financial statements	\$	\$	Telephone	\$
<b>Total net income per month</b>		<b>\$</b>	Medical expenses	\$
			Rates (Council, Water)	\$
			Car / Travel	\$
			Food	\$
			Clothing	\$
			Entertainment	\$
			Pets	\$
			Other (Superannuation, Gifts, etc.)	\$
			<b>Total monthly payments</b>	<b>\$</b>

  

Budget Summary	
Total net income	\$
Deduct total payments	\$
<b>Total usable funds</b>	<b>\$</b>

If assets & liabilities are not held jointly, indicate who owns the asset or liability.

If there is insufficient space on this page or it is not suitable for your use, please attach separate pages as you require.

Assets	Value \$	Liabilities	Amount \$ Owing
1 House/property address <input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>	1 Loan(s) Lender <input style="width: 25%;" type="text"/> Repay \$ <input style="width: 15%;" type="text"/> Frequency <input style="width: 15%;" type="text"/>	<input style="width: 5%;" type="text"/>
2 Investment other property name and address/location <input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>	2 <input style="width: 25%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	<input style="width: 5%;" type="text"/>
3 Vehicles (includes cars, motorbikes, boats etc) <input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>	3 <input style="width: 25%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	<input style="width: 5%;" type="text"/>
Bank, building society, credit union a/cs Lender <input style="width: 25%;" type="text"/> Type of a/c <input style="width: 20%;" type="text"/>	<input style="width: 5%;" type="text"/>	4 <input style="width: 25%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	<input style="width: 5%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>	Unsecured loan/Secured Loans/Lease(s) Lender <input style="width: 25%;" type="text"/> Repay \$ <input style="width: 15%;" type="text"/> Frequency <input style="width: 15%;" type="text"/>	<input style="width: 5%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	<input style="width: 5%;" type="text"/>
Investments <input style="width: 25%;" type="text"/> Maturity Date <input style="width: 15%;" type="text"/>	<input style="width: 5%;" type="text"/>	Credit/Store Card(s)/Overdrafts Lender <input style="width: 25%;" type="text"/> Limit <input style="width: 15%;" type="text"/>	<input style="width: 5%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 15%;" type="text"/>	<input style="width: 5%;" type="text"/>
Income Protection/Life insurance (surrender value) <input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>	Paylater or Pay Advance Facilities <input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>
Superannuation- Applicant 1 (present value) <input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>	Child Support or Centrelink Debts <input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>
Superannuation- Applicant 2 (present value) <input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>	Income Tax Debt/s <input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>
Furniture/personal effects <input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>	Other amounts owing (detail) Repay \$ <input style="width: 25%;" type="text"/> Frequency <input style="width: 15%;" type="text"/>	<input style="width: 5%;" type="text"/>
Other assets (detail) <input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 15%;" type="text"/>	<input style="width: 5%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 5%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 15%;" type="text"/>	<input style="width: 5%;" type="text"/>
<b>Total</b> <input style="width: 5%;" type="text"/>	<b>\$</b> <input style="width: 5%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 15%;" type="text"/>	<input style="width: 5%;" type="text"/>
		<b>Total</b> <input style="width: 5%;" type="text"/>	<b>\$</b> <input style="width: 5%;" type="text"/>

## Electronic communication and dispatch of documentation

By providing an email address, I/we agree and authorise:

- Suncorp Bank to send all notices and documents relating to this application to the email address/es provided in Section 1 of this Form; and
- Suncorp Bank to send any Financial Assistance Offer and enclosures / documents via a third party, DocuSign, to capture my / our signature/s in digital form which will be accepted by Suncorp Bank as a legally binding record of my / our execution.

If, for any reason, DocuSign cannot be used, then I/we request and authorise Suncorp Bank to send the Financial Assistance Offer and supporting documents / notices by email to the email address nominated on this form. I/we understand that I / we can change this authorisation at any time by notice to Suncorp Bank.

I/we wish to opt out of using DocuSign as delivery method.

## Section 6 Your Supporting Information & Signatures

### What I may need to provide with this financial assistance request?

1. Proof of all Income
  - Individual/salary employed: current payslips or PAYG
  - Statements for all non Suncorp Bank Loans, Credit Cards or Vehicle Finance
  - Proof of Centrelink, Family Assistance, or Child Support
  - Self-employed and/or small business: Accountant prepared financials (ie, profit and loss statement and balance sheet) or recent tax returns for individuals and business entities for self-employed or small business
  - Proof of rental income and/or proof of investment dividends
  - Details of any other income you receive
2. Additional documentation:
  - medical certificates or letters
  - receipts for unexpected expenses, and
  - any other information or documentation you believe relevant to assist us in assessing your request
3. Confirm all parties to the Request for Financial Assistance have signed this form

We may not be able to assist you if we do not receive the required information.

### What happens next?

- You need to send this completed request and supporting documents to Suncorp Bank  
Suncorp Bank Customer Assist  
IPC: RE055, GPO BOX 1453, Brisbane QLD 4001  
Fax 07 3031 2008  
Email **customer.assist@suncorp.com.au**
- We'll review the documentation and contact you to discuss your request in detail.
- If we determine other additional information is required, we will contact you.
- All requests for financial assistance are subject to a case by case assessment.

### Your Contacts for Suncorp Bank Financial Assistance:

- Phone 1800 225 223
- Fax 07 3031 2008
- Email customer.assist@suncorp.com.au

## IMPORTANT NOTE: Suncorp Clear Options Credit Cardholders Only

As National Australia Bank Limited ("NAB") is the credit provider of the Suncorp Clear Options Credit Card product, a copy of this Request for Financial Assistance and any supporting documentation will be provided to NAB for their independent assessment in respect to the Suncorp Clear Options Credit Card you may have with them. Suncorp Bank and NAB will independently assess and respond to your Hardship Request based on the information provided in your Request for Financial Assistance and any supporting documentation. If you do not want Suncorp Bank to provide this material to NAB please indicate below. Please note, Suncorp Bank has no ability to vary arrangements in place with NAB.

I hereby request that Suncorp Bank does not provide a copy of this Request for Financial Assistance and any supporting documentation to NAB. I do not want NAB to receive a Hardship Request from me.

National Australia Bank Limited (ABN 12 004 044 937, AFSL and Australian Credit Licence 230686) ("NAB") is the credit provider and issuer of Suncorp Clear Options Credit Cards. Suncorp-Metway Ltd ABN 66 010 831 722 ("Suncorp Bank") promotes and distributes Suncorp Clear Options Credit Cards on NAB's behalf under an agreement with NAB. NAB has acquired the business relating to this credit from Citigroup Pty Ltd (ABN 88 004 325 080, AFSL and Australian Credit Licence 238098) ("Citi") and has appointed Citi to assist to administer the Credit Cards. Suncorp Bank will not guarantee or otherwise support NAB's obligations under the contracts or agreements connected with the Credit Cards (other than those relating to Internet Banking and Telephone Banking).

## Acknowledgement and Declaration

### By signing below, I/we agree that I/we

- have read and understood the particulars which have been completed in this request for financial assistance and confirm that the particulars (including any supporting documents) are materially true, complete and correct and have been provided to Suncorp Bank to enable it to determine whether or not to vary the borrowers credit contract/s;
- agree to Suncorp Bank collecting, using and disclosing my/our personal information, including health, sensitive and credit information if applicable, in accordance with the Suncorp Privacy Policy. Credit information may include information about whether you make repayments on time and whether your obligation to make those payments has been affected by a financial hardship arrangement. For further information about financial hardship information and credit reporting, please refer to Suncorp Bank's Credit Reporting Policy available at [suncorpbank.com.au](http://suncorpbank.com.au) or the CreditSmart website at [creditsmart.org.au](http://creditsmart.org.au);
- authorise Suncorp Bank to make any enquiries it reasonably considers necessary to verify the information provided in this request and in support of my/our request for financial assistance;
- authorise Suncorp Bank to make enquiries with my/our employer/s, accountant and if applicable, landlord/real estate agent in order to confirm the accuracy of information provided by me/us in this request for financial assistance;
- understand that it may be necessary for Suncorp Bank to disclose certain information about me/us to regulatory and government bodies, its agents, credit and debit agencies and mortgage insurers when assessing this request for financial assistance;
- authorise Suncorp Bank to exchange information concerning my financial affairs with any person/s I have appointed as an agent to act on my behalf;
- authorise Suncorp Bank to disclose to a guarantor/s any financial particulars relating to my/our accounts with Suncorp Bank and any financial information within the knowledge of Suncorp Bank in relation to my/own affairs.
- authorise Suncorp Bank to make enquiries regarding details of my/our insurance policies including any and all claims made by me/us in relation to any policies held by me/us with my /our insurance companies detailed in this request including our Income Protection Insurer, if detailed.
- Where my contact details differ, I authorise Suncorp Bank to update its records accordingly.

If more than 2 applicants, attach a second request.

### Applicant 1 (Nominated in section 1)

Signature

Date

### Applicant 2 (Nominated in section 1)

Signature

Date

## Head Office / Bank Use Only

- Date or branch stamp request upon receipt.
- Scan the request and supporting documentation to [customer.assist@suncorp.com.au](mailto:customer.assist@suncorp.com.au)
- Enclose this request with supporting documentation in an envelope, and post via internal mail to IPC: RE055. Action the same day you receive this pack from customer.

Accepted By Staff Name:

User ID:

Date Received or Branch Stamp: