

## Section 1 Your Personal Contact Details & Circumstances

Please tick appropriate boxes

### Applicant 1

Date of Birth

Title  Mr  Mrs  Ms  Miss  Dr  Other

DD / MM / YY

Full Name

Residential Address

Suburb	State	Post code	Time There	No of Financial Dependents	Age of Financial Dependents
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> YRS / <input type="text"/> MTS	<input type="text"/>	<input type="text"/>

Postal Address (if different from above)

Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Applicant 2

Date of Birth

Title  Mr  Mrs  Ms  Miss  Dr  Other

DD / MM / YY

Full Name

Residential Address

Suburb	State	Post code	Time There	No of Financial Dependents	Age of Financial Dependents
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> YRS / <input type="text"/> MTS	<input type="text"/>	<input type="text"/>

Postal Address (if different from above)

Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

### SUNCORP BANK LOAN AND DEPOSIT ACCOUNT NUMBERS



### YOUR CURRENT SITUATION

Please provide a brief update of the details of your circumstances and why you are requesting financial assistance.







Now go to **Section 2**, to explain the type of assistance you are seeking.

### Head Office / Bank Use Only Instructions

- Date or branch stamp application upon receipt.
- Scan the application and supporting documentation to [customer.assist@suncorp.com.au](mailto:customer.assist@suncorp.com.au) OR fax the application and supporting documentation to 07 3031 2008.
- Enclose this application 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:
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Section 2 What Assistance Would You Like Us To Consider?**

Please tick appropriate boxes

**Personal Applicants** – Please provide us with an outline of the temporary assistance you'd like us to consider.

Temporary Assistance Options	Specific details of requested assistance	
<input type="checkbox"/> Postponement of loan repayments	For how long?	<input type="text"/>
<input type="checkbox"/> Extend period of loan contract and reduce amount of each repayment due	Extend, for how long?	Reduced payment \$ <input type="text"/>
<input type="checkbox"/> Extend period of loan contract and postpone repayments	Extend, for how long?	<input type="text"/>
	Postpone repayments for how long?	<input type="text"/>
<input type="checkbox"/> Reducing credit limit available	Reduced Limit	\$ <input type="text"/>
<input type="checkbox"/> Short term reduction in repayments	For what period?	<input type="text"/>
<input type="checkbox"/> Interest-only repayment option on loan	For how long?	<input type="text"/>
<input type="checkbox"/> Fee waiver	Which fees?	<input type="text"/> For how long? <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"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		

**Section 3 Financial Information** – If more than 2 applicants then attach separate form.  Please tick appropriate boxes

**Applicant 1**

Date of Birth

Title  Mr  Mrs  Ms  Miss  Dr  Other

DD / MM / YY

Full Name

Occupation OR If Self Employed, Nature of Business	Employer 1 Name	Employer 1 or Business Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employer 1 or Business Address

Suburb	State	Post code	Time There
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> YRS / MTS

If more than 1 Employer, 2nd Occupation	Employer 2 Name	Employer 2 Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employer 2 Address

Suburb	State	Post code	Time There
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> YRS / MTS

**Applicant 2**

Date of Birth

Title  Mr  Mrs  Ms  Miss  Dr  Other

DD / MM / YY

Full Name

Occupation OR If Self Employed, Nature of Business	Employer 1 Name	Employer 1 or Business Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employer 1 or Business Address

Suburb	State	Post code	Time There
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> YRS / MTS

If more than 1 Employer, 2nd Occupation	Employer 2 Name	Employer 2 Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employer 2 Address

Suburb	State	Post code	Time There
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> YRS / MTS

**Statement of Assets and Liabilities as at** 
**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		1 Loan(s) Lender                      Repay\$                      Frequency	
2 Rural/other property name and address/location		2	
3 Plant/machinery/vehicles (details)		3	
4 Stock/work in progress		4	
Bank, building society, credit union a/cs Lender                      Type of a/c		Unsecured loan(s) Lender                      Repay\$                      Frequency	
		Overdraft Lender                      Limit	
Investments                      Maturity Date		Bank/Visa/Master/Other Card(s)	
Life insurance (surrender value)			
Superannuation (present value)		Trade & sundry creditors	
Trade & sundry debtors		Income Tax	
Furniture/personal effects		Other amounts owing (detail)	
Other assets (detail)			
Total		Total	
Lease(s) Lender                      Equipment		Rental \$                      Frequency                      Lease Expiry Date	Residual \$
Surplus/Deficiency of assets over liabilities		\$	

## Weekly Budget

Use annual amounts divided by 52

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

Weekly Income		Weekly Expenditure		
	Before Tax Salary	After Tax Salary		Amount \$
+ Salary – attach salary slip				
Applicant 1 income	\$	\$	Home loan/s repayments	\$
Applicant 2 income	\$	\$	Personal loan/s repayments	\$
Other income (AUSTUDY, part-time work, dividends, interest, etc) – attach evidence			Credit/Store card/s repayments	\$
			Other loan/s repayments (finance co, Other bank)	\$
	\$	\$	Other debts repayments	\$
	\$	\$	Rent	\$
Before tax rental income	\$		Insurance (Life, Health, Home, Car, etc)	\$
Rental income after expenses		\$	School fees	\$
			Electricity	\$
+ Self employed applicants	Net Profit	After tax profit	Gas	\$
<b>Profit</b> – attach financial statements	\$	\$	Telephone	\$
<b>Total net income per week</b>		\$	Medical expenses	\$
			Rates (Council, Water)	\$
			Car / Travel	\$
			Food	\$
			Clothing	\$
			Entertainment	\$
			Subscriptions	\$
			Other (Superannuation, Gifts, etc)	\$
			<b>Total weekly payments</b>	<b>\$</b>

Budget Summary	
Total net income per week	\$
Deduct total weekly payment	\$
<b>Total usable funds</b>	<b>\$</b>

If you have listed an item in the weekly budget, that you don't share with other applicants, please explain who pays the expense or relevant details.

### Section 4 Your Supporting Information & Signatures

#### What must I provide with this financial assistance application?

1. Statements for all non Suncorp Loans, Credit Cards or Vehicle finance.
2. Confirm all parties to the Application for Financial Assistance have signed this form.
3. Any other information or documentation you believe relevant to assist us in assessing your application.

#### What happens next?

- You need to send this completed application and supporting documents to Suncorp
  - Suncorp Bank Customer Assist  
IPC: RE055, GPO BOX 1453, Brisbane QLD 4001
  - Fax 07 3031 2008
  - Email [customer.assist@suncorp.com.au](mailto:customer.assist@suncorp.com.au)

- We'll review the documentation and contact you to discuss your application in detail.
- If we determine other additional information is required, we will contact you.
- All requests for financial assistance are subject to assessment terms of Suncorp Bank's current lending policies.

#### Your Contacts for Suncorp Bank Financial Assistance:

- Phone 1800 225 223
- Fax 07 3031 2008
- Email [customer.assist@suncorp.com.au](mailto:customer.assist@suncorp.com.au)

### 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 application for financial assistance.

#### Agent Details

Accountant Name	Telephone
<input type="text"/>	<input type="text"/>
Financial Counsellor Name	Telephone
<input type="text"/>	<input type="text"/>
Other Agent (Describe Role)	Telephone
<input type="text"/>	<input type="text"/>

### IMPORTANT NOTE: Suncorp Clear Options Credit Cardholders Only

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

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

Citigroup Pty Limited ABN 88 004 325 080 AFSL No. 238098 ("Citigroup") is the credit provider and issuer of Suncorp Clear Options Credit Cards. Suncorp-Metway Ltd ABN 66 010 831 722 ("Suncorp") promotes and distributes Suncorp Clear Options Credit Cards on Citigroup's behalf under an agreement with Citigroup. Suncorp will not guarantee or otherwise support Citigroup's obligations under the contracts or agreements connected with the Credit Cards (other than those relating to Suncorp internet banking and telephone banking).

### Acknowledgements and Declaration

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

- have read and understood the particulars which have been completed in this application for financial assistance and confirm that the particulars (including any supporting documents) are true, complete and correct and have been provided to Suncorp Bank to enable it to determine whether or not to vary my/our credit contract/s;
- agree to Suncorp Bank collecting, using and disclosing my/our personal information, including health and sensitive information if applicable, in accordance with the Suncorp Privacy Policy;
- authorise Suncorp Bank to make any enquiries it considers necessary to verify the information provided in this application and in support of my/our application 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 application 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 application 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/our affairs.

If more than 2 applicants, attach a second application.

#### APPLICANT 1 (Nominated in section 1)

Signature

Date

#### APPLICANT 2 (Nominated in section 1)

Signature

Date