

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	/	
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 type="text" value="()"/>		Work Phone Number		<input type="text" value="()"/>		
Mobile Phone Number	<input type="text"/>		Email Address <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	/	
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 type="text" value="()"/>		Work Phone Number		<input type="text" value="()"/>		
Mobile Phone Number	<input type="text"/>		Email Address <input type="text"/>				

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

Suncorp Bank Loan and Deposit Account Numbers

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do You Have Consumer Credit Insurance (CCI)

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 products, you can call 1800 024 812.

Your Current Situation

Are you requesting assistance due to COVID-19 Yes (Go to Section 3) No

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**.

Head Office / Bank Use Only

- Date or branch stamp request upon receipt.
- Scan the request and supporting documentation to 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:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Empty text boxes for providing details of circumstances.

Section 3 Impacts of COVID-19

Please tick appropriate boxes

How has COVID-19 impacted your household income?

- 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 Keeper payments
- Job Seeker 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?

- Accommodation & Travel
- Fitness and Recreation
- Entertainment/Media
- Aviation & Transport
- Health & Beauty Services
- Hospitality
- Other
- Tourism
- Manufacturing
- Construction & Trades
- Real Estate Services
- Retail
- Arts & Recreation

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)

Empty text boxes for providing other information.

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 \$
1 House/property address <input type="text"/>	<input type="text"/>
2 Rural/other property name and address/location <input type="text"/>	<input type="text"/>
3 Plant/machinery/vehicles (details) <input type="text"/>	<input type="text"/>
4 Stock/work in progress <input type="text"/>	<input type="text"/>
Bank, building society, credit union a/cs Lender <input type="text"/> Type of a/c <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"/>
Investments <input type="text"/> Maturity Date <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Income Protection/Life insurance (surrender value) <input type="text"/>	<input type="text"/>
Superannuation (present value) <input type="text"/>	<input type="text"/>
Trade & sundry debtors <input type="text"/>	<input type="text"/>
Furniture/personal effects <input type="text"/>	<input type="text"/>
Other assets (detail) <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total \$

Liabilities	Amount \$ Owing
1 Loan(s) Lender <input type="text"/> Repay \$ <input type="text"/> Frequency <input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>
Unsecured loan/Secured Loans/Lease(s) Lender <input type="text"/> Repay \$ <input type="text"/> Frequency <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Credit/Store Card(s)/Overdrafts Lender <input type="text"/> Limit <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Business Trade & sundry creditors <input type="text"/>	<input type="text"/>
Income Tax Debt/s <input type="text"/>	<input type="text"/>
Other amounts owing (detail) Repay \$ <input type="text"/> Frequency <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total \$

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 income	\$	\$	Home loan/s repayments	\$
Applicant 2 income	\$	\$	Personal 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	\$
			Electricity	\$
+ Self employed applicants	Net Profit	After tax profit	Gas	\$
Profit – attach financial statements	\$	\$	Telephone	\$
Total net income per month		\$	Medical expenses	\$
			Rates (Council, Water)	\$
			Car / Travel	\$
			Food	\$
			Clothing	\$
			Entertainment	\$
			Pets	\$
			Other (Superannuation, Gifts, etc.)	\$
			Total monthly payments	\$

Budget Summary	
Total net income	\$
Deduct total payments	\$
Total usable funds	\$

Section 6 Your Supporting Information & Signatures

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

- 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
- 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
- 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
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

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

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 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 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 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.

If more than 2 applicants, attach a second request.

Applicant 1 (Nominated in section 1)

Signature	<input type="text"/>
Date	<input type="text" value="DD / MM / YYYY"/>

Applicant 2 (Nominated in section 1)

Signature	<input type="text"/>
Date	<input type="text" value="DD / MM / YYYY"/>