

## Section 1 Your Personal Contact Details & Circumstances

Please tick appropriate boxes

### Applicant 1

Date of Birth

Full Name Title  Mr  Mrs  Ms  Miss  Dr  Other   DD / MM / YY

Residential Address

Suburb  State  Post code  Time There  YRS / MTS No of Financial Dependents  Age of Financial Dependents

Postal Address (if different from above)

Home Phone Number  Work Phone Number  Mobile Phone Number  Email Address

### Applicant 2

Date of Birth

Full Name Title  Mr  Mrs  Ms  Miss  Dr  Other   DD / MM / YY

Residential Address

Suburb  State  Post code  Time There  YRS / MTS No of Financial Dependents  Age of Financial Dependents

Postal Address (if different from above)

Home Phone Number  Work Phone Number  Mobile Phone Number  Email Address

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

### SUNCORP BANK LOAN AND DEPOSIT ACCOUNT NUMBERS

### 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?

Yes  No (Go to Section 2)

**Have you made an insurance claim in relation to any of the following? (Please tick)**

No. I'm not insured.  NAME OF INSURER  Business/Commercial Insurance  NAME OF INSURER  
 Income Protection Insurance  NAME OF INSURER  Home/Motor Insurance  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 Instructions

- 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: 4RE055. Action the same day you receive this pack from customer.

Accepted By Staff Name:  User ID:  Date Received or Branch Stamp:

## 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 What Assistance Would You Like Us To Consider?

Please tick appropriate boxes

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

### Assistance Options

### Specific details of requested assistance

Postponement of loan repayments

For how long?

Reduction in repayments

For what period?

Other (Please describe what you are seeking, in detail)

## Section 4 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  Self/Casual/Temp/Full/Part-Time

If more than 1 Employer, 2nd Occupation  Employer 2 Name  Self/Casual/Temp/Full/Part-Time

### 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  Self/Casual/Temp/Full/Part-Time

If more than 1 Employer, 2nd Occupation  Employer 2 Name  Self/Casual/Temp/Full/Part-Time

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/Secured Loans/Leases(s) Lender	Repay\$      Frequency
		Credit/Store Card(s)/Overdrafts Lender	Limit
Investments      Maturity Date			
Income Protection / Life insurance (surrender value)			
Superannuation (present value)		Business Trade & sundry creditors	
Trade & sundry debtors		Income Tax Debt/s	
Furniture/personal effects		Other amounts owing (detail) Repay\$      Frequency	
Other assets (detail)			
Total			Total

**Weekly Budget**

If weekly Use annual amounts by 52

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

Please Select – Weekly/Fortnightly/Monthly Income			Please Select – Weekly/Fortnightly/Monthly Income	
+ Salary – attach salary slip	Before Tax Salary	After Tax Salary		Amount \$
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)	\$
	\$	\$	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	\$
			Pets	\$
			Other (Superannuation, Gifts, etc)	\$
			<b>Total weekly/fortnightly/monthly payments</b>	<b>\$</b>

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

## Section 5 Your Supporting Information & Signatures

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

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

### 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](mailto: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](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 request 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 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).

## Acknowledgements 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 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 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/our 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

Date

### APPLICANT 2 (Nominated in section 1)

Signature

Date