



Hardship Assistance Form – Term Deposits and AMP Notice Account

Use this form to request hardship assistance if you have a Term Deposit or an AMP Notice to access your funds urgently.

If there are more than two applicants, please complete an additional form as needed.

When completing this form, please be as realistic as you can be about your financial situation as this will enable us to better assist you. In turn, we will be compassionate in trying to understand your situation and when discussing any way we can help.

This form must be signed in accordance with the current Account Signing Authority.

If you have any questions while filling out this application, please call us on 13 30 30 for help.

Please print in CAPITAL LETTERS.

1. Your account details

Account holder 1

Existing account number/s

Account holder 1 full name

Account holder 2

Existing account number/s

Account holder 1 full name

2. External accounts held in one or more Account holders' names

Account holder name

Name of bank 1

Bank account 1

Account holder name

Name of bank 2

Bank account 2

Account holder name

Name of bank 3

Bank account 3

3. Reason for request for hardship assistance

Please attach relevant supporting documentation to this form, eg recent bill statement, recent overdue payment letter.

4. Details of hardship

Date of initial hardship

Amount of funds required to provide hardship assistance \$

In line with this request, have you requested financial assistance for reasons of hardship from another financial institution?
If so, please provide the details below.

Please provide additional information that may assist with the assessment.

Privacy Collection Statement

AMP Bank collects the personal information that you provide in this form, and any supporting information you submit to us, for the purpose of assessing your request for hardship assistance. If you do not provide us with the required information this may limit our ability to assist you with your request. If you are providing information such as details about your health, we will ask you and anyone else to whom that information relates for consent to allow us to collect and use this information – see below.

Some external service providers we need to deal with can be located or host data outside Australia. A list of countries where these providers may be located can be obtained via our Privacy Policy. We will take all reasonable steps to ensure that any data shared with service providers is shared securely to protect your information.

Where you provide us with the personal information of other individuals, it is your responsibility to:

- inform the other individuals that you have provided their personal information to us; and
- provide them with a copy of this statement.

Our Privacy Policy contains information about how you can access or update your personal information that we hold or make a complaint about a breach or potential breach of our privacy obligations. You can view our Privacy Policy online at amp.com.au/privacy or contact us on 13 30 30 for a copy.

Collection of Health Information

If you are requesting hardship assistance based on or related to illness, injury or disability you may need to provide us with details about your health (Health Information). If you provide Health Information we are required to obtain the consent of all individuals to whom that information relates.

Any Health Information that we collect will only be used to assess your request for hardship assistance, and if it is not required for our assessment we will securely destroy or de-identify the information. Unless we are required by law or regulation, we will not share your Health Information with any other party other than those authorised by you unless we obtain your further consent to do so.

You do not have to provide us with Health Information however if your request for hardship assistance requires this information and you do not provide it, then this may limit our ability to assist with your request for hardship assistance.

You have the right to withdraw your consent at any time however this may limit our ability to assist with your request for hardship assistance.

5. Acknowledgement and signature

By signing below, I declare that:

1. The information provided is current, true and correct.
2. Where I have provided any information about one or more other persons I have obtained any such person's consent to the disclosure and have informed them:
 - of AMP Bank's identity,
 - why their information has been collected by AMP Bank and how it will be used and to whom it may be disclosed by AMP Bank, and
 - that they may obtain access to their information and how to contact AMP Bank.
3. I acknowledge that it may be a criminal offence to knowingly provide false or misleading information or documents.
4. I acknowledge that this application will be considered by, and final approval is at the discretion of, AMP Bank.
5. I acknowledge that I have read and understood the Privacy Collection Statement and the explanation about Collection of Health Information and I consent to the handling of my Health Information as described above.

Signature(s)

Account signatory 1

X

Date

D D M M Y Y Y Y

Account signatory 2

X

Date

D D M M Y Y Y Y

Company or trust account holders

Name and position of Account signatory 1

Name and position of Account signatory 2

Where to send this form

Mail, fax or email this completed form (with supporting documentation) to:

AMP Bank - Customer Transaction Services
Reply Paid 79702
PARRAMATTA NSW 2124
1300 555 503
deposits@amp.com.au
(if you have consented to electronic communication)

AMP Bank anticipates to respond to your hardship assistance request within three business days.