

Hardship Assistance Information

Use this form to request hardship assistance if you have a loan with AMP Bank.
 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.
 If you have any questions while filling out this form, please call us on 1300 721 862 for help.
 Please print in CAPITAL LETTERS and place a cross in any applicable boxes.

Application details

Applicant's name

Please cross the corresponding box(es).

Application by:
 Borrower(s) Guarantor

Account number	Security
<input type="text"/>	<input type="text"/>
Account number	Security
<input type="text"/>	<input type="text"/>
Account number	Security
<input type="text"/>	<input type="text"/>

Applicant 1

Residential Address	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Contact number	No. in household	
Mailing address (if different)	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Ages and no. of dependants		
	<input type="text"/>		
Email address(es)			
<input type="text"/>			

Applicant 2

Residential Address	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Contact number	No. in household	
Mailing address (if different)	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Ages and no. of dependants		
	<input type="text"/>		
Email address(es)			
<input type="text"/>			

Reason for financial difficulty

- Illness
- Injury
- Pregnancy
- Unemployed
- Deceased client or family member
- Business failure (self employed)
- Workers' compensation
- Workers' compensation – no longer in employment
- Over committed/income reduction
- Relationship breakdown
- Property on the market as a result of hardship
- Other (list)

Expected hardship period (applicant to complete)

Date of initial hardship Date hardship expected to cease

D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
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Details of hardship assistance requested (ie length of period, number of repayments, new repayment if reduced).

What arrangements are in place with other credit providers?

Are these arrangements up-to-date?

Please provide additional information that may assist with the assessment. If hardship is due to unemployment, please provide details of efforts you have made to date to find work and the type of work you are seeking.

Statement of financial position – combined total for all applicants on this form

Applicant 1

Current employment details

- Full-time Casual Self-employed
 Part-time Contractor Other (Please specify)

Current occupation/job title Date started (Month/Year)

Employer/business name (if self-employed)

Applicant 2

Current employment details

- Full-time Casual Self-employed
 Part-time Contractor Other (Please specify)

Current occupation/job title Date started (Month/Year)

Employer/business name (if self-employed)

Income

Description

Please add an amount for each relevant item and select one frequency – Weekly (W), Fortnightly (F), Monthly (M) or Yearly (Y)

	Applicant 1	W	F	M	Y	Applicant 2	W	F	M	Y	
Net salary/wages	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Commissions	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bonuses	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Centrelink payments – job seeker, disability, age etc	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Government assistance – family tax etc	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child support	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rental income											
Property 1	Property 2	Property 3									
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Statement of financial position – combined total for all applicants on this form (continued)

Living expenses

Living expenses	Applicant 1	W F M Y	Applicant 2	W F M Y
Housing				
Rent	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Board	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home / Contents Insurance	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone, Internet, Pay TV and Media Streaming Subscriptions	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Primary Residence Costs (excluding insurance)	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Owner occupied Strata, Body Corporate, Land Tax	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Personal and family				
Clothing and personal care	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Groceries	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Recreation, Entertainment and Pet Care	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Personal insurance (Life, Sickness and Personal Accident)	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other insurances (eg Health)	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Medical and Health (excluding Health insurance)	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other Regular and Recurring Expenses	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Transport				
Vehicle (eg fuel, insurance, registration)	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Public transport / taxis	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other transport expenses	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Education and children				
Childcare	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child and Spouse Maintenance	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Public or Government Primary and Secondary Education	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Higher Education and Vocational Training	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Private and Non-Government Education	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Property				
Investment property costs (including insurance)	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Secondary residence and holiday home costs (including insurance)	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other Expenses				
SMSF Management Expense	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other (please list)	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Statement of financial position – combined total for all applicants on this form (continued)

Assets	Value/balance
Primary residence <input type="text"/>	\$ <input type="text"/>
Rental property 1 <input type="text"/>	\$ <input type="text"/>
Rental property 2 <input type="text"/>	\$ <input type="text"/>
Rental on new property <input type="text"/>	\$ <input type="text"/>
Savings accounts <input type="text"/>	\$ <input type="text"/>
Motor vehicle(s) <input type="text"/>	\$ <input type="text"/>
Home contents <input type="text"/>	\$ <input type="text"/>
Superannuation <input type="text"/>	\$ <input type="text"/>
Shares <input type="text"/>	\$ <input type="text"/>
Other <input type="text"/>	\$ <input type="text"/>

Liabilities (combined for all applicants)

Description

Please add an amount for each relevant item and select one frequency – Weekly (W), Fortnightly (F), Monthly (M) or Yearly (Y)

What you owe	Balance	Payments	Limit	Financier	W	F	M	Y
Mortgage on your home	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage on rental property 1	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage on rental property 2	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other loan 1	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other loan 2	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit card 1	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit card 2	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store card 1	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store card 2	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total liabilities	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>				

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.

AMP Bank may share your personal information with credit reporting bodies, other lenders, loan mortgage insurers if applicable to the loan, any guarantors on your loan, any authorised agents or if required or permitted by law.

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.

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.

Electronic Communication (eComms)

To allow AMP Bank to correspond with you electronically, you will need to opt into Electronic Communication via 'My AMP'. This can be done by going on the AMP website amp.com.au and once logged in selecting:

- Update Contact Details
- Communication Preferences
- 'Yes, I'd like to receive information by electronic communication' under 'Communicating electronically'

Alternatively, you can consent to receive eComms by placing a cross in the eComms consent box in the Acknowledgement and signature section of the form. Once you opt in to eComms, we will send you communication from us through My AMP. If you need help setting up your My AMP access you can contact us on 13 30 30.

Declaration by Account Holder(s)

By placing a cross in the eComms consent box you consent to us sending you information by electronic communication and acknowledge that you have read, understood and agreed to be bound by the terms and conditions as set out in the AMP Bank Account Access and Operating Terms and Conditions (available from amp.com.au/bankterms or by phoning us on 13 30 30). Those conditions include an explanation of the electronic communication methods we use, when we will act on electronic instructions from you and when you will be responsible for loss associated with instructions you send to us electronically. We will rely on this form to accept electronic communications from you and to send you information electronically.

Acknowledgment 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.

If a third party is signing on my behalf, the last two declarations are also given by and bind the third party in the third party's personal capacity.

Signatures

Applicant 1 signature

X

Name

Date

D D M M Y Y Y Y

Electronic Communication (eComms) consent

Applicant 2 signature

X

Name

Date

D D M M Y Y Y Y

Electronic Communication (eComms) consent

AMP Bank should provide you with an outcome within 21 days of receiving your hardship request. However, if further information is required to support the application, we will let you know and further time may be required to provide an outcome.

Supporting Documentation

Please send us the supporting documentation indicated below according to the reason why hardship assistance is requested.

Hardship assistance – supporting documentation

Illness/injury/pregnancy	<ul style="list-style-type: none">– Medical certificate supporting illness/injury/pregnancy, period of time off work and anticipated date of return to work– Letter from your employer confirming leave.
Unemployed	<ul style="list-style-type: none">– Documentation confirming the termination of employment from your most recent employer such as a Separation Certificate– If you have been made redundant, please include redundancy or termination payments and evidence of any co-client income– Documentation confirming registration as unemployed with Centrelink or JobSeeker Allowance Statement.
Deceased client or family member	<ul style="list-style-type: none">– Copy of the Death Certificate and, where relevant, a letter from the solicitor or executor advising the status of the administration of the estate– If a separate family member, please provide details of the financial difficulty as a result of the death.
Business failure (self-employed)	<ul style="list-style-type: none">– If your business has closed, become insolvent or is in financial difficulty, please provide documentation confirming receivership, voluntary administration, liquidation or closure of business– If your business is suffering from a downturn, please provide documentation from your accountant detailing the situation including the previous year's profit and loss statement and balance sheet.
Workers' compensation	<ul style="list-style-type: none">– Documentation from your employer confirming workers' compensation payments, anticipated date of return to work and salary on recommencement of work.
Workers' compensation – no longer in employment	<ul style="list-style-type: none">– Where relevant, please provide documentation from your solicitor outlining the legal proceedings or claim and the current status of the case/claim.
Over committed/income reduction	<ul style="list-style-type: none">– Copy of the latest account statement for all other debts, such as credit cards, personal loans, car finances, store cards, HECS or tax debt, home loans with other banking institutions etc– Copies of your last two pay statements to evidence the current income– Letter from your employer confirming reduction in hours/income– Letter from your accountant confirming business downturn (if self-employed)– Details of any current repayment arrangements you may have with other credit providers.
Relationship breakdown	<ul style="list-style-type: none">– Copy of relevant separation documentation from Centrelink and/or Registry of Births Deaths & Marriages– Documentation of an Family Court orders granted (where possible), or a letter from your solicitor outlining the current situation, and details as to how the relationship breakdown has caused financial difficulty.
Property on market as a result of hardship	<ul style="list-style-type: none">– Copy of the current real estate agency agreement or contract for the sale of land (if applicable) from the relevant agent showing the sale price and date of agreement

Where to send this form

Mail (no stamp required) or email this completed form along with the documentation listed above (as applicable) to:

AMP Bank
Reply Paid 79702
PARRAMATTA NSW 2124
AB_Credit_Services_Hardship@ampbanking.com.au