ANZ CUSTOMER CONNECT APPLICATION FOR HARDSHIP ASSISTANCE



You can send us your completed application form by: Credit Cards, Personal Loans and Overdraft Small Business: commcusconnect@anz.com Locked Bag 10, facilities: customerconnect@anz.com Home Loans: cucomort@anz.com Collins Street West **Email** ANZ Asset Finance: eccc@anz.com Melbourne VIC 8007 **SECTION 1: PERSONAL DETAILS SECTION 1B: PERSONAL DETAILS** Customer 1 Customer 2 Full name Full name Date of birth Preferred contact number Date of birth Preferred contact number Preferred contact email Preferred contact email Marital Status Marital Status No. of dependants No. of dependants Is the account you're requiring assistance on in joint names? If so please complete section 1B. **Employment Status** Contract Full time Part time Casual Self employed Temporary Pensioner Unemployed Seasonal Stood down without payment Studying **Employment Industry** Accommodation Administrative and support services Agriculture, forestry and fishing Construction Arts and recreation services Education and training Electricity, gas, water and waste services Health care and social assistance Food services Information, media and telecommunications Manufacturing Mining Professional, scientific and technical services Public administration and safety Rental, hiring and real estate services Retail trade Other services ☐ Transport, postal and warehousing ☐ Wholesale trade SECTION 2: REASON FOR APPLYING FOR FINANCIAL ASSISTANCE Main reason for seeking financial assistance Unemployment Medical Illness Reduced Income Over-Commitment Parental Leave Separation/Divorce Death/Bereavement Domestic Violence Unexpected/One-off expense Permanent Disability Covid-19 Natural Disaster Other When did your financial circumstances change? Less than 3 months ago Between 3 and 6 months Between 6 and 12 months More than 12 months ago When do you think you will be able to resume your full regular repayments? Between 3-12 months Up to 3 months Permanent financial difficulty, unlikely to afford full repayments again Please let us know briefly about your situation and reasons for seeking financial assistance

SECTION 3. ANZ ACCOUNT DETAILS Enter an ANZ account number or your customer registration number available to you Select the accounts you may need assistance for Home Loan(s) Personal Loan Consumer Credit Card Consumer Overdraft Small Business Loan Business Overdraft ANZ Asset Finance Business Credit Card For the account/s you have selected above, can you maintain your current minimum contractual repayments? Yes No For the account/s you have selected above can you maintain a partial repayment? Yes No **SECTION 4: OTHER FINANCIAL INSTITUTIONS** Yes No Do you have any loans or credit cards with other lenders? If you answered yes, please list them below Name of credit providers Sole or joint names? Credit limit Current account balance Minimum repayment Ś Mortgage \$ \$ \$ Mortgage \$ \$ \$ Personal loans \$ \$ \$ Personal Loan \$ \$ \$ Personal Loan \$ \$ \$ Personal Loan \$ \$ \$ Car loans \$ \$ \$ Car loans \$ \$ \$ Credit card Ś Ś Ś Credit Card \$ \$ \$ Credit Card \$ \$ Ś **Business Overdraft** \$ \$ \$ **Business Overdraft** \$ \$ \$ Investment mortgage \$ \$ \$ Investment mortgage \$ \$ \$ Other mortgages \$ \$ \$ Other mortgages \$ \$ Personal Overdraft Ś Ś Ś Personal Overdraft \$ \$ \$ **Business Overdraft** \$ \$ \$ Business Loan \$ Ś \$ Business loan \$ \$ \$ BNPL facilities* \$ Ś ς BNPL facilities* \$ \$ \$ BNPL facilities* \$ \$ \$ BNPL facilities* \$ \$ \$ Other \$ \$ \$ Other Ś Ś \$ Other \$ \$ Other \$ Total balance owed *For eg: Zip pay

Please insert the monthly amount for each expense. Customer 1 Amount Customer 2 Amount Income after tax including Income after tax including \$ salary/self-employed income, salary/self-employed income, Bonus, Overtime, Dividends/ Bonus, Overtime, Dividends/ Interest Income Interest Income Centrelink income Centrelink income \$ \$ Other income \$ Other income Ś Residential or Residential or Commercial \$ \$ Commercial Rental Income Rental Income \$ Monthly Total income **SECTION 6: YOUR EXPENSES** Please insert the monthly amount for each expense. Amount Rent \$ Utilities \$ (Water, gas, electricity bills for your home) Groceries \$ (Supermarket shop – including food, cleaning products and toiletries, fresh food from butchers, markets and greengrocers). Public transport and vehicle expenses \$ (Public transport tickets, registration, vehicle insurance, servicing, petrol, parking fees, road tolls) TV and communications \$ (Mobile phone, landline, internet, pay TV and streaming subscriptions) Health \$ (Health insurance, fitness, dental, optical, pharmaceuticals, physiotherapy, chiropractic fees, doctor visits, ongoing hospital fees) Personal insurance \$ (Life and income replacement insurance) \$ (Entertainment, hobbies and recreation – e.g. eating out, takeaways, alcohol, tobacco, pets, movies, electronics, books, sport/camping equipment, holidays and travel). Household \$ (Rates, home and content insurance, repairs and maintenance, furniture and appliances, gardener, housekeeping, cleaning services) \$ (Clothing and shoes, haircuts, cosmetics, personal care for yourself and your dependents) Property Investment \$ (Rates, water, building insurance, landlord insurance, state revenue/land tax, repairs and maintenance, appliances, gardener, housekeeping, cleaning services, agent letting costs) Professional cost and service Ś (Financial management/legal costs – e.g. accountant, financial planning and solicitors, union fees and professional association membership/costs). Private education \$ (Tuition fees, uniforms, books, excursions and camps for independent schools). Childcare and public education (Childcare and preschool costs; public primary, secondary and tertiary education costs e.g. tuition, fees, uniforms, books, excursions and camps as well as tertiary education costs including textbooks). \$ Child spousal maintenance \$ (Regular child/spousal maintenance payments) \$ (Any other regular expenses e.g. Superannuation voluntary contribution, voluntary HECS payments, gifts and donations, Land Tax, Body Corporate fees) Monthly Total living \$ expenses **SECTION 8: YOUR ASSETS** Value \$ House property Address: \$ Other assets Details: \$ \$ \$ (Superannuation, car, rental property etc) \$ Total assets **SECTION 9. CUSTOMER DECLARATION** Please tick the following box to confirm that the information completed above is true and correct.

SECTION 5. YOUR INCOME