

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.

If we approve this request, you do not have to provide us 31 days' notice of early withdrawal, and there may be Interest Rate Adjustments.

1. Your account details

Account holder/partner/director/trustee 1

Full name

Existing account number/s

Existing account number/s

Account holder/partner/director/trustee 2

Full name

Existing account number/s

Existing account number/s

2. Other bank accounts held outside of AMP Bank

Account holder name

Name of bank 1

Bank account number 1

Current balance

Account holder name

Name of bank 2

Bank account number 2

Current balance

Account holder name

Name of bank 3

Bank account number 3

Current balance

3. Reason for request for hardship assistance

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

Please select all that apply:

- Illness
 Injury
 Unemployed (including redundancy)
- Deceased family member or account holder
 Business failure (self-employed)
 Income Reduction
- Relationship Breakdown
- Other (please list)

4. Financial details (combined for account holders 1 and 2)

What you own (Assets)	Value	Monthly income	What you owe (Liabilities)	Balance	Monthly payments	Financier
Your home	\$		Mortgage on your home	\$	\$	
Address						
Rental property 1	\$	\$	Mortgage on your rental property 1	\$	\$	
Address						
Rental property 2	\$	\$	Mortgage on your rental property 2	\$	\$	
Address						
Savings accounts	\$		Other loan 1	\$	\$	
Motor vehicle 1	\$		Other loan 2	\$	\$	
Motor vehicle 2	\$		Other debt	\$	\$	
Other assets	\$		Credit card 1 Limit \$			
Home contents	\$		Credit card 2 Limit \$			
Superannuation	\$		Store card 1 Limit \$			
Shares	\$		Store card 2 Limit \$			
Other income	\$	\$	Current rent/board		\$	
			Child maintenance	\$	\$	
			HECS and other debt	\$	\$	
			Monthly living expenses		\$	
Total			Total	\$	\$	

5. Details of hardship

Date of initial hardship

Amount of funds required to provide hardship assistance \$

Have you requested financial hardship assistance from another institution? If so, please provide details below.

Are you awaiting payment from an insurer about your hardship situation? Yes No

If **yes** and insurance has been paid out to you, please provide details and attach evidence.

If **no**, please state the reason given for why insurance has not been paid out to you.

Please provide additional information that may assist with the assessment.

Privacy Collection Statement

Your personal information will be collected by AMP Bank and used (along with any other information we already hold) to process your request for the *Hardship Assistance Form – Term Deposits and AMP Notice Account*. If you do not wish to provide your personal information, we may not be able to process your request.

We are required or authorised to collect your personal information under various laws including those relating to taxation and Anti-Money Laundering and Counter-Terrorism Financing Laws.

Some of the entities we might share your personal information with are listed in our privacy policy, and include:

- with the account holder, where necessary
- other members of the AMP group and external service providers that we need to deal with for the purposes described above
- courts, tribunals or government agencies as required by law or regulations
- persons or third parties authorised by you, or if required or permitted by law.

Some external service providers we need to deal with can be located or host information outside Australia. A list of countries where these providers may be located can be obtained via our privacy policy.

Personal information is treated in accordance with the AMP Privacy Policy, which sets out how to access or update your personal information. It also contains information on how you can make a complaint about a breach or potential breach of our privacy obligations, and how we deal with such a complaint. 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.

6. Acknowledgement and signature

By signing below I declare (and if acting on behalf of an entity declare on behalf of that entity):

1. Have read and understood the Privacy Collection Statement and Collection of Health Information.
2. Have obtained consent from any other individual whose personal information has been disclosed in this form, and I have informed the individual of the information within the Privacy Collection and Disclosure Notice.
3. Acknowledge that any application is subject to AMP Bank approval.
4. Am not commonly known by any names other than those disclosed in this application or otherwise to AMP Bank.
5. Have provided true and accurate information in relation to this application. Any document or information to be used for the purposes of this application (whether or not provided on or with this application):
 - is correct and complete,
 - if it's about another person, is provided with the authority of that person (if required), and
 - may be used for any other products, services or benefits offered or provided to me through AMP Bank or any other company in the AMP group and subject to their privacy obligations, may be disclosed to and used by the providers of such products, services or benefits to facilitate compliance with Anti-Money Laundering and Counter-Terrorism Financing legislation.
6. Understand that it is a criminal offence to knowingly provide false or misleading information or documents in connection with this application.

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

AMP Bank – Customer Transaction Services

Reply Paid 79702

PARRAMATTA NSW 2124

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.