Policy Number/Claim Number or Reference Number			
Name			
Address			
No. of dependants	(Please show ages) Phone number Email address		
Employer			
Employer address			
Occupation			
Gross salary per week	\$ Net salary per week (after tax & super deductions) Note: Please provide 2 recent payslips if applicable.	\$	
Occupation of joint policy owner			
Employer			
Employer address			
Gross salary per week	\$ Net salary per week (after tax & super deductions) Note: Please provide 2 recent payslips if applicable.	\$	
Other Income (show details: eg Note: Please provide a recent C	. Family Allowance, Jobstart or other Government pensions or rent re Centrelink statement of earnings if applicable.	eceived, etc)	
		\$	
		\$	
		\$	
		\$	
		\$	
Income and expenses per week			
Mortgage		\$	
Rent		\$	
Living expenses (food, etc)		\$	
Motor vehicle (petrol, etc)		\$	
Other loans/Credit cards			
Other expenses (list on reverse of form) \$			
Total weekly expenses \$			
Total weekly income		\$	
Net surplus/deficiency		\$	

I/We certify that this is a true and correct statement of my/our present financial position.

Policy Number/Claim Number or Reference Number				

Name				
Assets	Value	Liabilites	Amount Owing	Monthly Repayments
Real Estate		Mortgage Name of Lender		
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
If you have more than four proper	ties, please attach additional sheet.	Note: Please provide a recent mort	nage statement if applicable	
Bank/Credit Union		Personal loans/		
accounts (list details)		Consumer credit (Lender/ type of loan - personal loan, hire purchase, etc)		
	\$			
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
Note: Please provide your most	t recent bank statement.	Note: Please provide a recent loan	statement if applicable.	
Motor vehicles (year, make, model)		Finance on vehicles (lender, type of loan)		
	\$		\$	\$
	\$		\$	\$
Other assets		Total liabilities	\$	\$
Boats	\$			
Caravan	\$			
Motorbike	\$			
Furniture & personal	\$			
Computer	\$			
Other	\$			
Total assets	\$	Surplus/Deficiency of asse	ts over liabilities	\$

#### Your Current Situation

Is your claim for assistance because of severe weather or other events (e.g. flood, fire) to your home, business or place of employment?

	Yes No				
	Have you made an insurance clain	ו in	relat	ion to any of the following? (Plea	se tick)
	No, I'm not insured			Business/Commercial Insurance	NAME OF INSURER
	Income Protection Insurance NAME OF INSURER			Home/Motor Insurance	NAME OF INSURER
Please note: may contact your Insurer and make enquiries it considers necessary regarding this claim/s					

### 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.

#### What Assistance Would You Like Us To Consider?

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

#### Assistance Options

Example

Example

Clarifier

Clarifier

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

#### Your Supporting Information & Signatures

What do I need to provide with financial assistance request?

- 1. Statements for all Loans, Credit Cards or Vehicle Finance for the last 3 Months
- 2. All payslips or benefit statements (e.g. Centrelink statements) for the last 3 months
- 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
  - Essentials by AAI
  - PO Box 2159, Brisbane QLD 4001
  - Fax:1300 047 805
  - Email: financialprofile@essentialsbyaai.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 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

### 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 Group in relation to my/ our request for financial assistance.

#### Agent Details

Accountant Name	Telephone
Financial Counsellor Name	Telephone
Other Agent (Describe Role)	Telephone

### **Privacy Statement**

Essentials by AAI is a member of the Suncorp Group offering many different categories of financial products and services in banking, insurance investments, and advice on financial services.

We need to collect personal information from our customers so that we can,

- · set up and administer a product for the customer,
- · determine a customer's requirements and provide the appropriate product or service,
- assess a claim made by a customer under one or more of our products,
- · assess our customers and their needs,
- · improve our financial products and services.

Without this information, we cannot provide the product or service.

### Protecting the privacy of our customers is a key part of our normal operations.

As one of the companies that form the Suncorp Group, we provide personal information about a customer to all the related companies within this group. We do not disclose personal information to any outside third party organisation unless it is contracted to Essentials by AAI to provide administrative services or activities on our behalf. In this case, we make sure that the third party is bound by the same privacy rules we follow.

Sometimes, Essentials by AAI might use personal information to make product related material on a range of financial products and services available to our customers.

A customer may,

- · change their mind at anytime about receiving product related material,
- · access the personal information that we hold about them,
- get more information about Essentials by AAI,
- obtain a copy of our Privacy Policy,

by calling 1800 429 598, or contacting us at essentialsbyaai.com.au.