## **Financial Hardship Application Form**



If you have any questions about the process, or if you require assistance completing this application, please contact Mike Wallis on 1300 797 458 or <a href="mailto:info@aspectuw.com.au">info@aspectuw.com.au</a>

| Reference (Policy number/claim number/other reference)   |               |        |         |     |
|--|---------------|--------|---------|-----|
| Applicant (if there are more than two applicants, please attach another page)  | Given name(s) |        | Surname |     |
|  | Given name(s) |        | Surname |     |
| Postal Address   |               |        |         |     |
| Phone Number   |               | Mobile |         |     |
| Email  |               |        |         |     |
| Dependants   | Name          |        |         | Age |
| Name   |               |        | Age     |     |
| Circumstances of Hardship: Please explain the reason for your application:   |               |        |         |     |
|  |               |        |         |     |
| Nature of Assistance: What assistance would you like Aspect Underwriting to consider?  ☐ Extension of due date for payment. If so, when will you be able to make payment? (days)                     |               |        |         |     |
| <ul> <li>Extension of due date for payment. If so, when will you be able to make payment? (days)</li> <li>Paying in instalments. What can you afford, how often and over which period? \$</li> </ul> |               |        |         |     |
| Paying a reduced lump sum. What can you afford? \$   |               |        |         |     |
| ☐ Postponing one or more instalments.  |               |        |         |     |
| When will you be able to start/re-start making payments?  Other (including a combination of the above options or a possible waiver of the debt?  |               |        |         |     |
| ——————————————————————————————————————   |               |        |         |     |
| Please provide details of what you are seeking:  |               |        |         |     |
|  |               |        |         |     |
|  |               |        |         |     |
|  |               |        |         |     |
|  |               |        |         |     |
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