

Financial Hardship Application Form

If you have any questions about the process, or if you require assistance to complete this application, please contact our National Claims team on 02 9930 9580 (Office hours Monday to Friday, 9am to 5pm except public holidays)

REFERENCE (Policy number/claim number/other reference)

Please complete all sections.

APPLICANT (If there are more than two applicants, please complete an additional application)

Applicant 1:	Surname	Given name(s)
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Applicant 2:	Surname	Given name(s)
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Postal address

	State	Postcode
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Preferred contact number	Email
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We will use this email address for all written communication unless you advise us that you want to receive contact by post.

Dependants:	Name	Age
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HARDSHIP DETAILS

CIRCUMSTANCES OF HARDSHIP

Please explain the reason for your application:

NATURE OF ASSISTANCE

What assistance would you like AUSTAGENCIES to consider?

- Extension of due date for payment. If so, when will you be able to make payment?
- Paying in instalments. What can you afford, how often and over which period?
- Paying a reduced lump sum. What can you afford?
- Postponing one or more instalments. When will you be able to start/re-start making payment?
- Other (including a combination of the above options or a possible waiver of the debt).

Please provide details of what you are seeking: