

Hardship assistance application.



**Defence
Bank**

Complete, save and email this form to
membercare@defencebank.com.au

Applicant to complete this section.

Member 1 personal details.

Member number.

Last name.

First name.

Middle name(s).

Date of birth. / /

Home address.

State. Postcode.

Email address.

Home number.

Mobile number.

Work number.

Housing status
(own home/buying
/renting/boarding).

Maternal status.

Number of
dependents.

Member 1 employment details.

Occupation.

Employer's name.

Employer's
address.

State. Postcode.

Years' service.

Employment terms
(permanent/casual).

Member 2 personal details (if applicable).

Member number.

Last name.

First name.

Middle name(s).

Date of birth. / /

Home address.

State. Postcode.

Email address.

Home number.

Mobile number.

Work number.

Housing status
(own home/buying
/renting/boarding).

Maternal status.

Number of
dependents.

Member 2 employment details (if applicable).

Occupation.

Employer's name.

Employer's
address.

State. Postcode.

Years' service.

Employment terms
(permanent/casual).

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Assets.	Value.	Insurance provider.
Residential property (address/details).	\$	
Residential property (address/details).	\$	
Other property.	\$	
Vacant land.	\$	
Motor vehicle/s (make/model/year). / /	\$	
Motor vehicle/s (make/model/year). / /	\$	
Caravan/boat etc.	\$	
Home contents etc.	\$	
Savings Defence Bank.	\$	
Other savings.	\$	
Super/other.	\$	

Commitments.	Lender.	Repayments.	Balance.
Mortgage #1.		\$ per	\$
Mortgage #2.		\$ per	\$
Mortgage #3.		\$ per	\$
Rent/board etc.		\$ per	\$
Personal loans.		\$ per	\$
Overdrafts.		Limit. \$	\$
Other loans (car/boat etc).		\$ per	\$
Credit card/s.		Limit. \$	\$
		Limit. \$	\$
Store card/s.		Limit. \$	\$
		Limit. \$	\$

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Income.	Member 1.	Member 2 (if applicable).
Salary (net after tax).	\$ per	\$ per
Overtime & allowances.	\$ per	\$ per
Rent received.	\$ per	\$ per
Board received.	\$ per	\$ per
Pension/other benefits received.	\$ per	\$ per
Interest/dividends.	\$ per	\$ per
Other income.	\$ per	\$ per
Total income.	\$ per	\$ per
Other expenses.	Member 1.	Member 2 (if applicable).
Child support.	\$ per	\$ per
Motor vehicle & public transport.	\$ per	\$ per
Utilities & communications.	\$ per	\$ per
Education & child care.	\$ per	\$ per
Medical & pharmaceutical.	\$ per	\$ per
Superannuation (Excludes employer contributions).	\$ per	\$ per
Motor vehicle insurance.	\$ per	\$ per
Health insurance.	\$ per	\$ per
Home & contents insurance.	\$ per	\$ per
General living expenses (food/clothing/entertainment/gifts personal etc).	\$ per	\$ per
Total expenses.	\$ per	\$ per

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Briefly describe the reason/s you are applying for assistance.

Briefly describe your proposal to rectify the situation.

Documents required (please attach to application).

- For each of member one and member two please provide your last pay slip from each current employer.
- Any other document as requested by Member Care Consultant.

COVID-19 related information.

If your application is in relation to COVID-19 please also attach the following:

- Letter from employer stating status of employment (e.g reduction of salary, loss of employment or reduction of hours).
- Doctor certificate stating you, or a dependent; have COVID-19 including the date diagnosed.
- List of all leave entitlements from employments and status (number of days entitled and remaining) of each type of leave.

Declaration.

I/We acknowledge that I/we are subject to the liabilities and restrictions imposed by the Corporations Law and the Constitution of Defence Bank and declare that the information provided in this application is true and correct.

Member 1 tick to acknowledge.

Member 2 tick to acknowledge.

Member 1 name.

Member 2 name.

Date of birth.

/

/

Date of birth.

/

/