

**\*\* For construction extension request only page 1 is required to be completed, for all other loans please complete all 4 pages\*\***

|                |              |
|----------------|--------------|
| Customer Name: | Customer No: |
|----------------|--------------|

|                |              |
|----------------|--------------|
| Customer Name: | Customer No: |
|----------------|--------------|

I/We as borrowers under a loan contract made between my/ourselves and MyState Financial Limited (MyState), hereby request MyState to consider the following alteration to my/our Loan Repayments.

Account Number

\*Requested Interest Only Term  Months

**SECURITY FOR THE INTEREST ONLY REQUEST**

Address

Detailed reason for request / Reason for Interest Only:

1. I/We acknowledge that MyState may give information about me/us to a credit reporting agency, but only limited kinds of information allowed by the Privacy Act 1988.
2. I/We hereby give permission for you to obtain consumer or commercial information permitted by the Privacy Act 1988 from a credit reporting agency and to use such information in order to access my/our loan variation agreement. This permission remains in force for the duration of my/our credit contract if my/our variation agreement is approved; and
3. I/We hereby give permission for you to exchange all relevant credit information to the Credit Providers indicated in my statement of position or named in my/our credit agency report.
4. I/We have read and agree to to the collection, use and disclosure of my personal information as set out in the separate document 'Privacy Policy'.
5. I/We acknowledge that a fee as detailed in the Fees and Charges Household and Personal Lending/Fees and Charges Business Lending will be charged for this request.

I/We acknowledge/authorise my direct debt will be changed to a sweep on the 1st of each month to align with the interest only payments

**OR**

I/We acknowledge that I/we will set up/amend our own payments to the 1st of each month to align with the interest only payments

Signature

Signature

Date

Date

**1. APPLICANT DETAILS** Please copy for additional applicant/guarantors if required.

|  |  |   |
|--|--|---|
| Customer Name <input style="width: 90%;" type="text"/> | No. of dependants <input style="width: 30%;" type="text"/> | Specify ages <input style="width: 95%;" type="text"/> |
| Customer Name <input style="width: 90%;" type="text"/> | No. of dependants <input style="width: 30%;" type="text"/> | Specify ages <input style="width: 95%;" type="text"/> |

**2. EMPLOYMENT DETAILS** Please copy for additional applicant/guarantors if required.

**Applicant 1**    **Guarantor 1**

Employment Status

Full Time    Part Time    Contract    Casual / Temp

Self Employed/Subcontractor    Retired    Home duties

Government Benefits

Name of current employer (if Self Employed – Trading name)

Job Position/Title (If Self Employed – Nature of Business)

Time in role    Years    Months

Employer's Address (Must NOT be PO Box):

Unit / House No. and Street

Suburb / Town

State    P/Code

Employer Phone

**Applicant 2**    **Guarantor 2**

Employment Status

Full Time    Part Time    Contract    Casual / Temp

Self Employed/Subcontractor    Retired    Home duties

Government Benefits

Name of current employer (if Self Employed – Trading name)

Job Position/Title (If Self Employed – Nature of Business)

Time in role    Years    Months

Employer's Address (Must NOT be PO Box):

Unit / House No. and Street

Suburb / Town

State    P/Code

Employer Phone

**Previous Employment Details** – if less than 2 years at current

Employment Status

Full Time    Part Time    Contract    Casual / Temp

Employment Type

Wages / Salary    Self Employed/Subcontractor    Retired

Home duties    Government Benefits    Other

Name of current employer (if Self Employed – Trading name)

Job Position/Title (If Self Employed – Nature of Business)

Time in role    Years    Months

**Previous Employment Details** – if less than 2 years at current

Employment Status

Full Time    Part Time    Contract    Casual / Temp

Employment Type

Wages / Salary    Self Employed/Subcontractor    Retired

Home duties    Government Benefits    Other

Name of current employer (if Self Employed – Trading name)

Job Position/Title (If Self Employed – Nature of Business)

Time in role    Years    Months

**3. EMPLOYMENT INCOME DETAILS** Please copy for additional applicants/guarantors if required.

**Applicant 1**

|                   |    |       |  |  |
|-------------------|----|-------|--|--|
| Employment Income | \$ | Gross | <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly | <input type="checkbox"/> Evidence Provided |
| Regular Overtime  | \$ | Gross | <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly | <input type="checkbox"/> Evidence Provided |
| Regular Bonus     | \$ | Gross | <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly | <input type="checkbox"/> Evidence Provided |
| Commission        | \$ | Gross | <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly | <input type="checkbox"/> Evidence Provided |

**Applicant 2**

|                   |    |       |  |  |
|-------------------|----|-------|--|--|
| Employment Income | \$ | Gross | <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly | <input type="checkbox"/> Evidence Provided |
| Regular Overtime  | \$ | Gross | <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly | <input type="checkbox"/> Evidence Provided |
| Regular Bonus     | \$ | Gross | <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly | <input type="checkbox"/> Evidence Provided |
| Commission        | \$ | Gross | <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly | <input type="checkbox"/> Evidence Provided |

## 4. OTHER INCOME DETAILS

|                        |   |  |
|------------------------|---|--|
| Fully Maintained Car   | <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Note this only applies if employer provides a fully maintained car in addition to salary.</small> | <input type="checkbox"/> Evidence Provided |
| Family Allowance A&B   | \$ Gross <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly   | <input type="checkbox"/> Evidence Provided |
| Child Maintenance      | \$ Gross <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly   | <input type="checkbox"/> Evidence Provided |
| Government Benefits    | \$ Gross <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly   | <input type="checkbox"/> Evidence Provided |
| Dividends              | \$ Gross <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly   | <input type="checkbox"/> Evidence Provided |
| Private Pension        | \$ Gross <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly   | <input type="checkbox"/> Evidence Provided |
| Rental income Address: | \$ Gross <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly   | <input type="checkbox"/> Evidence Provided |
| Rental income Address: | \$ Gross <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly   | <input type="checkbox"/> Evidence Provided |
| Rental income Address: | \$ Gross <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly   | <input type="checkbox"/> Evidence Provided |

## 5. BUSINESS DERIVED INCOME DETAILS

Business Type:  Sole Trader  Partnership  Company  Trust  Ownership Percentage  %

| Financial Year Data (year)   |    | Add Backs             |    |
|------------------------------|----|-----------------------|----|
| Turnover Gross Income        | \$ | Depreciation          | \$ |
| Total Expenses               | \$ | Interest              | \$ |
| <b>Net Profit Before Tax</b> | \$ | Other                 | \$ |
|                              |    | <b>Total Addbacks</b> | \$ |

Please detail any loan commitments the company/business is currently liable for:

## 6. FINANCIAL DETAILS Please copy for additional applicants/guarantors if required.

ASSETS – WHAT YOU OWN  Applicant/s  Guarantor/s

Specify Linked Liability/ies below e.g. Loan/s 1 & 4

| Existing Property/ies | Value | Loan/s |
|-----------------------|-------|--------|
| Address:              | \$    |        |
| Address:              | \$    |        |
| Address:              | \$    |        |
| Address:              | \$    |        |

| Vehicle/s | Year | Make | Model | Value | Loan/s |
|-----------|------|------|-------|-------|--------|
|           |      |      |       | \$    |        |
|           |      |      |       | \$    |        |

## 6. FINANCIAL DETAILS Please copy for additional applicants/guarantors if required. CONTINUED

### LIABILITIES – WHAT YOU OWE (HOME/PERSONAL/CAR LOANS ETC)

| Loans  | Name of Financial Institution | Interest Rate | Balance Owing / Limit | Monthly Repayment | P&I or I.O | If I.O remaining I.O term | Overall remaining term mths |  |
|--|-------------------------------|---------------|-----------------------|-------------------|------------|---------------------------|-----------------------------|--|
| 1 <input type="checkbox"/> Home<br><input type="checkbox"/> Personal |                               | %             | \$                    | \$                |            |                           |                             | <input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain & Reduce |
| 2 <input type="checkbox"/> Home<br><input type="checkbox"/> Personal |                               | %             | \$                    | \$                |            |                           |                             | <input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain & Reduce |
| 3 <input type="checkbox"/> Home<br><input type="checkbox"/> Personal |                               | %             | \$                    | \$                |            |                           |                             | <input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain & Reduce |
| 4 <input type="checkbox"/> Home<br><input type="checkbox"/> Personal |                               | %             | \$                    | \$                |            |                           |                             | <input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain & Reduce |
| 5 <input type="checkbox"/> Home<br><input type="checkbox"/> Personal |                               | %             | \$                    | \$                |            |                           |                             | <input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain & Reduce |

### Store / Credit Cards e.g. Visa /Overdraft

| Card Type / Overdraft | Name of Financial Institution | Balance Owing | Card Limit | Mthly Repayment |   |
|-----------------------|-------------------------------|---------------|------------|-----------------|---|
|                       |                               | \$            | \$         | \$              | <input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain <input type="checkbox"/> Reduce |
|                       |                               | \$            | \$         | \$              | <input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain <input type="checkbox"/> Reduce |
|                       |                               | \$            | \$         | \$              | <input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain <input type="checkbox"/> Reduce |
|                       |                               | \$            | \$         | \$              | <input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain <input type="checkbox"/> Reduce |
|                       |                               | \$            | \$         | \$              | <input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain <input type="checkbox"/> Reduce |

## 7. LIVING EXPENSES – Please copy if more than 2 Households

In adherence with our responsible lending obligations, MyState Bank needs to take into account the customers' personal financial situation. This means we need customers to provide us with their actual living expenses for all home loan applications.

Please complete the following table for each individual household. A household is applicants living under one roof with combined expenses. If additional applicants live under same roof with separate expenses then this is classified as second household.

| Monthly Living Expenses      | Household 1 | Household 2 |
|------------------------------|-------------|-------------|
| Child Care                   | \$          | \$          |
| Clothing and Personal Care   | \$          | \$          |
| Education                    | \$          | \$          |
| Groceries                    | \$          | \$          |
| Insurance                    | \$          | \$          |
| Medical and Health           | \$          | \$          |
| Private Health               | \$          | \$          |
| Recreation and Entertainment | \$          | \$          |
| Telephone and Internet       | \$          | \$          |
| Transport                    | \$          | \$          |
| Utilities and Rates          | \$          | \$          |
| Other Living Expenses        | \$          | \$          |
| <b>Total</b>                 | <b>\$</b>   | <b>\$</b>   |

| Additional Expenses  | Applicant 1 | Applicant 2 |
|--|-------------|-------------|
| Rent / Board – Monthly<br>Will this continue after settlement?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | \$          | \$          |
| Medicare Levy Surcharge<br>(if applicable )  | \$          | \$          |

| Rental Expenses | Applicant 1 | Applicant 2 |
|-----------------|-------------|-------------|
| Council rates   | \$          | \$          |
| Land Tax        | \$          | \$          |
| Water rates     | \$          | \$          |
| Insurance       | \$          | \$          |
| Body Corp fees  | \$          | \$          |
| Management fees | \$          | \$          |
| Maintenance     | \$          | \$          |

### Changes to future financial circumstances

Are there any foreseeable circumstances that you are aware of which may affect your ability to make your loan repayments (eg: temporary or long term changes to income or employment, large one-off expense etc). If Yes, please detail below:

Yes  No