

## 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 [mike@aspectuw.com.au](mailto:mike@aspectuw.com.au)

<b>Reference</b> (Policy number/claim number/other reference)		
<b>Applicant</b> (if there is more than two applicants, please attached another page)	Given name(s)	Surname
	Given name(s)	Surname
<b>Postal Address</b>		
<b>Phone Number</b>	<b>Mobile</b>	
<b>Email</b>		
<b>Dependants</b>	Name	Age
	Name	Age
<b>Circumstances of Hardship:</b> Please explain the reason for your application:		
<b>Nature of Assistance:</b> What assistance would you like Aspect Underwriting to consider?		
<ul style="list-style-type: none"> <li>• Extension of due date for payment. If, so when will you be able to make payment?</li> <li>• Paying in instalments. What can you afford, how often and over which period?</li> <li>• Paying a reduced lump sum. What can you afford?</li> <li>• Postponing one or more instalments. When will you be able to start/re-start making payments?</li> <li>• Other (including a combination of the above options or a possible waiver of the debt?)</li> </ul>		
Please provide details of what you are seeking:		