

Mortgage Loan Application Checklist

Police & Nurses Credit Society Limited
ABN 69 087 651 876 AFSL 240701
PO Box 12847
Abeckett Street VIC 8006
Telephone 13 25 77
www.nurses1st.com.au



Member Name/s _____ Consultant Name _____

How to Apply for a Mortgage Loan

At Nurses First, we understand that this event will be one of the biggest financial commitments in your life and we thank you for considering us.

The following checklist is a guide to the information we may require from you to assist us in assessing your application. If you have any questions please contact your Home Loan Consultant.

Step 1 Use the checklist below to determine the supporting documents required for your loan application

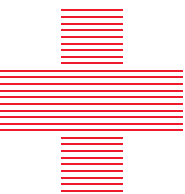
Step 2 Gather your supporting loan application documents and provide them to your consultant

Step 3 The submission of your loan application form will be accompanied by these documents

The checklist below is to assist you in the collection of relevant documents. Please tick (✓) the box to confirm that you the Borrower/Guarantor has provided all the relevant documents.		Provided	Outstanding
Identity (not required if already a Nurses First Member)			
Identity Verification and Privacy Information Form	The Member/Guarantor agrees to how Nurses First may use your information	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Identity	One primary photographic ID (eg. driver's licence or passport) or two non-photo IDs (eg. birth certificate, citizenship certificate, council rate notice, ATO tax assessment notice, bank cards, credit cards)	<input type="checkbox"/>	<input type="checkbox"/>
Income			
Wage or Salary	2 recent, consecutive payslips (dated within 2 months of application)	<input type="checkbox"/>	<input type="checkbox"/>
Commission, Overtime, Allowances	2 recent, consecutive payslips (dated within 2 months of application) showing regular income from bonuses or commissions plus your Payment Summary (group certificate) for the last financial year. Statements should be on company letterhead showing company name and ABN	<input type="checkbox"/>	<input type="checkbox"/>
Rental Income	Evidence of rent ie. copy of current lease agreement or management statements or letter from Real Estate Agent dated within 1 month of application	<input type="checkbox"/>	<input type="checkbox"/>
Government Income	Current Centrelink Statement showing name of applicant, frequency and amount (dated within 2 months of application)	<input type="checkbox"/>	<input type="checkbox"/>
Self Employed Income	Tax returns for the past 2 years (including Profit & Loss and Balance Sheet) for both personal and business and any interim figures from your accountant if applicable (remove ALL tax file numbers)	<input type="checkbox"/>	<input type="checkbox"/>
Loans and other credit being refinanced (not with Nurses First)			
Loans, Credit Card, Leases, Hire Purchases	We require 6 months formal bank statements for all secured debts, and 3 months formal bank statements for all other unsecured loans and credit card debits demonstrating repayment history. These must be recent and consecutive	<input type="checkbox"/>	<input type="checkbox"/>
Loans and other credit NOT being refinanced (not with Nurses First)			
Loans, Credit Card, Leases, Hire Purchases	We require a minimum of the last months list of transactions from your primary transaction (everyday) account to confirm existing commitments for all loans not being repaid by this loan application, except for HECS/HELP debt where verbal confirmation is acceptable	<input type="checkbox"/>	<input type="checkbox"/>
Savings and investments (not with Nurses First)			
Savings and Investments	Account statements from your bank showing regular savings for the last 3 months from all your savings and investment accounts where required for evidence of deposit funds. Please indicate your primary transaction account	<input type="checkbox"/>	<input type="checkbox"/>
Superannuation	Annual superannuation statement or letter from your superannuation fund confirming level of investment and amount of annual pension	<input type="checkbox"/>	<input type="checkbox"/>
Additional items (when applicable)			
Purchase property details	Legible signed and dated copy of the Offer & Acceptance including all appendices or annexures	<input type="checkbox"/>	<input type="checkbox"/>
First Home Owners Grant scheme application	The original First Home Owners Grant application form (signed) together with proof of identity. Nurses First can assist you with this form and lodge it on your behalf	<input type="checkbox"/>	<input type="checkbox"/>
Building or Constructing	Building contract (signed) together with specifications. Approved (final) building plans and builders all risk insurance/home owner's warranty Note: approved plans and insurance, if not available at the time of application will need to be provided to us before funds can be released	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	Copy of current home insurance policy documents in the form of a 'Certificate of Currency' stating Nurses First as the interested party for all property being secured for this loan application. Note: if the Certificate of Currency is not available at the time of application, it will need to be provided to us before funds can be released	<input type="checkbox"/>	<input type="checkbox"/>
Valuation	A valuation will be required of property being used as security. Nurses First will arrange this for you, utilising one of our panel valuers	<input type="checkbox"/>	<input type="checkbox"/>
Credit Guide	This is an information booklet we provide to you at the time of loan application	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Rate Lock-In	This is a form we provide to you for a Fixed Rate Home Loan application for the option to Lock-In your fixed rate at the date of application. You must return this form in 5 working days from the Lock-In start date detailed on the form	<input type="checkbox"/>	<input type="checkbox"/>
Easypay Plus Package	This is a form you complete when applying for an Easypay Plus Package	<input type="checkbox"/>	<input type="checkbox"/>

Note: An establishment fee is payable upon funding of the loan and is not refundable. Other fees and charges may be applicable to the loan and a Schedule of Fees and Charges is available upon request. In the event that your loan is not accepted, or you decide not to proceed, you will only be liable for any fees and charges already incurred. For example: valuation fee.

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Mortgage Loan Application Form

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OFFICE USE ONLY

Loan Type Personal Use Investment Commercial

Origination (Branch/Broker Company) _____

Consultant/Broker Name _____

Purpose of Loan _____

Loan Amount \$ _____ Requested Term _____

Personal Details

PRIMARY <input type="checkbox"/> Applicant <input type="checkbox"/> Guarantor	SECONDARY <input type="checkbox"/> Applicant <input type="checkbox"/> Guarantor
Member Number _____	Member Number _____
Title _____ Surname _____	Title _____ Surname _____
Given Names _____	Given Names _____
Date of Birth _____ Marital Status _____	Date of Birth _____ Marital Status _____
Phone (home) () _____	Phone (home) () _____
Phone (work) () _____	Phone (work) () _____
Mobile _____	Mobile _____
Email Address _____	Email Address _____
Ages of Dependents _____	Ages of Dependents _____
Drivers Licence Number _____ State _____	Drivers Licence Number _____ State _____
Known by any Other Name _____	Known by any Other Name _____

Address Information

Current Residential Address	Current Residential Address
St No. and Name _____	St No. and Name _____
Suburb _____	Suburb _____
State _____ Postcode _____	State _____ Postcode _____
Time there _____ (years) _____ (months)	Time there _____ (years) _____ (months)
Postal Address (leave blank if same as above)	Postal Address (leave blank if same as above)
St No. and Name _____	St No. and Name _____
Suburb _____	Suburb _____
State _____ Postcode _____	State _____ Postcode _____
Previous Residential Address (if current address is less than 2 years)	Previous Residential Address (if current address is less than 2 years)
St No. and Name _____	St No. and Name _____
Suburb _____	Suburb _____
State _____ Postcode _____	State _____ Postcode _____
Time there _____ (years) _____ (months)	Time there _____ (years) _____ (months)
If combined address is less than 2 years, please give details _____	If combined address is less than 2 years, please give details _____

Bankruptcy

PRIMARY

Have you been bankrupt or insolvent? Yes No
What bankruptcy status? Current bankrupt
 Discharged bankrupt

Have you ever entered into a scheme or arrangement with creditors under the Bankruptcy Act? Yes No

Do you have any judgements, garnishees or other legal proceedings against you? Yes No

If you have answered yes to any questions above, please provide full details _____

SECONDARY

Have you been bankrupt or insolvent? Yes No
What bankruptcy status? Current bankrupt
 Discharged bankrupt

Have you ever entered into a scheme or arrangement with creditors under the Bankruptcy Act? Yes No

Do you have any judgements, garnishees or other legal proceedings against you? Yes No

If you have answered yes to any questions above, please provide full details _____

Residential Status

- Boarding
- Owner – fully owned
- Buying/Mortgagor
- Renting
- Provided by employer
- Living with parents
- Other (give details) _____

- Boarding
- Owner – fully owned
- Buying/Mortgagor
- Renting
- Provided by employer
- Living with parents
- Other (give details) _____

Residency Status

- Australian citizen
- Temporary resident (copy of passport required)
- Permanent resident
- Other (give details) _____

Referee (must be over 18 years, living in Australia and not living with Applicant)

Full Name _____
Address _____
Home Phone (mobile is **not** acceptable) _____
Relationship Child Parent Sibling Friend Other _____

Employment Details

PRIMARY

Current Employment

Occupation/Position _____

Status

Casual Contract Full-time Part-time
 Seasonal Self employed Other _____

Current Employer or Business Name _____

Employer/Business Address

St No. and Name _____

Suburb _____

State _____ Postcode _____

Service period _____ (years) _____ (months)

Current Gross Income (circle one)

\$ _____ p.a. p.m. p.f. p.w.

Please attach evidence of income, for example, payslips, or for self employed applicants, copies of the last 2 years financial statements.

Previous Employment (if current less than 2 years)

Occupation/Position _____

Status

Casual Contract Full-time Part-time
 Seasonal Self employed Other _____

Previous Employer or Business Name _____

Employer/Business Address

St No. and Name _____

Suburb _____

State _____ Postcode _____

Service period _____ (years) _____ (months)

If combined employment is less than 2 years, please give details

SECONDARY

Current Employment

Occupation/Position _____

Status

Casual Contract Full-time Part-time
 Seasonal Self employed Other _____

Current Employer or Business Name _____

Employer/Business Address

St No. and Name _____

Suburb _____

State _____ Postcode _____

Service period _____ (years) _____ (months)

Current Gross Income (circle one)

\$ _____ p.a. p.m. p.f. p.w.

Please attach evidence of income, for example, payslips, or for self employed applicants, copies of the last 2 years financial statements.

Previous Employment (if current less than 2 years)

Occupation/Position _____

Status

Casual Contract Full-time Part-time
 Seasonal Self employed Other _____

Previous Employer or Business Name _____

Employer/Business Address

St No. and Name _____

Suburb _____

State _____ Postcode _____

Service period _____ (years) _____ (months)

If combined employment is less than 2 years, please give details

Other Income

	Income source	Amount	p.a./p.m./p.f.
Australian Government Pension	_____	\$ _____	_____
Austudy/ABSTUDY	_____	\$ _____	_____
Dividend	_____	\$ _____	_____
Family Tax Benefit Part A & B	_____	\$ _____	_____
Interest	_____	\$ _____	_____
Maintenance Child Support	_____	\$ _____	_____
Newstart	_____	\$ _____	_____
Overseas Income/Pension	_____	\$ _____	_____
Private Pension	_____	\$ _____	_____
Superannuation	_____	\$ _____	_____
Workers Comp.	_____	\$ _____	_____
Other (including spousal income)	_____	\$ _____	_____

	Income source	Amount	p.a./p.m./p.f.
Australian Government Pension	_____	\$ _____	_____
Austudy/ABSTUDY	_____	\$ _____	_____
Dividend	_____	\$ _____	_____
Family Tax Benefit Part A & B	_____	\$ _____	_____
Interest	_____	\$ _____	_____
Maintenance Child Support	_____	\$ _____	_____
Newstart	_____	\$ _____	_____
Overseas Income/Pension	_____	\$ _____	_____
Private Pension	_____	\$ _____	_____
Superannuation	_____	\$ _____	_____
Workers Comp.	_____	\$ _____	_____
Other (including spousal income)	_____	\$ _____	_____

Loan Details

	Loan 1	Loan 2	Loan 3	Total
Loan Amount	\$ _____	\$ _____	\$ _____	\$ _____
Term of Loan (yy/mm)	_____/____	_____/____	_____/____	
Type	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Line of Credit	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Line of Credit	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Line of Credit	
Fixed Rate Lock-In	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Easyway Plus Package	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Repayment Method	<input type="checkbox"/> Interest only <input type="checkbox"/> Principal & Interest	<input type="checkbox"/> Interest only <input type="checkbox"/> Principal & Interest	<input type="checkbox"/> Interest only <input type="checkbox"/> Principal & Interest	
Are these funds being used predominantly for investment purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is mortgage offset required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Property for Security

Address _____

Volume/Folio No. _____ Lot No. _____ Plan Deposited Plan Diagram Strata Plan Survey-Strata Plan

Address _____

Volume/Folio No. _____ Lot No. _____ Plan Deposited Plan Diagram Strata Plan Survey-Strata Plan

Settlement

Expected settlement date ____/____/____ Finance approval date ____/____/____

Will a Settlement Agent be acting for you? Yes No

Settlement Agent Company Name _____

Settlement Agent Name _____

Address _____

Phone _____ Fax _____ Email _____

Do you agree to Nurses First providing a copy of your loan approval letter and/or documentation to the Settlement Agent/Solicitor? Yes No

Where do you want documents to be sent? Mail Member to collect Broker to collect Overseas Branch

Branch name _____

Other Products

Nurses First has a competitive range of other financial products.

Please indicate if you wish to have any or all of these additional products:

<input checked="" type="checkbox"/> Term Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Personal Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Credit Card (if you qualify for a pre-approved credit card would you like one?)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance

We offer competitive insurance to members wishing to insure their repayments against sickness, accident, unemployment or death. Insurance is recommended by Nurses First for your benefit. Before deciding to acquire or continue to hold any insurance product/s you should carefully read and consider the Product Disclosure Statement/s (PDS) available from Nurses First. Please indicate your Consumer Credit Insurance and/or your General Insurance needs by ticking the appropriate boxes below. The decision to take out Consumer Credit Insurance and/or General Insurance is not a condition of application approval.

Consumer Credit Insurance

I/We am/are adequately insured and do not require Consumer Credit Insurance.

I/We would like to take advantage of Consumer Credit Insurance as follows:

	Primary	Secondary
<input checked="" type="checkbox"/> Death	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Disability	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Involuntary Unemployment	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Trauma	<input type="checkbox"/>	<input type="checkbox"/>

General Insurance

I/We am/are adequately insured and do not require General Insurance.

I/We would like to take advantage of General Insurance as follows:

<input checked="" type="checkbox"/> Home and Contents	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Vehicle Insurance Comprehensive	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>

Service Nomination

You have the option to nominate a designated person to receive notices and other documents under the National Credit Code on your behalf (other than default notices) and you may declare that the nominated person resides at the same address as you.

Do you wish to nominate a person to receive notices? (Only a person who is a Borrower may be the person nominated)

Yes No

If yes, please write that person's name here _____

IMPORTANT NOTICE: Each Borrower is entitled to receive a copy of any notice or other document under the National Credit Code. Please only sign below if you wish to nominate one of you. Only a person who is a Borrower may be the person nominated.

Any Borrower who has signed this form can advise the Lender at any time in writing that they wish to cancel their nomination. Following any cancellation, the Lender will from then on provide each joint Borrower with their own separate copy of any notice or other document under the National Credit Code.

Acknowledgement of Liability for Costs

An establishment fee is payable upon funding of the loan and is not refundable. Other fees and charges may be applicable to the loan and a Schedule of Fees and Charges is available upon request. In the event that your loan is not accepted, or you decide not to proceed, you will only be liable for any fees and charges already incurred. For example: valuation fee. By signing this loan application form you acknowledge your liability in relation to our already expended fees and charges.

Note: It is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act (2006) to make a false or misleading statement.

Borrower/s Declaration & Consent

Declaration

I/We declare that the answers in the foregoing statements are true and complete in every particular and that I/we have no financial commitments or obligations other than those stated in this document and that I/we are aware that it is on this basis of the information that I/we have provided that Nurses First will make its decision whether or not to grant a loan.

I/We acknowledge that this form does not constitute an offer or acceptance of credit in terms of any legislation relating to the provision of credit or any other applicable act of ordinance relating to the provision of credit.

Borrower/s Acknowledgement & Consent

Protection of Your Privacy

Credit Information (section 18E(8) (c) Privacy Act 1988)

The personal information you supply to us will be held and used by us (including our agents and contractors if applicable) to provide you with membership and our products and services. Without the information we require, we may be unable to provide the products and services you require. Further details, including how you may access the personal information that we hold, are in our publicly available Privacy Statement.

Important Notice & Authorisation

The Privacy Act (1988) allows the Credit Union to give a credit reporting agency and certain persons information about me for the following purposes:

- to obtain a consumer credit report about you; and/or
- to allow the credit reporting agency to create or maintain a credit information file containing information about you.

This information is limited to:

- identity particulars including name, sex, date of birth, current known address, 2 immediately previous addresses, current or last known employer, and drivers licence number;
- the fact that credit has been applied for and the amount;
- the fact that the Credit Union is a credit provider;
- advice that details of payments which become overdue for more than 60 days and for which collection action has commenced;
- the fact that payments are no longer overdue;
- details of cheques drawn which have been dishonoured more than once;
- the fact that in the Credit Union's opinion a serious credit infringement has occurred; and
- the credit provided by the Credit Union has been paid or discharged

Which I hereby acknowledge the above notice and authorise the Credit Union to give the abovementioned information about me to a credit reporting agency.

I acknowledge that the information may be given before, during or after the provision of credit to me.

Exchanging information with other credit providers and potential or existing Guarantor (section 18N(1)(b) & 18N(1)(bg) Privacy Act 1988)

I agree to the Credit Union checking personal information about me with any credit provider named in my credit application, and with other credit providers that may be named in a credit report issued by a credit reporting agency, for any of the following purposes:

- to assess my creditworthiness;
- to help me avoid defaulting on my credit obligations;
- the collection of overdue payments;
- to assess an application by me for credit;
- to notify a default by me; and
- to exchange information with other credit providers as to the status of this loan where I am in default with other credit providers.

I/We agree that the Credit Union may give to a person who is currently a Guarantor, or whom I/we have indicated is considering becoming a Guarantor, a credit report containing information about me/us for the purpose of the Guarantor deciding whether to act as Guarantor or to keep the Guarantor informed about the guarantee. I/We declare that the Credit Union may act upon this authority until it has received my/our instructions to the contrary.

I/We understand that this information can include any information about my/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give or receive from each other under the Privacy Act 1988.

Access to Commercial Credit Information (section 18L(4) Privacy Act 1988)

For the purpose of assessing my application for credit, I consent to the Credit Union obtaining a report containing information about my commercial activities or commercial credit worthiness, for a business which provides information about the credit worthiness of persons.

Access to Consumer Credit Information for a Commercial Credit Application (section 18K (1)(b) Privacy Act 1988) (not for credit cards)

If my application is for commercial credit, I consent to the Credit Union, in order to assess my application, obtaining from a credit reporting agency a credit report about me containing consumer credit information.

Access to Consumer Credit Information by Trade Insurers (section 18K (1)(b) Privacy Act 1988) (not for credit cards)

If my application is for commercial credit, I consent to a trade insurer obtaining a credit report about me containing consumer credit information, in order to assess whether to insure the credit provider for the credit given to me, or the risk of providing insurance, or to assess the risk of a default by me on this credit.

Further request for and verification of Personal Information (Anti-Money Laundering and Counter Terrorism Financing Act 2006 ("AML/CTF Act"))

In order to comply with our obligations under the AML/CFT Act we may request further information from you (such as your name, address and contact details) ("Personal Information") from you, even if such information was previously obtained. Should we request Personal Information from you, you agree that you will comply with such requests.

The Personal Information may be used for assessment and verification for compliance under the AML/CTF Act. You consent to the use of the Personal Information for such purposes.

Declaration

I declare that the answers in the foregoing statements are true and complete in every particular and that I have no financial commitments or obligations other than those stated in this document and that I am aware that it is on the basis of the information that I have provided that Nurses First will make its decision whether or not to grant a loan. I authorise Nurses First to make enquiries, which it considers necessary to fully assess this loan enquiry. I acknowledge that this form does not constitute an offer or acceptance of credit in terms of any legislation relating to the provision of credit or any other application act or ordinance relating to the provision of credit.

X

Borrower's Signature

Name

Date

X

Borrower's Signature

Name

Date

Guarantor/s Acknowledgement & Consent (complete only for Mortgage Loan applications requiring Guarantor/s)

Assessment of Guarantor (section 18N(1)(bh) Privacy Act 1988)

I/We agree that the Credit Union may obtain from a credit reporting agency a consumer credit report containing information about me/us for the purpose of assessing whether to accept me/us as a Guarantor for credit applied for by, or provided to, the Borrower/s named. I/We agree that this agreement commences from the date of this agreement and continues until the credit covered by the Borrower/s application ceases.

X

Guarantor's Signature

Name

Date

X

Guarantor's Signature

Name

Date

Business Purpose Declaration

Borrower's Declaration of Purpose

I/We declare that the credit to be provided to me/us by the credit provider is to be applied wholly or predominately for:

- business purposes, or
- investment purposes other than investment in residential property

Important

You should **not** sign this declaration unless this loan is wholly or predominantly for:

- business purposes, or
- investment purposes other than investment in residential property

By signing this declaration you may **lose** your protection under the National Credit Code.

X

Borrower's Signature

Name

Date

X

Borrower's Signature

Name

Date

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