

# Mortgage Application

**Important Note**  
An Establishment Fee is applicable on all loans

Please print clearly. ALL questions must be answered. Incomplete applications may cause delays.  
Establishment and credit fees and charges applicable on all loans.

Establishment fee equivalent to 0.5%  
(minimum fee \$150)

## What is the purpose of this loan? (please give full details)

1


Amount requested \$  Term  yrs or Preferred Repayment \$  per  wk  f/night  mth

Do you regard this a business, commercial or investment purpose?  Yes  No

## Personal Details

Membership No.

2

### Applicant Name

Title  Mr  Mrs  Miss  Ms  Dr  Other

Surname

Given Names

Date of Birth  Drivers Lic No.

Married  De Facto  Single  Widowed  Divorced  Separated

Number of dependent children  Ages

### Spouse Name (if applicable)

Surname

Given Names

Date of Birth  Drivers Lic No.

### Contact Details

Phone  Home  Mob  Fax  Email

### Current Residential Address

Address  Street

Suburb  State  Postcode  How long have you lived there?

Fully owned  Buying  Parents/Relatives  Renting  Boarding

If renting or boarding, landlord/real estate agent details  Name

Address  Telephone

Previous Address (if current address less than 2 years)  Street

Suburb  State  Postcode  How long did you live there?

### Personal References (Please supply the names of two relatives and one friend not living with you.)

Name  Telephone

Address

Name  Telephone

Address

Name  Telephone

Address



## important information

Please take time to read the following and the Product Disclosure Statement and Insurance Policy (PDS) carefully before completing the application below.

**This insurance is not compulsory but you may wish to consider taking this cover.**

**Why do I need this cover? For peace of mind and added security!**

It provides a simple way to help ensure your repayments are made even if something happens to you – if you die or are injured in an accident or get sick and are unable to work or you become involuntarily unemployed. You are covered 24 hours a day, and your regular monthly repayment will be made for you irrespective of whether you are receiving sick pay, workers' compensation or government unemployment benefits. In addition, a specified trauma cover (called "CashAssist") is available – see below.

### How does it work?

Essential Cover allows a borrower to vary the level of benefit to cover all or part of the regular monthly repayment. If you die, we will pay up to \$500,000. If you are sick or have an accident and are off work for more than 21 days, we will pay the amount of monthly benefit selected up to \$3,500 per month until you return to work or for up to 30 months.

Should you become involuntarily unemployed, we will pay. The amount of monthly benefit selected up to a maximum 180 days from the 22nd day.

### CashAssist

If you suffer a Heart attack, Stroke, Cancer, or have Coronary artery surgery, a lump sum benefit will be paid direct to you. You can select a sum insured up to the initial amount borrowed or your Credit limit (max. of \$50,000). One claim is possible per policy.

### When your cover starts

Life and accident covers commence immediately. Illness and Involuntary unemployment covers start after 30 days from the beginning of the policy and CashAssist after 90 days.

### Who can apply?

If you are aged 16 to 59 and in good health, you are eligible for cover.

A separate personal statement is required if your Life cover is over \$350,000 or you are aged 50 to 59 and your Life cover application is over \$100,000.

For Disablement, Hospitalisation and Involuntary unemployment covers, a requirement is that each person is in permanent and gainful employment. It's that simple!

### How do I arrange for this protection? Simply and easily!

If you decide that you would like this valuable protection, simply complete the application below. Note that there are some exclusions in the policy you should be aware of. We want you to be happy before the policy is issued. The maximum period of insurance that you can select is 5 years.

*Life and CashAssist insurer: The National Mutual Life Association of Australasia Ltd. ABN 72 004 020 437 AFS Licence No. 234649. Issuer and General insurer: Swann Insurance (Aust) Pty Ltd ABN 80 000 886 680 AFS Licence No. 238292 (Swann).*

### What if I am not satisfied?

You will have 28 days after policy commencement to cancel your policy and receive a full refund of Premium, provided no claims have been made. If you have any complaints about this insurance or a claim, please contact Swann first at the phone number listed on your policy.

If you are still not satisfied, you can contact Financial Ombudsman Service Limited, telephone 1300 780 808.

This communication may contain general financial product advice which has been prepared without taking account of your objectives, financial situation or needs. You should, before acting on this communication, consider the appropriateness of the advice having regard to these matters. You should also obtain and consider the PDS for the product which is available from the product issuer, Swann, before making any decision about whether to acquire or continue to hold the product. You can contact Swann by phoning 1300 307 926.

## application

**YES.** I/we request the Creditor to arrange for Essential Cover Insurance on my/our loan or credit limit.

I/we declare that:

- I am/we are within the 16-59 age limits.
- I/we cannot be required to buy this insurance.
- I/we have been clearly informed of, and have fully complied with, my/our duty of disclosure to tell the insurers anything that I/we know, or should know in my/our application for insurance as such information could affect the insurers' decision to insure me/us or the terms of the policy.
- I/we have been handed and retained a copy of the Product Disclosure Statement and Insurance Policy (PDS) prior to entering into this contract of insurance.
- I/we understand that any illness, injury or condition known to be present in the 12 months preceding the Commencement date is excluded from cover.
- I/we have never had a Life, Trauma, Sickness or Accident policy cancelled, declined or accepted on special terms (refer to 'Previously declined cover' in the PDS).
- I am/we are in Permanent and gainful employment as defined in the PDS:  
First insd. person    Second insd. person  
Yes  No     Yes  No   
(not applicable to Life or CashAssist cover).
- Any Medical practitioner consulted by me/us is authorised to divulge at any time any relevant information acquired.
- I/we agree that the contract is made up of this application, the PDS and the Policy schedule.
- I/we understand that the Essential Cover Insurance will not become effective until my/our application is accepted by Swann Insurance in writing.

### The way we handle your personal information

Swann collect personal information from you for the purpose of providing you with insurance products, services, and processing and assessing claims. You can choose not to provide this information, however, Swann may not be able to process your requests.

Swann may disclose information they hold about you to other insurers, an insurance reference service, our service providers and/or advisers, any third party with whom you have been dealing in respect of this insurance and who referred you to Swann and any other third party as permitted or required by law.

If you wish to update or access the information Swann hold about you, please contact Swann.

Details of cover (tick as required)	First Insured		Second Insured		Monthly benefit / Sum insured
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disablement & Hospitalisation & Involuntary unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disablement & Hospitalisation / Involuntary unemployment
Disablement & Hospitalisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly benefit    \$ <input type="text"/> (cannot be more than the regular monthly repayment)
Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life sum insured    \$ <input type="text"/> (the Loan obligation outstanding balance or Credit limit) Max \$500,000
CashAssist (cannot be taken alone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CashAssist sum insured    \$ <input type="text"/> (cannot be more than the initial amount borrowed or Credit limit) Max \$50,000

Print Name/s (1)  (2)   
 Signature/s (1)  (2)   
 Date  /  /  Period of insurance  Years  Months (N.B. Period of insurance may be less than term)

*For payment details - please see over*

# payment details

## credit card (Visa or Mastercard)

Credit card in the name of:

Credit card no.:  -  -  -  Expiry date  /  /

Card holder's signature  Date  /  /

## direct debit request

To: **Swann Insurance (Aust) Pty Ltd** Date  /  /

### Insert your name and address in full:

I/We

of

request you, until further notice in writing, to debit my/our account as described in the schedule below, any amounts due and payable to you under my/our insurance policy with you.

I/We acknowledge and agree that:

1. this Direct Debit Request (“**DDR**”) is governed by the terms and conditions of the Direct Debit Client Agreement (“**Agreement**”) provided to me/us;
2. by signing this DDR, I/we acknowledge that I am/we are bound by all of the terms and conditions of the Agreement; and
3. you may vary the amount and frequency of future debits under this DDR and the Agreement by prior arrangement and advice to me/us in accordance with the terms of the Agreement.

Signature/s

(If joint account, all signatures may be required)

## the schedule

Name of Bank or Financial Institution where the account to be debited is located

Address of Bank or Financial Institution

Name on account

BSB number

Account no.

**Please note:** Direct debiting is not available for all accounts. If in doubt, please contact your Bank or Financial Institution.

User Identification Number: 014179

## financed premium

I/we authorise the Creditor to charge my/our loan or credit account with the cost if my/our insurance is accepted on the understanding that should I/we repay this loan or Credit facility is ended early, my/our account will be credited with the appropriate refund.

Yes  No

Signature/s

Date  /  /

### For office use only

Customer/Member No.  Premium \$  (Full term/Monthly)

Date of loan contract  Loan Contract No.

## Transcomm Credit Union Privacy Disclosure and Consent

(version CR)

**We collect** personal information about you. We are required to comply with the Financial Transactions Reports Act by collecting information about your identity. In addition, we collect your personal information to provide you with information that we are by law required to give you, to provide you with products or services you have requested, and to assess an application for a product or service, including a credit facility, and provide it to you if the application is approved. We also use your personal information to provide you with information about our products and services.

**From 21 December 2001**, you will be able in most cases to gain access to your personal information, by contacting us using the contact details below.

**In order** to assess your application for a product or service including a credit facility, or to provide it once approved, we may need to disclose your personal information to our mortgage insurer, our valuer, our solicitors, our law stationer, credit reference association and our mailing house.

**We only** collect the personal information necessary to comply with the law and to provide you with the products and services you request. If you fail to provide us with your personal information, we may be unable to provide you with the products and services you have requested. If you have made an application for a product or service including a credit facility, we may be unable to assess your application or to provide you with the product or service if the application is approved. We may also be unable to provide you with information about our products or services.

**We also** use your personal information to provide you with information about other products and services we or companies within our group offer, and for other purposes including the direct marketing of these and other products and services which we may offer from time to time. We also keep your application form and any financial records of our dealings with you.

### Your consent:

Please tick this box  if you consent to us using and disclosing your personal information.

Signature(s)		
Name(s)		Date

You can contact us:

**Transcomm Credit Co-operative Ltd t/as Transcomm Credit Union**  
ABN 54 087 651 750 AFSL 245 606  
99 King Street, Melbourne VIC 3000 Telephone 03 9629 4484 Fax 03 9629 4130  
Email: [enquire@transcomm.com.au](mailto:enquire@transcomm.com.au) or [loans.dept@transcomm.com.au](mailto:loans.dept@transcomm.com.au)

**OFFICE USE ONLY**

Application No.

Date

**L**

# Information required which will assist your Loan Application.

- ① Last Two (2) Payslips for all applicants or a letter from your employer stating your nett pay per week.
- ② Last two rental receipts (if renting) or Council Rates Notice and Last Mortgage statement if buying your home.
- ③ Complete all areas of application fully to enable us to assess and process your loan efficiently.

(Please Note) Details requested below are required to assist processing your application.

- Personal References
- Drivers Licence Details
- Full employment details including contact number for you at work and it is also helpful if you can provide the phone number of your payroll department.
- Previous employment details if you have not been at your current employment for more than Two years.
- Please include all Debts/loans & Credit limits you have, to enable us to give a fair assessment of your loan.
- **Also you may wish to consider Loan Repayment Insurance which covers your loan installments should you be off work through illness, disability or involuntary unemployment, or should you die.**

# Privacy Protection of Information

## Access to Consumer Credit

### Important Notice to Applicant(s) for Credit

Please read carefully.

**Under Section 18E(8) (C) of the Privacy Act, Transcomm is allowed to give a credit reporting agency certain personal information relating to you. The information which may be given to an agency includes:**

- Identity particulars - this only includes your name, sex, date of birth, current known address, two immediately previous addresses, your current or last known employer and your driver's licence number.
- The fact that you have applied for credit and the amount.
- The fact that the Credit Union is a credit provider to you.
- Payments overdue for at least 60 days, when the Credit Union has taken steps to recover.
- Advice that payments are no longer overdue.
- Cheques drawn by you which have been dishonoured more than once.
- The opinion of the Credit Union that you have committed a serious credit infringement.
- When the credit provided to you has been discharged.